STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G084	A. BUILDING _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF GREENVILLE	2701 W 5TH STREET GREENVILLE, NC 27835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained in mealtime guidelines for 1 of 5 audit clients (#10). The finding is: During mealtime observations in the home on 4/14/25 - 4/15/25, client #10 was observed sitting in her wheelchair while eating at the dining room table. Further observations revealed her drinking glasses were filled to the top during both meals. At no time was client #10 transferred to sit in a dining chair. Additional observations revealed there were at least three empty blue chairs with arms in the dining area. Review on 4/14/25 of client #10's Individual Program Plan (IPP) dated 10/30/24 revealed she is to sit in one of the blue dining chairs with arms at the dining table. Further review indicated her cups are to be filled with a small amount of liquid. Review on 4/15/25 of client #10's mealtime guidelines dated 10/3/00 stated, "4. When she is eating, she should be seated in a upright position in one of the blue chairs with arms at the dining	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G084	A. BUILDING _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF GREENVILLE	2701 W 5TH STREET GREENVILLE, NC 27835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 1 table...10. Staff will only fill [client #10] cup with a small amount of liquid at a time....". During an interview on 4/15/25 with the facility director revealed staff have been trained to ensure client #10's mealtime guidelines are followed correctly.	W 249		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected clients 2 of 5 (#8 and #11). The finding is: During breakfast observations in the home on 4/15/25 at 8:25am, Staff A passed the bowl of oatmeal to client #11. While the bowl was sitting on the table next to client #11, she put her right hand into the bowl of oatmeal. Staff A then passed the bowl to client #8 and he scooped out some oatmeal on his plate. At 8:29am, client #8 began to eat his oatmeal. At no time was the bowl of oatmeal taken to the kitchen and replaced. During an interview on 4/15/25 with the facility director confirmed the bowl of oatmeal should have been replaced after client #11 put her hand in it.	W 454		