

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G054</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/22/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF SANFORD</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1751 HAWKINS AVENUE SANFORD, NC 27330</b>			
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W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure client #12 had the right to dignity related to the use of towels. This affected 1 of 8 audit clients (#12). The finding is:</p> <p>During observations in the home on 7/21/25 from 3:43pm until 6:30pm, there were at least two towels in client #12's wheelchair. Further observations client #12 was sitting on the towels while he sat in his wheelchair.</p> <p>During an interview on 7/22/25, Staff A revealed the towels were most likely in client #12's wheelchair because the cushions were either being washed or were dirty.</p> <p>During an interview on 7/22/25, the Qualified Intellectual Disability Professional (QIDP) revealed there is never a time when towels are to be placed in client #12's wheelchair.</p>			W 125			
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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</p>			W 249			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 249	<p>Continued From page 1 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining guidelines and adaptive equipment use. This affected 3 of 8 audit clients (#4, #5 and #9).</p> <p>A. During 3 of 3 mealtime observations in the home on 7/21 - 7/22/25, client #4's mealtime guidelines were not followed. For example, during lunch on 7/21/25 at 12:27pm, client #4 consumed his meal using an adaptive built-up handle spoon, elevated plate platform, high-sided plate and regular cups. No non-skid mat was utilized. At the meal, the client was not provided any prompts for drinking or rate of eating. During dinner observations on 7/21/25 at 6:15pm, client #4 utilized the same adaptive dining equipment, including a non-skid mat. During the meal, client #4 was not provided prompts to drink or rest his spoon. Additional breakfast observations on 7/22/25 revealed the same adaptive dining equipment noted at lunch. The client was given his cups of liquid twice, near the middle of the meal and at the end. Staff D was also noted to feed client #4 his food during the latter portion of the meal.</p> <p>Interview on 7/22/25 with Staff D revealed client #4 can feed himself; however, he needs help getting food from the corners of his plate at times. The staff indicated there were no specific</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>guidelines for client #4 at meals. Additional interview noted he also requires adaptive equipment at meals such as his elevated platform, built-up spoon and non-skid mat.</p> <p>Review on 7/21/25 of client #4's IPP dated 11/19/24 revealed Mealtime Guidelines (revised 2/8/21). The guidelines noted, "[Client #4] eats independently with some spillage using adaptive feeding equipment...Staff will monitor the amount of food placed on his spoon to prevent over heaping his spoon. [Client #4] will be prompted to rest his spoon on the table between bites to provide him with adequate time to chew his food thoroughly...[Client #4] will be encouraged to take sips of his beverage spaced evenly throughout the meal." Additional review of the IPP indicated the client uses a built-up handle spoon, high walled plate, elevated plate platform and dycem or non-skid mat at meals.</p> <p>Interview on 7/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's mealtime guidelines are current and should be followed at meals as indicated.</p> <p>B. During observations in the home throughout the survey on 7/21 - 7/22/25, client #9 intermittently wore a gait belt secured around her waist. During evening observations on 7/21/25, Staff E applied the client's gait belt, stood her up and transferred her from her wheelchair to a chair or walked with the client short distances in the room. Additional observations revealed the staff did not utilize client #9's gait belt while transferring and walking. During morning observations in the home on 7/22/25, Staff C walked client #9 from the dining room table to a rocking chair approximately 15 - 20 away. During</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>this time, client #9 did not wear a gait belt.</p> <p>During an interview on 7/21/25, when asked about client #9's gait belt and it's use, Staff E stated, "They say she has to have it on" to get her from "seat to seat". Additional interview indicated she did not think the gait belt was used when client #9 is walking.</p> <p>Review on 7/22/25 of client #9's IPP dated 5/20/25 indicated client #9 is unable to ambulate independently. The IPP noted, "[Client #9] ambulates safely with hand-held assistance using a gait belt for short distances...[Client #9] has identified as a mild to moderate fall risk."</p> <p>Additional review of the client's Ambulation Guidelines (implemented 7/31/24) revealed, "...1)When [Client #9] gets up to ambulate short distances a staff will apply a gait belt...2) Staff should assist [Client #9] by allowing her to hold onto their hand when walking 3) Staff should also hold onto her gait belt when walking to provide extra support..."</p> <p>Interview on 7/22/25 with the QIDP confirmed client #9's Ambulation Guidelines should continue to be followed as written.</p> <p>C. During breakfast observations in the home on 7/22/25 at 8:32am, client #5 picked up her sausage patty with her fingers and took a bite. Staff B stated, "Do you want to use your rocker knife?" Client #5 continued to bite the sausage patty using her fingers. Further observations revealed the rocker knife was at client #5's place setting. At no time was client #5 given any other cues to use her rocker knife.</p>	W 249			

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W 249	Continued From page 4 During an interview on 7/22/25, Staff B stated staff are to use verbal cues to instruct client #5 to use her rocker knife for cutting.  Review on 7/21/25 of client #5's IPP dated 10/29/24 revealed she uses a rocker knife for cutting.  Review on 7/22/25 of client #5's meal time guidelines revised 5/10/11 stated, "...will use a rocker knife during meals to cut up her food...any meat or food item that is too large for a single bite size should be cut with her rocker knife. If she needs assistance, staff will use training techniques - gesture, prompt or manipulation to get her to cut her food item with the rocker knife...."	W 249			
W 368	During an interview on 7/22/25, the QIDP stated staff are to use teaching cues with client #5 to assist her to use her rocker knife. to cut her food. <b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 6 clients (#1) observed receiving medications. The finding is:  During observations of medication administration in the home on 7/22/25 at 7:05am, client #1 ingested Levothyroxin 75mcg. The medication	W 368			

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W 368	Continued From page 5 was dispensed and ingested simultaneously with three other medications.  Review on 7/22/25 of client #1's current physician's orders signed 5/1/25 revealed an order for Levothyroxin 75mcg, "take 30 minutes before breakfast or other medications."	W 368			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)  The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all medications were kept locked except when being prepared for administration. The finding is:  During observations of medication administration in the home on 7/22/25 at 7:14am and 7:53am, the Medication Technician (MT) left the medication room with the door wide open while retrieving one client and administering a mouth rinse to another client. While performing these tasks, the MT was out of view of the medication closet. During this time, drugs and biologicals were not locked and therefore, accessible to anyone in the home.  Interview on 7/22/25 with the MT revealed at times she will leave the medication room	W 382			

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W 382	Continued From page 6 unlocked while retrieving clients. She noted, "I guess it's just common sense" to keep the medication area locked. She also indicated securing medications was a part of her training.  Review on 7/22/25 of the facility's policy for Medication Labeling, Storage and Disposal (Revised: 8/15/24) revealed, "The medication storage area remains locked at all times unless in use."  Interview on 7/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication storage area should be kept locked even if the MT leaves for brief periods of time and the room is no longer in her sight.	W 382			
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, document review and interviews, the facility failed to ensure a sanitary environment was maintained. The finding is:  During observations in the home on 7/21/25 at 11:41am, client #1's shorts were noted to be wet. Staff B took the client out of the day room to be changed. As the client left the area, the chair he was sitting in was visibly wet with urine. At 11:44am, another staff noticed the urine on the seat and verbalized that client #1 must have had a toileting accident. At 11:48am, client #1 returned to the day room with Staff B and proceeded to sit on the urine soaked chair. At	W 454			

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W 454	Continued From page 7 11:53am, client #1 pushed the urine soaked chair to the dining room table and left it there. The client then sat in a different chair in the day room while wearing the same pants, now with urine on them. Throughout the observations, the urine soaked chairs were not cleaned and/or sanitized.  Interview on 7/22/25 with Staff B revealed they generally do cleaning tasks after meals and third shift does heavy cleaning. Additional interview with the staff indicated if something gets soiled or dirty during the shift, they clean it immediately.  Review on 7/22/25 of the facility's policy for Environmental Cleaning and Disinfection (Revised 8/9/23) revealed, "When visibly soiled by a client's body fluids, all surfaces (chairs, tabletops, floors or whatever applicable) will be cleaned and disinfected immediately."	W 454			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 8 audit clients (#6	W 460			



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W 460	<p>Continued From page 8 and #12). The findings are:</p> <p>A. During three of three meal observations in the home during the survey on 7/21 - 22/25, client #6 did not receive double portions of his meals. For lunch client #6 consumed one sandwich which was cut in half and a handful of potato chips. During dinner client #6 consumed five fish sticks, one scoop of macaroni and cheese and one cup of green beans. He also consumed one scoop of pudding for dessert. During breakfast client #6 consumed one scoop of oatmeal, two 1/2 sausage patties and one scoop of fruit.</p> <p>Review on 7/21/25 of client #6's Individual Program Plan (IPP) dated 1/27/25 revealed he is to receive double portions for all his meals.</p> <p>Review on 7/22/25 of the facility's diet roster (no date) revealed client #6's diet is doubled portion.</p> <p>During an interview on 7/22/25, the Dietary Aide (DA) stated he was not aware client #6 was on a double portion diet. Further interview revealed the DA has a posted diet roster, for his review, in the kitchen where he works.</p> <p>B. During breakfast observations in the home on 7/22/25 at 8:32am, client #12's pureed sausage was not served in a pureed consistency. Client #12's sausage had small granules of sausage in it.</p> <p>During an interview on 7/22/25, the DA revealed he uses a blender to get client #12's food into a pureed consistency. Further interview revealed he also adds water to food to get client #12's food into his required pureed consistency.</p>	W 460			

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W 460	Continued From page 9 Review on 7/21/25 of client #12's IPP dated 9/24/24 revealed, "...pureed diet..."	W 460			
	Review on 7/21/25 of the facility's diet roster (no date) revealed client #12 is suppose to have double portions during all his meals.				
	During an interview on 7/22/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed all the diets for clients #6 and #12 should be followed correctly.				
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)	W 488			
	The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #10 at in a manner which was not stigmatizing. This affected 1 of 8 audit clients. The finding is:				
	During 3 of 3 mealtime observations in the home on 7/21 - 7/22/25, client #10 consumed her meals while wearing a clothing protector secured around her neck. Throughout the meal, the lower portion of the clothing protector was spread across the client's tray top with her plate on top of it. Client #10 consumed her meals in the manner.				
	Interview on 7/22/25 with Staff C revealed the clothing protector was applied in this manner because client #10 cannot see very well so when she eats, food falls onto her tray top. The staff noted having the clothing protector secured this way prevents the food from falling everywhere.				

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W 488	<p>Continued From page 10</p> <p>Review on 7/22/25 of client #10's Individual Program Plan (IPP) dated 4/29/25 identified Mealtime Guidelines (revised 7/11/13). Additional review of the guidelines indicated the client utilizes an oversized napkin at meals. Further review of the plan did not indicate client #10's clothing protector should be placed underneath her plate at meals.</p> <p>Interview on 7/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10 should not have her clothing protector applied in the manner previously described during meals.</p>	W 488			