

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

PRINTED: 08/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G063</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/26/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF KINSTON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 DOCTORS DRIVE KINSTON, NC 28503</b>			
(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 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure client #14's Individual Program Plan (IPP) included relevant interventions to support her independence. This affected 1 of 8 audit clients. The finding is:</p> <p>Observations throughout the survey on 8/25/25 through 8/26/25 revealed, client #14 propelled herself in her wheelchair, wearing only socks. At no time during the survey was client #14 observed wearing shoes, nor did staff encourage her to wear shoes.</p> <p>Review on 8/26/25 of client #14's IPP dated 10/15/24 revealed client #14 needs assistance from staff for dressing and undressing.</p> <p>Interview on 8/26/25 with the Regional Qualified Disabilities Professional and the facility Administrator revealed client #14 does not like wearing shoes. She will kick them off as soon as staff put them on. They confirmed client #14 has never had a training objective for tolerating wearing shoes.</p>			W 240			
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</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</p> <p>objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 8 audit clients (#5, #6, #12 and #13) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of hygiene and medication administration. The findings are:</p> <p>During observations during the survey on 8/25 - 26/25, client #5 was observed having a runny nose. Further observations revealed the mucus was visible underneath client #5's nose. Client #5 was seen using the collar of his shirt to wipe his nose. There was visible dried mucus on the shirt collar. Client #5 was not given a verbal prompt until 9:07am on 8/26/25 to wipe his nose.</p> <p>Review on 8/25/25 of client #5's IPP dated 2/18/25 revealed the following service goal, "...staff will provide [client #5] with a Kleenex and ask him to clean his nose. Upon completion of the task...." Further review revealed the service goal was implemented on 3/24/25, with a target date of 2/24/26.</p> <p>During an interview on 8/26/25, the Regional Qualified Intellectual Disabilities Professional (QIDP) stated staff should encourage client #5 to wipe his nose. Further interview revealed staff should call the nurse due to his running with visible mucus.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>B. Observations throughout the survey on 8/25/25 through 8/26/25 revealed client #12 ambulated using a gait belt and with staff assistance. At no time during the observations, did client #12 utilize a chair alarm, while in programming areas.</p> <p>Review on 8/25/25 of client #12's IPP dated 6/24/25 revealed client #12 should utilize a gait belt to assist with stabilization when ambulating. Additionally, a chair alarm is utilized when client #12 is sitting in his recliner in his room to notify staff that he is ready to get up so the can make their way to client #12 as quickly as possible to help reduce falls. Client #12 also utilizes a chair alarm in his chair when programming.</p> <p>Interview on 8/26/25 with the Regional Qualified Disabilities Professional confirmed staff should follow the IPP as written and use the chair alarm when programming.</p> <p>Interview on 8/26/25 with the facility Administrator revealed, staff were probably not using the chair alarm in programming areas because they were in close proximity to client #12 and were able to immediately respond when he would stand up. However, he confirmed staff should implement client #12's IPP as written.</p> <p>C. Observations on 8/26/25 during medication administration at 7:00am revealed, staff C punched out the medication pills for clients #6, #12 and #13 and placed them in a medication cup, without any participation from the clients. Staff C also poured the client's choice of beverage into a cup and handed it to the client. Staff C administered each clients medication and</p>	W 249			

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W 249	Continued From page 3 then prompted the clients to throw their cups into the trash.  Review on 8/26/25 of client #6's IPP revealed he is compliant with medication administration. During medication passes he is encouraged to be as independent as possible.  Review on 8/26/25 of client #12's IPP revealed he is compliant with medication administration. During medication passes he is encouraged to be as independent as possible.  Review on 8/26/25 of client #13's IPP revealed, to promote client #13's independence with medication administration, a service is in place. Client #13 comes to the med room. She will pour liquid of choice with hand over hand assistance and take medication. She will wipe her mouth with some assistance with a napkin and throw cup and napkin into the trashcan.	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in allowing clients to be independent during	W 340			

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W 340	Continued From page 4 medication administration for 5 of 8 audit clients (#6, #10, #11, #12 and #13). The findings are:  During afternoon medication administration in the home on 8/25/25, staff D did not inform clients #10 and #11 of their medications and the reason why they were taking them.  During morning medication administration in the home on 8/26/25, staff C did not inform clients #6, #12, and #13 of their medications and the reason why they were taking them.  During an interview on 8/26/25, the facility's nurse stated there were times when some clients were not informed of the medications. However, she later confirmed clients have the right to know what they're taking.	W 340			
W 368	DRUG ADMINISTRATION 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 observations, record reviews and interviews, the facility failed to ensure medications were administered in compliance with physician's orders. This affected 2 of 8 audit clients (#9 and #13). The findings are:  A. During afternoon medication administration in the home on 8/25/25 at 4:20pm, Staff D assisted client #9 with punching out her Lurasidone tablet. Further observations revealed client #9 drank a glass of apple juice with her medication. Client #9 was not offered any food with her medication. Additional observations revealed client #9 began	W 368			

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W 368	<p>Continued From page 5 eating her supper at 6:02pm.</p> <p>Review on 8/26/25 of client #9's physician orders dated 8/1/25 - 11/30/25 stated, "Lurasidone Tab Take 1 Tablet by mouth once every day at supptime with food".</p> <p>During an interview on 8/26/25, the facility's nurse confirmed the physician orders for client #9's Lurasidone should have been followed as written.</p> <p>B. During medication administration observations on 8/26/25 at 7:00am, Staff C punched out all of client #13's medications and placed them in a medication cup. Staff C offered choice of beverage and choice of pudding or apple sauce. Staff C then administered the medications. At no time did staff C check client #13's blood pressure during the medication pass. The medications administered included Clonidine 0.1mg 1 tablet by mouth twice daily.</p> <p>Review on 8/26/25 of client #13's physician orders dated 8/1/25 revealed Clonidine 0.1mg - take 1 tablet by mouth twice daily - hold if systolic blood pressure is less than 100 and notify nurse.</p> <p>Interview on 8/26/25, staff C confirmed she did not check client #13's blood pressure prior to administering Clonidine. Staff C further stated she only checked client #13's blood pressure if she's wasn't feeling well.</p> <p>Interview on 8/26/25, the facility's nurse confirmed the physician orders for client #13's Clonidine should have been followed as written. Staff should have checked client #13's blood pressure prior to administering the medication.</p>	W 368			

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W 454	<p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure it maintained a sanitary environment to avoid sources and transmission of infections and cross-contamination. This affected 3 of 4 clients (#8, #10 and #14) in group B. The findings are:</p> <p>Observations on 8/25/25 from 4:10pm - 5:30pm revealed client #12 coughed while sitting at the table with others, during programming, more than 15 times, however not consistently. Client #12 did not cover his mouth, nor did staff prompt him to cover his mouth when coughing. Surface items surrounding client #12 were not observed to be sanitized afterwards.</p> <p>During morning observations in the home on 8/26/25 at 8:40am, client #12 began coughing while sitting at the dining room table eating breakfast. A bowl of oatmeal was sitting on the table in front of client #12 as he coughed. Staff B immediately picked up the bowl of oatmeal and held it in her hand for a minute or so. She then walked over to client #10, mixed the oatmeal up in the bowl and placed a couple of spoons full on her plate. Staff C fed client #10 the plate of oatmeal. At no time did staff replace the contaminated oatmeal.</p> <p>Interview on 8/26/25 with the Regional Qualified Intellectual Disabilities Professional and the facility Administrator revealed that staff should</p>	W 454			

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W 454	Continued From page 7 have prompted client #12 to cover his mouth when coughing. They further confirmed, staff should not have served the oatmeal once contaminated. Staff should have replaced the oatmeal.	W 454			