

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

PRINTED: 09/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF TARBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 811 WESTERN BOULEVARD TARBORO, NC 27886		
(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 000	INITIAL COMMENTS	W 000			
W 191	<p>A revisit and complaint investigation, #NC00232540, #NC00232663 and #NC00232755 were conducted on 8/27/25 for all previous deficiencies cited on 6/26/25. All deficiencies were corrected and new non-compliance was found. The complaint allegations were substantiated and standard deficiencies were cited.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff were sufficiently trained regarding client #7's behavioral needs. This affected 1 of 7 audit clients. The finding is:</p> <p>During observations on 8/27/25 at 1:04pm, Staff A was sitting next to client #7 inside of his room. Staff A was observed with his eyes closed and his chin in a downward position, while client #7 watched television. Staff A remained in this position for several minutes.</p> <p>Record review on 8/27/25 for a staff training on 7/15/25 documented all direct care professional staff were trained on providing visual contact between 7:00am to 9:00pm for client #7. The training revealed client #7 had an one on one staff to provide supervision for behaviors during those hours. The attendance sheet for the training confirmed that Staff A was in attendance on 7/15/25.</p>	W 191			

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 191	Continued From page 1 Interview on 8/27/25 with the Habilitation Coordinator confirmed that Staff A was assigned to work as the one on one for client #7 today, who required visual supervision. After The Habilitation Coordinator was informed that Staff A was observed 15 minutes ago with his eyes closed while supervising client #7, she went to the room and check; and then revealed that Staff A was alert. Interview on 8/27/25 with the Director revealed she went to speak to Staff A and he denied that he was asleep while working with client #7. The Director revealed she immediately suspended Staff A, pending an investigation. The Director confirmed even if Staff A denied sleeping, if his eyes were closed in the presence of client #7, he did not maintain visual supervision.	W 191			
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 observation, policy review and interviews, the facility did not ensure the environment remained sanitary as a best precaution for infection control. This had the potential to affect 4 of 7 audit clients (#1, #10, #11 and #14). The findings are: During observations on 8/27/25 at 1:05pm, client #1 and #14 were in their room, when their bathroom was examined. On the floor, next to the toilet was an empty urine hat that was uncovered.	W 454			

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W 454	<p>Continued From page 2</p> <p>During observations on 8/27/25 at 4:05pm, the bathroom of client #10 and client #11 was examined and found to have an empty urine hat on top of the toilet and on the floor next to the toilet, both were uncovered. Their room had a mild urine odor present.</p> <p>Policy Review on 8/27/25 of the facility's Reprocessing Reusable Resident Equipment dated December 2021 revealed "the client's urinal or bedpan should be stored in a personal bedroom or personal grooming area away from other personal care products and covered with a towel.</p> <p>Interview on 8/27/25 with the Director and Nurse #1 confirmed their infection control policy included covering urine hats when stored.</p>			W 454			