

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF KENANSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH STOKES STREET KENANSVILLE, NC 28349		
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W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to develop training to address basic needs in the areas of dressing and personal hygiene for 1 of 6 audit clients (#1). The finding is:</p> <p>During observations in the home on 10/27/25, client #1 was noted wearing khaki capri pants, a long sleeve navy shirt and a khaki vest.</p> <p>Further observation in the home on 10/28/25 at 7:50am, client #1 came into the dayroom with the same clothes on as the day prior. The pants had ink marks on them and the vest had food stains near the pocket.</p> <p>Interview on 10/28/25 with the director revealed client #1 refuses to wear anything else and has behaviors when not allowed to wear that specific outfit. The director stated that third shift is supposed to gather the clothes and wash them at night. The director confirmed that client #1 does not have any formal training goal in place to encourage her to rotate clean and weather appropriate clothing.</p>	W 242			
W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p>	W 252			

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 252	<p>Continued From page 1</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 6 audit clients (#5, #14 and #15). The findings are:</p> <p>A. Review on 10/27/25 of client #15's Individual Program Plan (IPP) dated 1/22/25 revealed formal training programs as follows: - will shave the left side of his face independently for 9 sessions a month for 3 consecutive months - will fold 4 pieces of his laundry with gesture for 10 sessions per month for 6 consecutive months - will complete a 10 minute exercise routine for 8 sessions a month for 5 consecutive months</p> <p>Review on 10/28/25 of client #15's training documentation from revealed for the month of August 2025 documentation had only been collected 3 times for shaving goal, 2 times for laundry goal and 4 times for exercise goal. Review of September 2025 revealed documentation had only been collected 6 times for shaving goal, 5 times for laundry goal and 7 times for exercise goal. Review of October 2025 revealed documentation had only been collected 4 times for shaving goal, 3 times for laundry goal and 7 times for exercise goal.</p>	W 252			

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W 252	<p>Continued From page 2</p> <p>B. Review on 10/27/25 of client #5's IPP dated 9/15/25 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - will tolerate his teeth being brushed for 20 sessions for 6 consecutive months - will wipe his mouth with manipulations or higher for 20 sessions for 7 consecutive months - will stack 2 rings with manipulations or higher for 10 sessions a month for 6 out of 12 months <p>Review of client #5's training documentation revealed for the month of August 2025 documentation collected 5 times, for toothbrushing, 0 times for wiping his mouth, 7 times for stacking rings. Review of September 2025 revealed documentation was collected 5 times, for toothbrushing, 5 times for wiping mouth and 0 times for stacking rings. October 2025 revealed documentation was collected 4 times for toothbrushing, 2 times for wiping mouth and 7 times for stacking rings.</p> <p>C. Review on 10/27/25 of client #14's IPP dated 9/15/25 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - will tolerate her teeth being brushed for 20 sessions for 6 consecutive months. - will wipe her mouth with manipulations or higher for 20 sessions for 7 consecutive months. - will fold a piece of laundry with manipulations or higher for 10 sessions for 6 consecutive months. <p>Review on client # 14's training documentation revealed for the month of August 2025 documentation collected 0 times for toothbrushing, 10 times for wiping her mouth, 0 times fro folding laundry. Review of September 2025 revealed documentation was collected 5 times for toothbrushing, 5 times for wiping her</p>	W 252			

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W 252	Continued From page 3 mouth, 5 times for folding laundry. Review of October 2025 documentation was collected 5 times for toothbrushing, 8 times for wiping her mouth and 0 times for folding laundry.	W 252			
W 289	<p>Interview on 10/28/25 with qualified intellectual disabilities professional (QIDP) confirmed that the documentation was not being collected as the goals were written. QIDP revealed that an inservice with staff was completed September 2025 and may need more supervisor oversight.</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the use of systematic interventions to manage clients inappropriate behaviors were incorporated into the client's individual program plan (IPP). This affected 4 of 6 audit clients (#1, #5, #14 and #15). The findings are:</p> <p>A. During observations in the home throughout the survey on 10/27/25 - 10/28/25, an alarm would sound any time the front door was opened and staff would have to disarm it.</p> <p>Review on 10/27/25 of client #1, #5, #14 and #15 Behavior Support Plans (BSP) did not reveal a rights restriction for door alarms.</p>	W 289			

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W 289	Continued From page 4 B. During observations in the home throughout the survey on 10/27/25 - 10/28/25, an alarm would sound any time the front door was opened and staff would have to disarm it. Review on 10/27/25 of client #15's BSP dated 1/6/25 did not reveal a rights restriction for or alarms. C. Review on 10/27/25 of client #5's BSP dated 9/3/24 did not reveal a rights restriction for door alarms. D. Review on 10/27/25 of client # 14's BSP dated 3/5/25 did not reveal a rights restriction for door alarms. Interview on 10/28/25 with the regional qualified intellectual disabilities professional (RQIDP) confirmed that the alarm was placed due to elopement. The RQIDP also confirmed that none of the BSP's listed the alarm as a restriction.	W 289			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the interdisciplinary team (IDT) developed active treatment programs to use in conjunction with client's psychotropic medications for the reduction and/or elimination of restrictive behavior medications. This affected 1 of 6 audit	W 312			

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W 312	Continued From page 5 clients (#15). The finding is: Review on 10/27/25 of client #15's IPP dated 1/22/25 revealed client #15 has a history of aggression and self injurious behavior. Additional review of the IPP revealed client #15 is on medications to assist him with sleeping including Melatonin and Trazodone. Review on 10/27/25 of client #15's Behavior Support Plan (BSP) dated 1/6/25 revealed client #15 is supported with the medication Abilify, Melatonin and Trazodone. The BSP did not include a tracking system to determine the effectiveness of the use of Melatonin or Trazodone. Review on 10/28/25 client #15's Physician's Orders dated 8/1/25 revealed an order for Trazodone 100mg, "Take 1 tablet by mouth every evening," ordered for 8:00pm. Interview on 10/28/25 with the regional nurse director confirmed client #15 does not take Melatonin for sleep. However, he does take Trazodone for sleep. The regional nurse director also confirmed that sleep data should be kept in order to track the effectiveness of the medication.	W 312			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provided nursing services in accordance with the needs of 1 of 6 audit clients (#5) relative to assuring seizure	W 331			

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W 331	Continued From page 6 guidelines were written. The finding is: Observation on 10/27/25 client #5 had a seizure that lasted for approximately 1 minute. Staff transferred client #5 out of his wheelchair and onto the day bed. Staff called the nurse and was given instructions. Staff followed the instruction and went back to the table to play bingo with the other clients out of direct sight of client #5 laying down on the bed. Client #5 was sleep on the bed from 3:05pm-after 4:00pm. Record review of client #5's nursing summary dated 9/15/25 revealed he has cluster seizures when seizure occurs, client #5 should be taken from his wheelchair and laying him on his side during a seizure (to prevent injury), elevating his head 45 degrees following a seizure to improve breathing and to monitor. No seizure guidelines documented for review. Interview on 10/28/25 with staff B revealed she was trained to take client #5 out of his wheelchair when he has a seizure and contact the nurse. The nurse instructed to monitor client #5 and he had taken his prn medication. Staff B was unsure how often to monitor client #5. Interview on 10/28/25 the regional nurse confirmed staff should have guidelines or told how often to monitor client #5. The regional nurse also confirmed client #5 has cluster seizures and need eyes on monitoring and not from across the room.	W 331			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with	W 340			

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W 340	<p>Continued From page 7</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 6 audit clients (#5, #7 and #10). The findings are:</p> <p>A. Observations in the facility throughout the survey on 10/27/25 through 10/28/25, client # 5 was seen dropping his blanket on the floor, rolling over the blanket with his wheelchair, dragging blanket on the floor. Client #5 would put parts of the blanket in his mouth.</p> <p>Record review on 10/28/25 of client #5's annual comprehensive functional assessment dated 9/15/25 revealed client need assistance for health and hygiene.</p> <p>Interview on 10/28/25 with qualified intellectual disabilities professional (RQIDP) confirmed client #5's blanket should be replaced or cleaned once its dropped on the floor.</p> <p>B. Observations in the facility throughout the survey on 10/27/25 through 10/28/25, client #7 and #10 fingernails were noted to be very long.</p> <p>Record review on 10/28/25 of client #7's annual comprehensive functional assessment dated 1/28/25 revealed client needs assistance for nail care.</p> <p>Record review on 10/28/25 of client #10 annual</p>	W 340			

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W 340	Continued From page 8 comprehensive functional assessment dated 12/11/24 revealed client needs assistance for nail care. Interview on 10/28/25 with staff A revealed staff do not trim clients nails, there was an outside person that comes to the facility to trimmed nails. Staff A was unsure of the persons title. Interview on 10/25/25 with the medical technician revealed there was an outside person that comes to the facility to trim the clients nails and the nurse gives him a list of each client that will need there nails trimmed. Interview on 10/25/25 with the RQIDP 2 revealed there should be a schedule for each clients nails to be trimmed. The physical therapist comes to the facility to trim some of the clients nails but not all of the clients.	W 340			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is: Review on 10/27/25 of the facility's fire drill evacuation reports revealed for the time period of September 2024 through October 2025 revealed there was no third shift fire drill conducted for the quarter of October 2024 through December 2024. Interview with the director confirmed there was quarterly fire drill completed for third shift from	W 440			

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W 440	Continued From page 9 October 2024 through December 2024.	W 440			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate any problems with fire evacuation drills, including the reason for extended times needed for evacuations. The finding is: Review on 10/27/25 of the facility's fire evacuation drills over the past year revealed several drills with extended evacuation times to include: 9/9/24 (10 minutes), 11/21/24 (10 minutes), 12/6/24 (8 minutes), 1/3/25 (8 minutes), 2/18/25 (8 minutes), 3/24/25 (10 minutes) and 6/27/25 (10 minutes). Interview on 10/28/25 with the director confirmed the drills should have been evaluated to determine the issues of the extended evacuation times and a plan of correction should have been developed.	W 448			