

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 122	A complaint survey was completed on November 5, 2025 for intake #NC00234135. The intake was substantiated and a Condition of Participation in Client Protections was cited. CLIENT PROTECTIONS CFR(s): 483.420(a)	W 122			
W 149	The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: The facility failed to: implement written policies and procedures that prohibit mistreatment, neglect and abuse of a client (W149); and ensure all alleged violations are thoroughly investigated (W154). The cumulative effect of these systemic practices resulted in the facility's failures to provide statutory mandated services of client protections to its clients. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)	W 149			
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure written policies and procedures were implemented to prohibit neglect of the clients. This affected 2 of 2 audit clients (#1 and #2). The findings are: Review on 11/5/25 of the facility's internal incident reports revealed on 10/7/25, client #1 began having out of control behaviors at approximately 2:30am. Client #1's behaviors continued to				
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 149	<p>Continued From page 1</p> <p>escalate and resulted in assault on staff and client #2 as well as damage to the dayroom. Client #2 was transported to the hospital and treated for head injuries after being hit repeatedly by client #1 with a fireman helmet.</p> <p>Further review of client #1's behavior data compiled by the facility revealed client #1 had 595 documented behaviors from April 1, 2025 through October 7, 2025. These behaviors included:</p> <ul style="list-style-type: none"> -consistently waking up between 1-3am being loud and keeping clients awake while yelling to gain attention - non-compliant throughout the day and refusing programming -trying to get into the director and habilitation managers offices -making threats of physical harm to staff and/or clients -assaulting staff and/or clients -June 2025 several incidents of inappropriate sexual behaviors with his roommate and was moved into a room with a different roommate that didn't utilize the shared bathroom -7/8/25 hit his roommate in the face, arm and knee -8/3/25 hit roommate in the head -9/17/25 inappropriate sexual behaviors took his own shirt off and lifted roommates gown and kissed and touched roommates abdomen -9/29/25 hit multiple staff, hit director and habilitation coordinator, hit staff on shoulder and leg, hit another staff in the face (busted lip and fractured nose) and arm -10/7/25 woke up staff at 3am irate, hit staff and client #2, pulled staff hair, beat client #2 repeatedly with a fireman helmet <p>Interview with the Vice President of Operations</p>	W 149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 149	<p>Continued From page 2</p> <p>(VPO) revealed when client #1 was admitted to the facility he had a roommate and there were several instances of inappropriate sexual behaviors. As a result client #1 was moved and placed with another roommate, client #2. The VPO revealed client #1 had sexually inappropriate behaviors with client #2 as well and that following the incident on 10/7/25, when client #1 was returned to the facility after being evaluated at the hospital, he was placed in a bedroom with no roommate. The VPO revealed that client #1 was also placed on 1:1 observation.</p> <p>Observations in the facility on 11/5/25 at 11:35am in the activity room, revealed 13 clients present and 2 staff. Client #1 was sitting at a table with another client and the 2 staff were on the opposite side of the room. The director entered the activity room within a minute of surveyors entering and stood beside client #1. At 11:40am, Staff D placed a chair directly beside client #1 and sat down.</p> <p>Interview on 11/5/25 with the director revealed staff rotate sitting 1:1 with client #1 to prevent burnout. The director revealed that 1:1 means that when client #1 is in a group setting, a staff member should be within arm's reach of the client and when the client is in his bedroom, staff are to sit outside his door. When asked how the assignment is made for staff to be 1:1 with client #1, the director revealed that there is no specific assignment and staff just works as a team rotating to ensure someone is with client #1.</p> <p>Interview on 11/5/25 at 1:30pm with staff F, who was sitting beside client #1 revealed that 1:1 means staff would be with the client at all times. When asked what staff do when the client goes</p>	W 149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 149	Continued From page 3 into his bedroom, staff F revealed that they go into his bedroom and stay with him. Interview on 11/5/25 with the VPO revealed there were no in-services available for training staff on the 1:1 supervision. The VPO confirmed that client #1 should have been placed in a bedroom with no roommate following his initial sexually inappropriate behaviors and assaults on his roommates. The VPO also confirmed that staff should have been sitting within arm's reach of client #1 in the activity room and there should have been more than 2 staff in the activity room with 13 clients with 1 client on 1:1.	W 149			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to complete a thorough investigation following client on client assault with injuries. This affected 2 of 2 audit clients (#1 and #2). The finding is: Review on 11/5/25 of the facility's internal incident	W 154			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 154	<p>Continued From page 4</p> <p>reports revealed on 10/7/25, client #1 began having out of control behaviors at approximately 2:30am. Client #1's behaviors continued to escalate and resulted in assault on staff and client #2 as well as damage to the dayroom. Client #2 was transported to the hospital and treated for head injuries after being hit repeatedly by client #1 with a firefighter's helmet.</p> <p>Review of the facility's internal investigations revealed that only written statements had been obtained by the staff that were working the night of October 7, 2025. The written statement obtained from staff A revealed that at approximately 2:30am client #1 was awake and had turned the lights on in the bedroom. Staff A instructed the client to turn the lights off and keep the noise to a minimum as his roommate, client #2 was trying to sleep. The statement revealed that at approximately 4am, client #1 began throwing clothes out of his and client #2's dresser on to the floor. Staff A redirected client #1 and he slammed the door in the staff's face. Staff A opened the door and client #1 punched her in the stomach and went into the activity room and began flipping chairs and ripping items off of the walls. Staff A's written statement also revealed that staff B refused to assist and stated she wasn't going to get assaulted like the supervisors did the previous week. Staff A called the on call phone to seek assistance and was told by the Direct Support Professional-Administrator (DSP-A) that there was nothing she could do. Client #1 then went back into his bedroom and assaulted client #2 striking him in the head with a firefighter's helmet. Staff A called the on call nurse at approximately 5am who came to assess client #2 and then at approximately 6:30am police and ambulance were called.</p>	W 154			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 154	Continued From page 5 Further review of client #1's Person Centered Plan (PCP) dated 4/17/25 revealed client #1 is able to spend private time in his room and staff are to check on him every 15 minutes. Review of bed checks following the incident on 10/7/25, revealed bed checks were documented during the night at 10:30pm, 2am, 2:09am and 4:42am. Interview on 11/5/25 with the Vice President of Operations (VPO) revealed that the facility did not complete an investigation to determine if the facility had adequate safeguards in place to protect clients and staff, if staff responded appropriately and took timely action or to determine why staff weren't monitoring the client every 15 minutes as his PCP prescribed.	W 154			
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 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 person centered plan (PCP) and behavior support plan (BSP) for 1 of 2 audit	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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	<p>Continued From page 6 clients (#1). The finding is:</p> <p>Review of the client #1's record on 11/5/25 revealed a PCP dated 4/17/25. Continued review of the record revealed client #1 is able to spend quiet time in his room and is monitored by staff every 15 minutes.</p> <p>Review of an updated BSP dated 10/9/25 revealed following the incident that resulted in client #1 assaulting staff and his roommate on 10/7/25, the team met to discuss adding a bed alarm, potential ways to accommodate a room change and requesting an enhanced rate to add a staff member to monitor client #1 specifically, as well as some medication changes.</p> <p>Observations in the facility on 11/5/25 at 11:35am in the activity room, revealed 13 clients present and 2 staff. Client #1 was sitting at a table with another client and the 2 staff were on the opposite side of the room. The director entered the activity room within a minute of surveyors entering and stood beside client #1. At 11:40am, Staff D sat a chair directly beside client #1 and the director left the activity room.</p> <p>Interview on 11/5/25 at 1:30pm with staff F, who was sitting beside client #1 revealed that 1:1 means staff would be with the client at all times. When asked what staff do when the client goes into his bedroom, staff F revealed that they go into his bedroom and stay with him.</p> <p>Interview with the Vice President of Operations (VPO) revealed when client #1 was admitted to the facility he had a roommate and there were several instances of inappropriate sexual behaviors. As a result client #1 was moved and</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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	<p>Continued From page 7</p> <p>placed with another roommate, client #2. The VPO revealed client #1 had sexually inappropriate behaviors with client #2 as well and that following the incident on 10/7/25, when client #1 was returned to the facility after being evaluated at the hospital, he was placed in a bedroom with no roommate. The VPO revealed that client #1 was also placed on 1:1 observation.</p> <p>Interview on 11/5/25 with the director revealed staff rotate sitting 1:1 with client #1 to prevent burnout. The director revealed that 1:1 means that when client #1 is in a group setting, a staff member should be within arm's reach of the client and when the client is in his bedroom, staff are to sit outside his door. When asked how the assignment is made for staff to be 1:1 with client #1, the director revealed that there is no specific assignment and staff just works as a team rotating to ensure someone is with client #1. The director confirmed that staff should have been sitting within arms reach of the client while in the activity room. The director also confirmed no formal in-service has been completed with staff to define client #1's 1:1 supervision.</p>	W 249			