

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>34G079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/07/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>SKILL CREATIONS OF WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 MARTIN LUTHER KING JR PARKWAY , WILSON, North Carolina, 27893</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
W0460	<p><b>FOOD AND NUTRITION SERVICES</b></p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received their specially prescribed diet as indicated. The finding is:</p> <p>During dinner observations in the home on 4/6/26 at 6:18pm, client #2 began to eat her dinner which consisted of meatloaf, mashed potatoes, cabbage and bread. Further observations revealed at no time did client #2 receive her eight ounces of water prior to eating.</p> <p>During breakfast observations in the home on 4/6/26 at 8:11am, client #2 began to eat her breakfast which consisted of one sausage patty, oatmeal, yogurt and toast. Further observations revealed at no time did client #2 receive her eight ounces of water prior to eating or her four ounces of warm prune juice with her meal.</p> <p>Review on 4/7/26 of client #2's Nutrition Evaluation dated 4/14/25 stated, "8 oz water before each meal....4 oz warm prune juice with breakfast".</p> <p>Review on 4/7/26 of client #2's Physician Orders signed 2/1/26 revealed, "4 oz Prune Juice (Warm) at Breakfast and 8oz water before each meal".</p> <p>During an interview on 4/7/26, the Director stated client #2's diet should be followed at all times.</p>	W0460		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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