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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G146	A. BUILDING _____ B. WING _____	04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXTRA SPECIAL CARE	6214 KILMORY DRIVE FAYETTEVILLE, NC 28304

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide continuing training to assure staff effectively performed their duties. This affected 1 of 3 audit clients (#4). The findings is: Staff were not adequately trained to consistently implement client #4's toileting skills objective. During observations on 4/29/19 at 5:45 pm, in the facility, there was a table in an adjacent room from the kitchen that had the clients clothes separated for the following day. On a nearby utility cart there were stacks of pull up briefs. Client #4 had a designated spot on the table, where someone had placed her red pants and top, sandals and a pull up brief. Client #4 was standing in the family room watching television. When client #4 moved, her waist was exposed and it revealed the waistband of a pull up brief. Review on 4/30/19 of client #4's Nursing Quarterly Assessment, dated March 2019, indicated that client #4 was continent of bowel and bladder. Review on 4/30/19 of the IPP dated 3/26/19 revealed an objective for client #4 to toilet herself with 50% independence for two consecutive months. If client #4 had difficulty completing a	W 189	DHSR - Mental Health JUN 03 2019 Lic. & Cert. Section	

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

QP | 5/23/19

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 189	Continued From page 1 step, staff would provide minimal assistance. Attached to the objective was notes from the qualified intellectual disabilities professional (QIDP) dated 3/1/19 that indicated that client #4 started a new objective that had been revised to meet her needs. Staff were inserviced and trained on how to implement the objective with client #4. Interview on 4/30/19 with Staff D revealed that client #4 rarely had toileting accidents and that client #4 knew when she needed to use the bathroom. Client #4 was still wearing pull ups "To help get everyone on the same page, at school." Interview on 4/30/19 with Staff A revealed client #4 wore pull up briefs to school then was supposed to transition to wearing panties on 2nd shift. Interview on 4/30/19 with the Program Director revealed that staff had shared that client #4 wore pull up briefs because the school requested that she wear them. The Program Director mentioned that she instructed staff about six months ago to discontinue the use of pull ups for client #4.	W 189	W 189 The facility will ensure that staff will be trained and in-service to consistently implement client #4's toileting skills objective and develop a new formal program to transition from pull-ups to panties. QP will monitor monthly and Home Manager will monitor weekly.	6/29/2019
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) *Within 30 days after admission, the* interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to assure the interdisciplinary team developed an individual program plan (IPP) within	W 226	W 226 The facility will ensure that IPP's are develop within 30 days of new admission by QP. QP will monitor within 15 days of admission	6/29/2019

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W 226	Continued From page 2 30 days after admission for 1 of 3 audit clients (#1). The finding is: Client #1's interdisciplinary team did not develop his IPP within 30 days of admission. Review on 4/29/19 of client #1's record revealed he was admitted to the facility on 11/26/18. Review of his IPP dated 1/25/19 revealed the IPP was not completed until 60 days after client #1's admission to the facility. Interview on 4/30/19 with the Program Director at the facility confirmed the IPP was not developed until 60 days after client #1's admission to the facility.	W 226		
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, interviews and record reviews, the facility failed to ensure 2 of 4 audit clients (#1, #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of behavior intervention, meal preparation and	W 249		

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W 249	Continued From page 3 privacy. The findings include: 1. Staff did not integrate client #1's skills to replace inappropriate target behaviors with appropriate social behaviors. During observations in the facility on 4/29/19 from 5:15pm-5:45pm, client #1 began crying, pacing and hitting at other clients in the den area. Staff #3 took client #1 over to a large shelving area where several noise making toys sat on the shelves. Client #1 pointed at a small tablet on the shelf. When staff C tried to activate it however, it would not work and client #1 became very upset. Staff C then reached for a yellow round cartoon toy that also was capable of making noise. Staff C gave it to client #1, but it would not work and he threw this toy on the floor. Observation on 4/29/19 of the activities on the shelf revealed the following: one tablet that was supposed to light up and and make noise was noted to be not working, one cartoon toy was not working, a large plane that was supposed to light up was not working, a piano toy was not working. Review on 4/30/19 of client #1's behavior support program (BSP) dated 1/19/19 revealed, "A. *Enrichment: In addition to offering such on-going* activities as community outings and vocational opportunities, provide [client #1] with a variety of structured leisure and recreational activities at the residence. When not actively engaged in obvious skill building habilitation goals, provide him the opportunity and encourage him to engage, during leisure time, *in a structured and stimulating* activity." Interview on 4/29/19 with staff C revealed client	W 249	W249 1. The facility will ensure that staff are in-service on BIP's and active treatment. The facility will ensure all toys and electronics are working properly 1. QP will monitor monthly and Home Manager weekly.	6/29/2019

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W 249	Continued From page 4 #1 gets irritated around mealtime unless he is playing with other clients or a toy that he prefers. Interview on 4/30/19 with the program director revealed there are may activities in the home that client #1 can be offered to choose from. The program director confirmed the BSP is current. 2. Client #4 was not given the opportunity to assist with meal preparation or table set up. During an observation on 4/29/19 at 5:25 pm, client #3 was in the kitchen with Staff E to help prepare dinner. Client #4 entered the kitchen and told Staff E "I wannna help." Staff E gave client #4 empty food wrappers to throw away. Several minutes went by and client #4 returned to the kitchen and stated that she wanted to help. Client #3 was pouring brussel sprouts into a pot of boiling water and asked Staff E if client #4 could pour one of the bags into the pot, but her request was ignored. Instead Staff E gave client #4 empty wrappers to throw away. Client #4 was observed asking Staff E two more times to help. Another staff told client #4, "Come on, your show is on, let's go watch." Staff E proceeded to assist client #3 with setting the dining room table. Review on 4/29/19 of client #4's IPP dated 3/26/19 identified a self help skill objective to improve setting the table and meal preparation skills. It noted that client #4 can state activities that she wants to participate in and prefers one on one interactions with staff. Interview on 4/30/19 with Staff E revealed that there were times when she divided up meal preparation and setting the table with more then	W 249	W249 2. The facility will ensure that client #4 and all clients participate meal preparation by implementing a formal program. Staff will be in-service and trained on new formal programs. W249 2. QP will monitor monthly and Home Manager monitor weekly.	6/29/2019

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W 249	Continued From page 5 one client. Staff E acknowledged that she heard client #4 ask for help but felt there was nothing left for her to do. Interview on 4/30/19 with the Program Director revealed that staff could have gotten client #4 involved with meal prep. 3. Client #4 was not prompted to respect the privacy of client #3. During an observation on 4/29/19 at 5:43 pm, clients #3 and #4 were standing in the kitchen, when client #3 suddenly exited the room to go into the bathroom. Client #3 partially closed the door to the bathroom, as client #4 watched. Client #4 walked toward the bathroom door and pushed it open. Client #3 was washing her hands and yelled for client #4 to get out of the bathroom. Staff E witnessed client #4's actions and asked one of the staff to remove client #4 from the room. Review on 4/29/19 of the IPP dated 3/26/19 revealed that client #4 had an objective to close the door for privacy. Interview on 4/30/19 with the Program Director revealed that client #4 was supposed to respect other's privacy and if the door was closed, she was expected to knock before entering.	W 249	W249 3. The facility will ensure that client #4 and all clients are prompt to respect the privacy of others. All staff will be in-serviced. W249 3. QP will monitor monthly and Home Manager monitor weekly.	6/29/2019
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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W 252	Continued From page 6	W 252		

This STANDARD is not met as evidenced by:
Based on observation, record review and interview direct care staff failed to ensure data for audit client #1's behavior support program (BSP) was collected as prescribed.. The finding is:

Direct care staff did not document audit client #1's target behaviors on his behavior data for 4/29/19.

During observations in the facility on 4/29/19 from 5:15pm-5:45pm client #1 cried, screamed and tried to hit at other clients near him in the den. Two direct care staff were sitting in the immediate vicinity. Client #1 signed, "More" and staff C asked him if he wanted a snack. Staff C walked over to the kitchen and gave him three crackers at the dining room table.

Interview on 4/29/19 with staff C revealed client #1 often becomes very irritable near mealtime and he can become physically aggressive, exhibit non-compliance and severe disruption if he is not offered a snack.

Review on 4/30/19 of client #1's BSP dated 1/19/19 revealed this program addresses the following target behaviors: non-compliance, property destruction, loud vocalizations, severe disruptive behavior, stealing, running from staff, PICA and physical aggression. loud vocalizations is described as any loud vocal noises. Severe disruptive behavior is described as aggravating others, invading the personal space of others and temper tantrumming.

W252 The facility will ensure that client #1 and all other clients are documented during appropriate time. Staff will be in-service on all BIP's and Behavioral Data.

QP will monitor monthly and Home Manager weekly

6/29/2019

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W 252	Continued From page 7 Review on 4/30/19 of client #1's behavior data revealed no behaviors for client #1 documented for 4/29/19 all day. Interview on 4/30/19 revealed client #1's inappropriate behaviors on 4/29/19 should have been documented on his behavior log.	W 252		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. *This STANDARD is not met as evidenced by:* Based on observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#2) observed during medication administration. The finding is: Direct care staff did not administer client #2's medication within the medication time window. During observations on 4/30/19 of the medication administration pass at 6:45am, staff B administered Focalin 5 mg. (1), Clonidine 0.5mg (1), *Guanfacine 1 mg. (1) and Monteklast 4 mg.* (1). Review on 4/30/19 of client #2's physician orders dated 1/1/19 revealed the following: Focalin 5 mg. (1), Clonidine 0.5mg (1), Guanfacine 1 mg. (1) and Monteklast 4 mg. (1). Further review of the physician orders revealed Guanfacine 1 mg. (1) was ordered by the physician at 5:30am.	W 369	W 369 The facility will ensure that all medication is administer within the time window. Staff will attend medication administration class. Staff will be in-service on appropriate time administration window. Medical Coordinator will monitor weekly. Nurse will monitor quarterly or as needed. QP will monitor monthly and Home Manager twice a week.	6/29/2019

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W 369	Continued From page 8 Interview on 4/30/19 with the Program Director revealed facility policy requires that medications be given either an hour before they are ordered by the physician or no later than one hour afterwards. Further interview confirmed the administration of Guanfacine 1 mg. (1) at 6:45am on 4/30/19 was outside the time administration window.	W 369		
W 435	SPACE AND EQUIPMENT CFR(s): 483.470(g)(1) The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for *hearing and other evaluations if they are* conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure an adequate supply of recreational/leisure materials were available for informal active treatment programs to be implemented. The findings are: During observations in the facility on 4/29/19 at 3:17pm staff C took client #4, #5 and #6 outside in the backyard to play ball with a small basketball goal. Staff C and the clients could not locate a ball to use. They walked in the backyard for 10 minutes, then decided to return inside when the ball could be located. During observations in the facility on 4/29/19 from	W 435	W 435 The facility will ensure that adequate supply of recreational/leisure materials are available in working order for informal active treatment programs. Staff will be in-service on client #1 and all clients to encourage clients to engage during leisure time in a structural and stimulating activity. QP will monitor monthly and Home manager will monitor weekly.	6/29/19

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W 435	Continued From page 9 5:15pm-5:45pm, client #1 began crying, pacing and hitting at other clients in the den area. Staff #3 took client #1 over to a large shelving area where several noise making toys sat on the shelves. Client #1 pointed at a small tablet on the shelf. When staff C tried to activate it however, it would not work and client #1 became very upset. Staff C then reached for a yellow round cartoon toy that also was capable of making noise. Staff C gave it to client #1, but it would not work and he threw this toy on the floor. Observation on 4/29/19 of the activities on the shelf revealed the following: one tablet that was supposed to light up and and make noise was noted to be not working, one cartoon toy was not working, a large plane that was supposed to light up was not working, a piano toy was not working. Review on 4/30/19 of client #1's behavior support program (BSP) dated 1/19/19 revealed, "A. Enrichment: In addition to offering such on-going activities as community outings and vocational opportunities, provide [client #1] with a variety of structured leisure and recreational activities at the residence. When not actively engaged in obvious skill building habilitation goals, provide him the opportunity and encourage him to engage, during *leisure time, in a structured and stimulating* activity." Interview on 4/29/19 with staff A revealed she notifies the qualified intellectual disabilities professional (QIDP) or the maintenance staff of any repairs needed to the leisure equipment in the facility. Interview on 4/30/19 with the program director revealed all leisure equipment should be kept in	W 435		

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W 435	Continued From page 10 good working order.	W 435		