

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

PRINTED: 08/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2021
NAME OF PROVIDER OR SUPPLIER EXTRA SPECIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #6 was afforded privacy while toileting. This affected 1 of 5 audit clients. The finding is:</p> <p>During morning observations in the home on 8/10/21 at 8:05am, Staff A prompted client #6 to the bathroom for toileting. As the client sat on the toilet, Staff A left the bathroom door wide open and watched the client from several feet away. The staff continued to watch client #6 with the door open for six minutes while providing verbal prompts to complete tasks (i.e. flushing the toilet, handwashing, etc.).</p> <p>Interview on 8/10/21 with Staff A revealed during toileting, they always leave the door opened and watch client #6 because he smears feces. The staff stated, "We have to keep a visual on him."</p> <p>Review on 8/10/21 of client #6's Adaptive Behavior Inventory (ABI) dated 3/1/18 revealed the client has partial independence with closing the bathroom door for privacy.</p> <p>Additional interview on 8/10/21 with the Home Manager (HM) indicated client #6 does smear feces at times; however, staff should not be leaving the bathroom door wide open to monitor him.</p>	W 130			
W 159	QIDP	W 159			

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 159	<p>Continued From page 1 CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) reviewed and revised the Individual Program Plan (IPP) as needed to determine progress towards identified objectives, completed IPP meetings at least annually and monitored data collection for all identified programs. This affected 3 of 5 audit clients (#2, #4 and #5). The findings are:</p> <p>A. Review on 8/10/21 of client #2's record revealed objectives to brush his teeth thoroughly with 75% independence for 2 consecutive reviews (implemented 4/26/18), to improve wearing his eyeglasses by wearing his eyeglasses for 30 minutes 90% of the time for 2 consecutive months (implemented 4/26/18), to toilet himself with 90% independence for 2 consecutive months (implemented 4/26/18) and to identify money with 50% verbal prompts for 2 review periods (implemented 3/1/19). Additional review of progress notes for each objective revealed the last notes had been written on 10/30/19. Further review of objective training books indicated no data collection for all identified objectives.</p> <p>Interview on 8/10/21 with the QIDP revealed she was in the process of reviewing client #2's objectives and no additional progress notes had been written on the objectives since the date identified. The QIDP also acknowledged no data collections sheets had been provided to staff for</p>	W 159			

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W 159	<p>Continued From page 2 the month of August '21.</p> <p>B. Review on 8/10/21 of client #4's record revealed objectives to brush her teeth thoroughly with 75% independence for 2 consecutive reviews (implemented 3/1/19), to improve her attention span by remaining on task 2 times daily for 30 minutes 50% of the time for 2 consecutive months (implemented 3/1/19), to toilet herself with 50% independence for 2 consecutive months (implemented 3/1/19), to identify money with 75% verbal prompts for 2 consecutive months (implemented 3/1/19), and to be able to open/close buttons and snaps with 50% independence for 3 consecutive months (implemented 3/1/19). Additonal review of progress notes for each objective revealed the last notes had been written on 11/30/19. Further review of objective training books indicated no data collection for all identified objectives.</p> <p>Interview on 8/10/21 with the QIDP revealed she was in the process of reviewing client #4's objectives and no additional progress notes had been written on the objectives since the date identified. The QIDP also acknowledged no data collections sheets had been provided to staff for the month of August '21.</p> <p>C. Review on 8/10/21 of client #5's record revealed objectives to brush his teeth thoroughly with 100% independence for 2 consecutive reviews (implemented 3/1/20), to develop an eating routine by laying down his fork after each bite with 95% accuracy for 2 review periods (3/1/20), to prepare a vegetable with 85% independence for 2 consecutive months (implemented 3/1/20), and to identify money with 75% accuracy for 2 review periods (implemented</p>	W 159			

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W 159	Continued From page 3 3/1/20). Additional review of progress notes for each objective revealed the last notes had been written on 4/30/20. Further review of objective training books indicated no data collection for all identified objectives. Interview on 8/10/21 with the QIDP revealed she was in the process of reviewing client #5's objectives and no additional progress notes had been written on the objectives since the date identified. The QIDP also acknowledged no data collections sheets had been provided to staff for the month of August '21. D. Review on 8/9/21 of client #2's record revealed no IPP in the record. Interview on 8/10/21 via phone with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 did not have a current IPP as of the date of the survey. E. Initial review on 8/10/21 of client #6's record revealed no IPP in the record. After the most current IPP was requested by the surveyor, a plan dated 6/26/20 was provided. No current IPP was provided. Interview on 8/10/21 via phone with the QIDP indicated 6/26/20 was the most current IPP available for client #6.	W 159			
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 4 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of criteria specified in objectives in the Individual Program Plan (IPP) was documented in measurable terms. This affected 3 of 5 audit clients (#2, #4 and #5). The findings are: A. Review on 8/10/21 of client #2's record revealed objectives to brush his teeth thoroughly with 75% independence for 2 consecutive reviews, to improve wearing his eyeglasses by wearing his eyeglasses for 30 minutes 90% of the time for 2 consecutive months, to toilet himself with 90% independence for 2 consecutive months and to identify money with 50% verbal prompts for 2 review periods. Additional review of objective training books indicated no data collection for all identified objectives. Interview on 8/10/21 with the Home Manager (HM) revealed staff collect data using data sheets for each objective; however, no data collection sheets had been provided. Interview on 8/10/21 via phone with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2's objective data sheets were available; however, no completed data sheets were provided for review. B. Review on 8/10/21 of client #4's record revealed objectives to brush her teeth thoroughly with 75% independence for 2 consecutive reviews, to improve her attention span by	W 252			

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W 252	<p>Continued From page 5</p> <p>remaining on task 2 times daily for 30 minutes 50% of the time for 2 consecutive months, to toilet herself with 50% independence for 2 consecutive months, to identify money with 75% verbal prompts for 2 consecutive months, and to be able to open/close buttons and snaps with 50% independence for 3 consecutive months. Additional review of objective training books indicated no data collection for all identified objectives.</p> <p>Interview on 8/10/21 with the HM revealed staff collect data using data sheets for each objective; however, no data collection sheets had been provided.</p> <p>Interview on 8/10/21 via phone with the QIDP revealed client #4's objective data sheets were available; however, no completed data sheets were provided for review.</p> <p>C. Review on 8/10/21 of client #5's record revealed objectives to brush his teeth thoroughly with 100% independence for 2 consecutive reviews, to develop an eating routine by laying down his fork after each bite with 95% accuracy for 2 review periods, to prepare a vegetable with 85% independence for 2 consecutive months, and to identify money with 75% accuracy for 2 review periods. Additional review of objective training books indicated no data collection for all identified objectives.</p> <p>Interview on 8/10/21 with the HM revealed staff collect data using data sheets for each objective; however, no data collection sheets had been provided.</p> <p>Interview on 8/10/21 via phone with the QIDP</p>	W 252			

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W 252	Continued From page 6 revealed client #5's objective data sheets were available; however, no completed data sheets were provided for review.	W 252			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Individual Program Plan (IPP) was reviewed and revised to determine progress towards identified objectives. This affected 3 of 5 audit clients (#2, #4 and #5). The findings are: A. Review on 8/10/21 of client #2's record revealed objectives to brush his teeth thoroughly with 75% independence for 2 consecutive reviews (implemented 4/26/18), to improve wearing his eyeglasses by wearing his eyeglasses for 30 minutes 90% of the time for 2 consecutive months (implemented 4/26/18), to toilet himself with 90% independence for 2 consecutive months (implemented 4/26/18) and to identify money with 50% verbal prompts for 2 review periods (implemented 3/1/19). Additional review of progress notes for each objective revealed the last notes had been written on 10/30/19. Interview on 8/10/21 with the Qualified Intellectual	W 257			

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W 257	<p>Continued From page 7</p> <p>Disabilities Professional (QIDP) revealed she was in the process of reviewing client #2's objectives and no additional progress notes had been written on the objectives since the date identified.</p> <p>B. Review on 8/10/21 of client #4's record revealed objectives to brush her teeth thoroughly with 75% independence for 2 consecutive reviews (implemented 3/1/19), to improve her attention span by remaining on task 2 times daily for 30 minutes 50% of the time for 2 consecutive months (implemented 3/1/19), to toilet herself with 50% independence for 2 consecutive months (implemented 3/1/19), to identify money with 75% verbal prompts for 2 consecutive months (implemented 3/1/19), and to be able to open/close buttons and snaps with 50% independence for 3 consecutive months (implemented 3/1/19). Additonal review of progress notes for each objective revealed the last notes had been written on 11/30/19.</p> <p>Interview on 8/10/21 with the QIDP revealed she was in the process of reviewing client #4's objectives and no additional progress notes had been written on the objectives since the date identified.</p> <p>C. Review on 8/10/21 of client #5's record revealed objectives to brush his teeth thoroughly with 100% independence for 2 consecutive reviews (implemented 3/1/20), to develop an eating routine by laying down his fork after each bite with 95% accuracy for 2 review periods (3/1/20), to prepare a vegetable with 85% independence for 2 consecutive months (implemented 3/1/20), and to identify money with 75% accuracy for 2 review periods (implemented 3/1/20). Additonal review of progress notes for</p>	W 257			

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W 257	Continued From page 8 each objective revealed the last notes had been written on 4/30/20. Interview on 8/10/21 with the QIDP revealed she was in the process of reviewing client #5's objectives and no additional progress notes had been written on the objectives since the date identified.	W 257			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) was revised at least annually. This affected 2 of 5 audit clients. (#2 and #6). The findings are: A. Review on 8/9/21 of client #2's record revealed no IPP in the record. Interview on 8/10/21 via phone with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2's last IPP meeting was held in June of 2020; however, no meeting had been held since then. B. Initial review on 8/10/21 of client #6's record revealed no IPP in the record. After the most current IPP was requested by the surveyor, a plan dated 6/26/20 was provided. No current IPP was provided. Interview on 8/10/21 via phone with the QIDP	W 260			

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W 260	Continued From page 9 indicated 6/26/20 was the most current IPP available for client #6.	W 260			
W 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must 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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage behaviors for 2 of 5 audit clients (#3 and #4) was used only as an integral part of his Individual Program Plan (IPP). The findings are:</p> <p>A. Review on 8/10/21 of client #3's physician's orders dated 7/1/21 - 10/1/21 revealed an order for Melatonin 3mg, take 1 tablet at bedtime, 6:30pm. Additional review of the client's Behavior Intervention Plan (BIP) dated 2/5/21 revealed objectives to decrease behaviors of non-compliance, physical aggression, loud vocalizations, falling to the floor, inappropriate touching, false accusations, running away, profanity, self-injury, property destruction, tantrums, public masturbation and stealing. Further review of the plan identified the use of Aripiprazole and Clonidine to address inappropriate behaviors. The plan did not include a formal active treatment program to include the use of Melatonin to address client #3's sleep behaviors.</p>	W 312			

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W 312	Continued From page 10 Interview on 8/10/21 via phone with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 ingests Melatonin for sleep; however, the medication is not included in a formal active treatment plan. B. Review on 8/10/21 of client #4's physician's orders dated 7/1/21 - 10/1/21 revealed an order for Clonidine HCL, .1 mg tablet, take 1 tablet by mouth 3 times daily. Additional review of the client's Behavior Intervention Plan (BIP) dated 1/7/21 revealed objectives to decrease behaviors of non-compliance, physical aggression, Pica, spitting, running away from staff, loud vocalizations, falling to the floor, inappropriate touching, false accusations, property destruction, temper tantrums/crying, smearing feces and food stealing. Further review of the plan identified the use of Aripiprazole and Vyvanse to address inappropriate behaviors. The plan did not include a formal active treatment program to include the use of Clonidine to address client #4's behaviors.	W 312			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with 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.	W 340			

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W 340	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitor screening process, on the appropriate use of face masks and to follow specific directions for dispensing medicatons. The findings are:</p> <p>A. Upon arrival to the home on 8/9/21 at 10:25am and 8/10/21 at 5:50am, staff invited the surveyor into the home. The surveyor's temperature was taken; however, no health screening questions were asked or forms presented for completion.</p> <p>Review on 8/10/21 of the facility's COVID-19 training book indicated, "All staff and visitors must go through the screening checklist." Additional review of the checklist noted the following:</p> <p>"1. Has this individual washed their hands or used a alcohol-based hand rub on entry?... 2. Ask the individual if they have any of the following respiratory symptoms? 1. Fever 2. Sore Throat 3. Cough 4. New Shortness of Breath... 3A. Check temperature and document results... 3B. Ask if they have worked with a person(s) with confirmed COVID-19?...."</p> <p>Interview on 8/10/21 with the Residential Director confirmed in addition to a temperature check, the COVID-19 screening checklist should be utilized for all visitors to the home.</p> <p>B. Upon arrival to the home on 8/9/21 at</p>	W 340			

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W 340	<p>Continued From page 12</p> <p>10:25am, Staff A answered the door without a mask covering her face. Upon entry into the home, Staff B was also observed without a mask.</p> <p>During additional observations in the home throughout the survey, various staff repeatedly removed their face mask in common areas of the home or wore their mask improperly below their nose or over/under their chin.</p> <p>Interview on 8/10/21 with Staff A confirmed all staff are required to wear a face mask while working in the home. Additional interview revealed she had pulled her face mask below her nose because it was causing her eye glasses to fog up.</p> <p>Review on 8/10/21 of a sign posted on the side entry door of the home revealed, "Face mask required. All employees and visitors are required to wear face mask or protective face covering." Another sign posted inside the home noted, "Notice: Please wear a mask." Additional review of the facility's COVID-19 training book indicated, "All individuals entering into the facilities must wear a face covering i.e. masks-cloth or surgical...We have implemented universal use of facemasks for all people, visitors and staff, while in the facility."</p> <p>Interview on 8/10/21 with the Home Manager (HM) confirmed all staff working in the home are required to wear a face mask on duty. The HM noted if a staff needs to remove their mask, they could step outside.</p> <p>C. During observations of medication administration in the home on 8/9/21 at 4:03pm, Staff D retrieved a bottle of Carafate 1g, used a</p>	W 340			

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NAME OF PROVIDER OR SUPPLIER EXTRA SPECIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 340	Continued From page 13 syringe to obtain 4ml of the liquid and assisted a client to ingest the medication. Closer observation of the medication bottle noted, "Shake well". Interview on 8/9/21 with Staff D revealed he usually shakes up the medication prior to dispensing. Interview on 8/10/21 with the Medical Coordinator confirmed the Carafate should be shaken prior to dispensing as the medication tends to separate in the bottle.	W 340			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #6 received his medication in accordance with physician's orders. This affected 1 of 3 clients observed receiving medications. The finding is: During observations of medication administration in the home on 8/9/21 at 4:13pm, client #6 ingested 3ml of Eryped 200mg/5ml and other medications. At 6:06pm, client #3 began consuming his dinner meal. Review on 8/10/21 of client #6's physician's orders dated 7/1/21 - 10/1/21 revealed an order for Eryped 200mg/5ml, take 3ml by mouth four times a day "with a meal".	W 368			

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W 368	Continued From page 14	W 368			
W 369	<p>Interview on 8/10/21 with the Medical Coordinator confirmed the Eryped should be given with a meal as ordered.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 clients observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 8/10/21 at 7:50am, client #3 self-administered two sprays of Fluticasone 50mcg in her right nostril and one sprays of the medication in her left nostril.</p> <p>Review on 8/10/21 of client #3's physician's orders dated 7/1/21 - 10/1/21 revealed orders for Fluticasone 50mcg, use two sprays in each nostril daily (Left nostril) and Fluticasone 50mcg, use two sprays in each nostril daily (Right nostril).</p> <p>Interview on 8/10/21 with the Medical Coordinator confirmed client #3 should receive two sprays of the medication in each nostril.</p>	W 369			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair,</p>	W 436			

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W 436	<p>Continued From page 15</p> <p>and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#4 and #6) were provided with and taught to make informed choices about the use of devices identified as needed in the Individual Program Plan (IPP). The findings are:</p> <p>A. During 3 of 3 meal observations in the home on 8/9 - 8/10/21, client #4 was provided with a built-up handled fork and a regular spoon and knife.</p> <p>Review on 8/10/21 of client #4's physician's orders dated 7/1/21 - 10/1/21 revealed an order for a fork, spoon and knife "with built up" handles.</p> <p>Interview on 8/10/21 with the Home Manager and Medical Coordinator revealed no built-up handle spoon or knife were available in the home and they needed to be ordered.</p> <p>B. During observations in the home throughout the survey on 8/9 - 8/10/21, client #6 did not wear eye glasses. Client #6 was not prompted or assisted to wear eye glasses.</p> <p>Review on 8/10/21 of client #6's IPP dated 6/26/20 (most recent plan) revealed, "[Client #6's] vision is stable at this time and continues to wear his prescribed eye glasses full time...However,</p>	W 436			

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

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W 436	Continued From page 16 [Client #6] does not like to wear his eye glasses full time..." The plan identified a need to "Wear eye glasses but need prompts to keep them on." Interview on 8/10/21 with the Home Manager and Medical Coordinator indicated client #6 does not like to wear his eye glasses when offered and has worked on training to wear them for a time period.	W 436			