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	34G177	A. BUILDING _____ B. WING _____	C 11/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARTER CLINIC RESIDENTIAL HOME	235 KINLAW RD FAYETTEVILLE, NC 28301

(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 A complaint investigation was completed on November 1-2, 2021 for Intake #NC00182747. The complaint was substantiated. An immediate jeopardy was cited during the survey due to the facility failing to protect the clients in the home from abuse. A Plan of Protection was submitted by the facility on site. The immediate jeopardy was removed resulting in a Condition of Client Protections.	W 000		
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) 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 the clients (W149); failed to ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures (W153); failed to have evidence that all alleged violations are thoroughly investigated (W154); must prevent further potential abuse while the investigation is in progress (W155); and the results of all investigations must be reported with State law within five working days of the incident (W156). The cumulative effect of these symstemic practices resulted in the facility's failure to provide statutorily mandated services of client protections to its clients.	W 122		
W 149	STAFF TREATMENT OF CLIENTS	W 149		

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

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W 149	Continued From page 1 CFR(s): 483.420(d)(1) 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 observation, record review and interviews, the facility failed to follow their policy and procedures for conducting abuse investigations for 2 of 2 audit clients (#1 and #2); and failed to ensure new employees received abuse training before working with clients. The findings are: A. The facility neglected client #1 and client #2 by failing to implement its policy regarding conducting investigations. 1. Review on 11/1/21 of undated written statement from staff A revealed interactions observed between client #2 and staff B, the morning of 10/24/21. Staff A witnessed staff B tell client #2 to get up from his chair, so that he could be changed and bathed. Client #2 was noncompliant with the request. Staff A saw staff B grab client #2 by the arm which caused client #2 to yank his arm away and he remained seated. Staff A then saw staff B grab client #2 and throw him to the floor. Staff A saw staff B kick client #2 in the stomach, while on the floor. Next, staff A saw staff B lift the chair and place it over client #2 and told client #2 to not move until instructed. Staff A saw client #2 lay in the floor for few minutes. Staff B got client #2 up from the floor and took him to be changed and bathed. 2. Review on 11/1/21 of a written statement from staff B dated 10/24/21 recorded on the same day at 12:20 pm, staff B noticed a wet spot	W 149		

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underneath the couch where client #2 sat. Staff B noticed that client #2's clothes were wet and directed client #2 to follow him to the bathroom to be changed. Client #2 refused to get up, was redirected and when refused again, staff B assisted client #2 to the bathroom when client #2 became aggressive. Staff B reported that client #2 slid to the floor, flailing his hands in the air and tried to grab staff B's shirt. Staff B reported that client #2 was observed to lay on the floor having a behavior for 3-5 minutes, while given instruction to calm down. Once staff B got client #2 to calm down, he escorted client #2 to the bathroom to change his clothes.

As of 11/1/21 there was no investigative summary to review of the alleged incident of physical abuse that took place on 10/24/21. There was no report made to department of social services (DSS), state agency or law enforcement to review.

Interview on 11/1/21 with staff C revealed that she was asked by the qualified intellectual disabilities professional (QIDP) on 10/24/21 to do a body audit on client #2 and found no injuries.

Review on 11/2/21 of the facility's Protection from Harm, Abuse, Neglect and Exploitation Policy dated 8/14/13 revealed: "Should an allegation of abuse be brought against a staff member of the [facility], the agency will conduct an internal investigation immediately...The QIDP or Program Director will ensure that any reports of abuse, harm, neglect or exploitation of a consumer is filed promptly." The policy also required that personnel report to the local DSS and state agency.

Interview on 11/1/21 with the QIDP revealed that

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she was contacted by staff A on 10/24/21 who alleged that staff B abused client #2 while they worked together. The QIDP went to the home to examine client #2 and did not find any bruises. Further interview with QIDP revealed, due to no injuries on client #2, she did not complete any further investigation.

B. The facility did not investigate an unwitnessed fall with injury as required, for an Injury of Unknown Source.

During afternoon observations in the home on 11/1/21 at 3:20 pm, client #1 gave staff E permission to conduct a body audit and allow the surveyor to observe the facility staff completing the task. Client #1 allowed staff E to remove his shirt. In the middle of his back appeared to be a faint bruise and several red abrasions grouped together with one larger abrasion the size of a peanut.

Interview on 11/1/21 with staff C and staff D revealed they did not have knowledge of any client incidents in the home in the past week.

Interview on 11/1/21 with staff E revealed she speculated that the abrasion on client #1's back might be the result of a fall.

A private interview on 11/1/21 with client #1 revealed a denial of falling and described staff B as someone who had punched him on different occasions. Client #1 stated that he was afraid of staff B and had never told anyone that staff B punched him. Client #1 stated that on unknown date, when he was in bed, staff B offered him a milkshake. Client #1 said that he refused the milkshake and was punched in the back by staff

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B. Client #1 named several other staff in the home and affirmed that they had not mistreated him, only staff B.

Interview on 11/1/21 with the home manager (HM) revealed that she had no knowledge of any new injury by client #1. The surveyor reported to HM that red abrasions were observed on client #1's back today when staff E examined him for injuries.

Evening interview with the QIDP on 11/1/21, revealed that the home manager contacted her by phone, that the surveyor observed red abrasions on client #1's back. The surveyor confirmed the observations to QIDP and informed her that client #1 also made an allegation of abuse by staff A, expressing that he was punched in the back. The QIDP acknowledged that client #1 has an order to receive a diabetic shake for his snack. Further interview with the QIDP stated that she had worked in the home this morning and had forgotten to mention that she assisted client #1 take a shower and dry off. Client #1 was alone in the bathroom on 11/1/21 when the QIDP heard a noise and went to investigate. The QIDP stated that she found client #1 sitting on his buttocks when she entered the bathroom. The QIDP stated that the mark on client #1's back probably came from the button on the doorknob making contact with his back when he fell. Even though the fall was not witnessed, the QIDP acknowledged she had not initiated an injury of unknown origin investigation or notified the nurse.

On 11/1/21 a review of the Incident Report Form, completed by the QIDP on 11/1/21 stated client #1 fell in the bathroom at 8:25 am. The fall was not witnessed by the QIDP, but she found client

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#1 on the floor. The QIDP recorded that client #1 said that he thought he scraped his back on the door knob. The QIDP checked client #1's back and found a red mark, that was not bleeding or had broken skin.

Interview on 11/1/21 with the residential director (RD) revealed that when an investigation is initiated, the QIDP should interview all staff, all verbal clients, conduct body audits on nonverbal clients and contact the nurse to examine any injuries. The RD added that DSS, law enforcement and the state agency must be contacted for any report of abuse and the QIDP must submit a report of the investigation.

C. The facility failed to train all staff on abuse.

Interview with staff A revealed that she was a new employee, with a hire date of 9/29/21 and had not received any abuse training from the facility. Staff A stated that she was taken off the schedule on 10/29/21 until the abuse training could be offered on 11/4/21.

Interview on 11/1/21 with the HM revealed that she did not conduct any abuse training with the staff.

Interview on 11/1/21 with the QIDP revealed that she had not conducted any abuse training with the newer staff, staff A and staff G. The facility had training scheduled for this week.

Interview on 11/1/21 with the Human Resource Director (HRD) revealed the HM and QIDP were responsible for ensuring that staff receive abuse training and that she was not aware of any requirement that new employees receive this

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W 149	Continued From page 6 training before working with clients. The HRD acknowledged they had already scheduled to conduct an orientation this week with newer staff to discuss abuse. Review on 11/2/21 of the facility's Protection from Harm, Abuse, Neglect and Exploitation Policy dated 8/14/13 read: "An employee of [facility] who witnesses or has knowledge of a violation...to a consumer shall report the violation or injury to their supervisor."	W 149		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify the administrator, law enforcement, department of social services (DSS) and the state agency, once they initiated an abuse investigation for 1 of 2 audit client (#2). The finding is: Interview on 11/1/21 with the qualified intellectual disabilities professional (QIDP) revealed when staff A reported an allegation of abuse by staff B to her on 10/24/21, she arrived on 2nd shift to examine client #1. Client #1 did not have physical injuries, which led the QIDP to conclude that he had not been abused. Since the QIDP did not feel abuse took place, she did not file any paperwork or contact any of the required agencies.	W 153		

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W 153	Continued From page 7 Review on 11/2/21 of the facility's Protection from Harm, Abuse, Neglect and Exploitation Policy dated 8/14/13 read: "The QIDP or Program Director will ensure that any reports of abuse, harm, neglect or exploitation of a consumer is filed promptly...It is the policy of the facility that every personnel shall initially report any form of abuse or neglect (known or suspected) to his/her immediate supervisor for consultation immediately after disclosure by the consumber or any other individual." The policy also required that personnel report to the local DSS and state agency. Review on 11/2/21 of the facility's procedures on Investigation and Reporting dated 6/11/21 revealed: All investigations of resident abuse shall be investigated and documented within 24 hours...Within 72 hours, the facility should have gathered the majority of documents related to the incident and submit into the Incident Reporting and Investigation System (IRIS); and within 5 working days, the incident or allegation report should be complete and submitted within the IRIS system. Interview on 11/1/21 with the residential director revealed that she did not learn of the incident between staff B and client #2 until Thursday (10/28/21) and that the QIDP was supposed to report to her any investigations. The administrator revealed that she did not ensure that any reports were made to DSS, law enforcement or state agency for an abuse allegation because she was told there was no abuse.	W 153		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)	W 154		

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W 154	Continued From page 8 The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to conduct a thorough investigation of one allegation of abuse. This affected 1 of 2 audit clients (#2). The finding is: Review on 11/1/21 of an incident that allegedly took place between staff B and client #2 revealed three written statements by staff A, B and C. There were no additional statements from other staff or verbal clients. In addition, there was no documentation that the qualified intelletual disabilities professional (QIDP) ruled out abuse on non-verbal clients. Missing from the incident was the initial investigation report and the investigative summary with a conclusion if abuse took place. Interview on 11/1/21 with the QIDP revealed that when she examined client #1 for injuries on 10/24/21 none were present. The QIDP concluded that he had not been abused. The QIDP acknowledged she did not interview all staff, verbal clients or rule out possible abuse on non-verbal clients. Interview on 11/1/21 with the residential director revealed her expectations for a thorough abuse investigations, involved interviewing all staff, clients and doing a body audit on non-verbal clients.	W 154		
W 155	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must prevent further potential abuse while the investigation is in progress.	W 155		

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W 155	Continued From page 9 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff alleged to have committed abuse did not work while the investigation was in progress. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Interview on 11/1/21 with the home manager (HM) revealed that staff B continued to be scheduled for work, although an abuse allegation had been reported against him on 10/24/21. Interview on 11/1/21 with the qualified intellectual disabilities professional (QIDP) revealed that she did not issue an suspension to staff B when initiating an abuse investigation on 10/24/21 because she concluded that the lack of physical injuries on client #2 suggested no abuse took place. The QIDP confirmed that staff B last worked on 10/31/21 and was on the schedule to work on 11/2/21 from 3:00-11:00 pm. Interview on 11/1/21 with the human resource director (HRD) revealed that no one instructed her to issue a suspension of staff B during the abuse investigation on 10/24/21. The HRD provided the work schedule for staff B and verified that he had worked last week on 10/24/21, 10/25/21, 10/26/21, 10/27/21 and 10/28/21. The HRD stated that they had already scheduled to conduct an orientation this week with newer staff to discuss abuse. Review of the facility's Protection from Harm, Abuse, Neglect or Exploitation policy dated 8/14/13 read: Personnel shall protect consumers from and not subject them to any sort of abuse or neglect.	W 155		

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W 155	Continued From page 10 Interview on 11/1/21 with the residential director acknowledged during an abuse investigation, the staff should be removed from shift until the investigation over.	W 155		
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all officials were notified within 5 working days of an incident. This affected 1 of 2 audit clients (#2). The finding is: Interview on 11/1/21 with the qualified intellectual disabilities professional (QIDP) revealed since the QIDP did not feel abuse took place, she did not file any paperwork. Review on 11/2/21 of the facility's procedures on Investigation and Reporting dated 6/11/21 read: Within 5 working days, the incident or allegation report should be complete and submitted within the Incident Reporting and Investigation Summary (IRIS). The facility did not file their IRIS report for this incident until 11/2/21. Interview on 11/1/21 with the residential director verified the QIDP was supposed to submit a summary of the investigation in IRIS system within 5 days.	W 156		