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	34G177	A. BUILDING _____ B. WING _____	C 10/26/2022

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 survey was completed on 10/26/22 for intake #NC00194390. The allegations were substantiated and deficiencies were cited.	W 000		
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 reviews and interviews with staff, the facility failed to ensure direct care staff reported all injuries of unknown source and allegations of mistreatment, abuse and neglect to management and to the health care personnel registry (HCPR) as required. This affected clients #1, #2, #3 and #4. The finding is: Interview on 10/26/22 with staff J revealed she has worked at the facility less than a year. Further interview revealed she has witnessed staff A yelling at clients #1, #3 and #6. Further interview revealed on October 20, 2022, staff A came into the facility and used profanity with the residential manager in front of the clients. Additional interview revealed that client #1 had told her staff A comes into his bedroom and uses a water gun to spray him while he is sleeping. When asked if she had reported this, she stated she had reported to the residential manager the incidents of staff A using profanity with the clients which included yelling at them and the incident that client #1 reported that staff A used a water gun to spray him several weeks ago.	W 153		

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

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W 153	Continued From page 1 Interview on 10/26/22 with staff G revealed staff A often yells at the clients and uses profanity and that he had confronted staff A and told him to stop about 3 weeks ago. Staff G also stated that he had reported this to the residential manager. Further interview revealed that about 2 weeks ago client #1 woke up in the middle of the night yelled out staff A's name and told him not to soak him with a water gun. Additional interview revealed staff G asked client #1 about this nightmare and he told him staff A comes into his bedroom and sprays him with a water gun. Staff G stated he had not reported this to the residential manager. Staff G stated that clients #1, #2, #3 and #4 pull away from staff A and often go to their rooms to get away from him. Staff G also stated about a month ago, client #1 had a black eye. Staff G stated management staff stated client #1 fell out of a chair, however he stated client #1 told him that staff D punched him in the eye. Staff G stated the residential manager was in the home when client #1 made this allegation, however it had not been further investigated. Interview on 10/26/22 with staff K revealed she had witnessed staff A using profanity in the facility around the clients and that he had cursed the residential manager on October 20, 2022, and staff A was sent home for the rest of the shift. Staff K stated that she had located a water gun in the front closet near the living room when she was cleaning out that closet and that she had told the residential manager she had never seen that before. Staff K stated later that week, a department of social services social worker asked her about allegations that client #1 was sprayed with a water gun.	W 153		

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Interview on 10/26/22 with staff A revealed he was administrative suspension but that he had never witnessed any mistreatment or abuse in the facility. Staff A stated that he had never mistreated or abused any of the clients in the facility. Staff A stated he had not used profanity in the facility with the clients.

Interview on 10/26/22 with staff D revealed he was on administrative suspension but that he had never witnessed any mistreatment or abuse in the facility. Staff D stated that he had never mistreated or abused any of the clients in the facility. Staff D also stated he had not used profanity in the facility with the clients.

Interview on 10/26/22 with the residential manager (RM) revealed she had never been told by any of her employees of any allegations of mistreatment to the clients until, a department of social services (DSS) social worker asked her on October 24, 2022, about allegations that client #1 was sprayed with a water gun and allegations about staff dumping client #1 and client #2's plates at meals before they were finished. The RM stated staff K stated that she had located a water gun in the front closet near the living room when she was cleaning out the closet. The RM stated she thought it was strange because she did not remember purchasing that for leisure supplies and wondered where the water gun came from.

Interview on 10/26/22 with the qualified intellectual disabilities professional (QIDP) revealed she was first told of allegations of mistreatment to the clients on the facility when the DSS Social worker visited the facility on

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W 153	Continued From page 3 10/23/22. Further interview revealed the DSS worker then visited on 10/24/22 and staff A and staff D were identified as possible perpetrators of mistreatment and they were immediately put on administrative leave until an internal investigation could be completed. Additional interview with the QIDP revealed she did not re-interview all staff working in the facility or clients that resided there regarding inconsistencies in the staff's statements regarding the use of the water gun or staff's possible mistreatment of clients. Interview on 10/26/22 with the facility program director confirmed they would substantiate the allegations of mistreatment to clients and that staff A and staff D would be terminated from employment.	W 153		
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 reviews and interviews, the facility failed to thoroughly investigate allegations of abuse and neglect for 1 of 1 audit clients (#1). The finding is: Based on record reviews and interviews with staff, the facility failed to ensure direct care staff reported all injuries of unknown source and allegations of mistreatment, abuse and neglect to management and to the health care personnel registry (HCPR) as required. The finding is: Interview on 10/26/22 with staff J revealed she has worked at the facility less than a year. Further interview revealed she has witnessed staff A yelling at clients #1, #3 and #6. Further interview	W 154		

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revealed on October 20, 2022, staff A came into the facility and used profanity with the residential manager in front of the clients. Additional interview revealed that client #1 had told her staff A comes into his bedroom and uses a water gun to spray him while he is sleeping. When asked if she had reported this, she stated she had reported to the residential manager the incidents of staff A using profanity with the clients which included yelling at them and the incident that client #1 reported that staff A used a water gun to spray him several weeks ago.

Interview on 10/26/22 with staff G revealed staff A often yells at the clients and uses profanity and that he had confronted staff A and told him to stop about 3 weeks ago. Staff G also stated that he had reported this to the residential manager. Further interview revealed that about 2 weeks ago client #1 woke up in the middle of the night yelled out staff A's name and told him not to soak him with a water gun. Additional interview revealed staff G asked client #1 about this nightmare and he told him staff A comes into his bedroom and sprays him with a water gun. Staff G stated he had not reported this to the residential manager. Staff G stated that clients #1, #2, #3 and #4 pull away from staff A and often go to their rooms to get away from him. Staff G also stated about a month ago, client #1 had a black eye. Staff G stated management staff stated client #1 fell out of a chair, however he stated client #1 told him that staff D punched him in the eye. Staff G stated the residential manager was in the home when client #1 made this allegation, however it had not been further investigated.

Interview on 10/26/22 with staff K revealed she had witnessed staff A using profanity in the facility around the clients and that he had cursed the

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residential manager on October 20, 2022, and staff A was sent home for the rest of the shift.
Staff K stated that she had located a water gun in the front closet near the living room when she was cleaning out that closet and that she had told the residential manager she had never seen that before. Staff K stated later that week, a department of social services social worker asked her about allegations that client #1 was sprayed with a water gun.
Interview on 10/26/22 with staff A revealed he was administrative suspension but that he had never witnessed any mistreatment or abuse in the facility. Staff A stated that he had never mistreated or abused any of the clients in the facility. Staff A stated he had not used profanity in the facility with the clients.
Interview on 10/26/22 with staff D revealed he was on administrative suspension but that he had never witnessed any mistreatment or abuse in the facility. Staff D stated that he had never mistreated or abused any of the clients in the facility. Staff D also stated he had not used profanity in the facility with the clients.
Interview on 10/26/22 with the residential manager (RM) revealed she had never been told by any of her employees of any allegations of mistreatment to the clients until, a department of social services (DSS) social worker asked her on October 24, 2022, about allegations that client #1 was sprayed with a water gun and allegations about staff dumping client #1 and client #2's plates at meals before they were finished. The RM stated staff K stated that she had located a water gun in the front closet near the living room when she was cleaning out the closet. The RM stated she thought it was strange because she did not remember purchasing that for leisure supplies and wondered where the water gun

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W 154	Continued From page 6 came from. Interview on 10/26/22 with the qualified intellectual disabilities professional (QIDP) revealed she was first told of allegations of mistreatment to the clients on the facility when the DSS Social worker visited the facility on 10/23/22. Further interview revealed the DSS worker then visited on 10/24/22 and staff A and staff D were identified as possible perpetrators of mistreatment and they were immediately put on administrative leave until an internal investigation could be completed. Additional interview with the QIDP revealed staff G, staff J, staff K and the residential manager (RM) have been trained to report allegations of abuse, mistreatment and neglect immediately. Additional interview revealed additional training and monitoring was needed to ensure staff report allegations of mistreatment and neglect immediately to management.	W 154		
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply	W 508		

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to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients:
(i) Facility employees;
(ii) Licensed practitioners;
(iii) Students, trainees, and volunteers; and
(iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.
(2) The policies and procedures of this section do not apply to the following facility staff:
(i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and
(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section.
(3) The policies and procedures must include, at a minimum, the following components:
(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;
(iii) A process for ensuring the implementation of

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additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;
(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;
(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;
(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;
(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;
(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19

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vaccination requirements for staff based on the recognized clinical contraindications;
(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and
(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

Effective 60 Days After Publication:
(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;
This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the facility failed to follow policies and procedures for COVID-19 relative to staff vaccinations and approved exemptions. The finding is:

During record review on 10/26/22, the administrator, qualified intellectual disabilities professional (QIDP) and human resources officer were asked for the COVID-19 vaccination records as well as the approved medical or religious exemptions for all staff working in the facility.

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W 508	Continued From page 10 Review on 10/26/22 of the facility's COVID-19 policy dated March 2022 revealed staff are to wear masks when working in the facility and were expected to be vaccinated or work with human resources to obtain approved exemptions. Further review of the facility's policy revealed management may ask for testing of staff to prevent further COVID-19 outbreaks. Additional review on 10/26/22 of the COVID-19 vaccination records and exemptions revealed the facility had verified vaccination records for 7 out of 9 staff working in the facility. There was not vaccination or exemption information for the following staff working in the facility: staff A, staff B, staff D, staff E, staff F, staff G and staff I. Interview on 10/26/22 with the human resource officer and verified with the qualified intellectual disabilities professional (QIDP) revealed the facility had not received verified COVID-19 vaccination or exemption information for the following direct care staff : staff A, staff B, staff D, staff E, staff F, staff G and staff I. .	W 508		