

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

PRINTED: 03/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2023
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NAME OF PROVIDER OR SUPPLIER THE CARTER CLINIC RESIDENTIAL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 235 KINLAW RD FAYETTEVILLE, NC 28301
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(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
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) regarding the formal implementation of objectives. This affected 3 of 3 audit clients (#1, #2 and #6). The findings are:</p> <p>A. During observations of meal preparation on 3/14/23 at 5:10pm non-audit client #4 was verbally cued to assist with setting the dining room table with plates, silverware and cups. During this time clients #1 and #6 sat in the living room area of the facility watching television.</p> <p>During morning observations on 3/15/23 at 6:00am before clients #1 and #6 were awake, the dining room table was set with plates, cups, silverware and napkins. Client #1 was awake and getting dressed at 6:04am and client #6 was up and getting dressed at 6:05am.</p> <p>Review on 3/15/23 of client #1's IPP dated 10/21/22 revealed he has a formal program to set</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249	<p>Continued From page 1</p> <p>his placesetting at the dining room table with 100% accuracy for 2 consecutive months.</p> <p>Review on 3/15/23 of client #6's IPP dated 4/28/22 revealed she has a formal program to set her placesetting at the dining room table with 100% accuracy for 2 consecutive months.</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) confirmed that both clients #1 and #6 have formal objectives to set their placesettings at the table for meals and should be encouraged to implement these programs as frequently as possible.</p> <p>B. During observations on 3/14/23 at 5:30pm client #2 was observed to have a plate with a plateguard and adaptive utensils. Staff D sat next to client #2 at the dining room table. Client #2 was given verbal cues to slow his rate of eating but was not prompted to put his utensils down after taking individual bites.</p> <p>During observations on 3/15/23 at 7:45am client #2 sat down at the table in the dining room for breakfast. Client #2 was observed to have a plate with a plateguard and adaptive utensils. Staff A assisted client #2 with cutting up his toast and sat near him to assist him with his meal. Client #2 was given verbal cues to slow his rate of eating but was not prompted to put his utensils down after taking individual bites.</p> <p>Review on 3/14/23 of client #2's IPP dated 4/7/22 revealed he has a formal objective to develop an eating routine by putting his eating utensils down after individual bites with 50% accuracy for 2 consecutive review periods.</p>	W 249			

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W 249	Continued From page 2	W 249			
W 255	<p>Interview on 3/15/23 with the QIDP revealed client #2's formal training programs are current and should be trained as frequently as possible.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>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 reviewed and revised after 1 of 3 audit clients (#6) had completed objectives. The finding is:</p> <p>Review on 3/14/23 of client #6's IPP dated 4/28/22 revealed she had a written formal objective to identify money with 100% accuracy for 2 consecutive review periods. There were 5 steps to this objective.</p> <p>Review on 3/15/23 of the progress summaries for this objective revealed the following: October 2022: step 5 with 100% accuracy November 2022: step 5 with 100% accuracy November 2002: QIDP observed and completed objective</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) revealed client #6' met criteria for completion in November 2022 and that the team had not considered client #6 for additional training in the area of money management.</p>	W 255			

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W 257	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)</p> <p>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.</p> <p>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 as necessary. This affected 1 of 3 audit clients (#6). The findings are:</p> <p>A. Review of client #6's IPP dated 4/28/22 revealed a formal training program to assist with food preparation with 50% independence for 2 consecutive review periods. There are 9 steps to this objective. Review of the progress summaries revealed the following:</p> <p>October 2022: 100% I, step 5 November 2022: 75% I, step 5 December 2022: 75% verbal prompts, step 5 January 2023: 100% verbal prompts, step 5 February 2023: 100% physical prompts, step 5</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 had met criteria to move to step 6 of this program in November. Further interview confirmed client #6 continues to work on step 5 and there had been no revisions to this objective.</p> <p>B. Review on 3/15/23 of client #6's IPP dated 4/28/22 revealed she has a formal program to set her placesetting at the dining room table with 100% accuracy for 2 consecutive months. There</p>	W 257			

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W 257	<p>Continued From page 4</p> <p>are 11 steps to this objective. Review of the progress summaries for this objective revealed the following: October 2022: 100% I step 8 November 2022: 100, step 8 December 2022: 80% independence, step 8 January 2023: 100% physical prompts, step 8</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 had met criteria to move to step 9 of this program in November. Further interview confirmed client #6 continues to work on step 8 and there had been no revisions to this objective.</p> <p>C. Review on 3/15/23 of client #6's IPP dated 4/28/22 revealed she has a formal program to brush her teeth with 100% independence for 2 consecutive review periods. There are 19 steps in this objective. Review of the progress summaries revealed the following: October 2022: 100% independence, step 6 November 2022: 100% independence, step 6 December 2022: 75% independence, step 6 January 2023: 100% independence, step 6</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 had met criteria to move to step 7 of this program in November. Further interview confirmed client #6 continues to work on step 6 and there had been no revisions to this objective.</p>	W 257			
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p>	W 368			

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W 368	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the system for drug administration failed to assure all drugs were administered in compliance with physician orders for 1 of 3 non-audit clients in the group home (#3). The finding is:</p> <p>During observations on 3/15/23 of medication administration at 6:10am, staff A administered client #3 Levothyroxine 50meq (1), Omeprazole 20 mg. (1), Phenytonin Sodium 100mg. (1), Propranolol 20mg. (1), Aspirin 81 mg. (1), Benztropine 1 mg. (1), Calcium 600mg. (1) and Haldol 5 mg. (1.5).</p> <p>Review of client #3's physician orders dated 1/3/23 revealed the following to be administered at 6:00am: Levothyroxine 50meq (1), Omeprazole 20 mg. (1), Phenytonin Sodium 100mg. (1) (Take with food), Propranolol 20mg. (1), Aspirin 81 mg. (1), Benztropine 1 mg. (1), Calcium 600mg. (1) and Haldol 5 mg. (1.5). No supplements such as pudding or applesauce were offered at the medication administration pass.</p> <p>During observations on 3/15/23 client #3 was observed to begin his breakfast at 7:30am (80 minutes after the medication pass) which included oatmeal, toast, juice and water.</p> <p>Interview on 3/15/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #3 is to have food with the administration of his Phenytonin Sodium 100mg. (1) as ordered by the physician.</p>	W 368			
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p>	W 369			

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W 369	<p>Continued From page 6</p> <p>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:</p> <p>Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 audit clients (#6) observed receiving medications. The finding is:</p> <p>During observations of the medication administration pass on 3/15/23 staff A administered the following medications to client #6 at 6:07am: Clonazepam 0.5mg (1), Haldol 5 mg. (1), Hydrochlorothiazide 25 mg. (1), Topiramate 200mg. (1) and Levothyroxine 75mg. (1).</p> <p>Review on 3/15/23 of client #6's physician orders dated 1/3/23 revealed the following medications to be administered at 6:00am: Clonazepam 0.5mg (1), Haldol 5 mg. (1), Hydrochlorothiazide 25 mg. (1), Topiramate 200mg. (1), Levothyroxine 75mg. (1), Olopatadine 0.2% eye drops apply to affected eye and Polyethylene Glycol 17 grams to be given with 8 ounces of water.</p> <p>During interview on 3/15/23 with staff A at 7:30am, she stated she had not administered Olopatadine 0.2% eye drops and Polyethylene Glycol to client #6. The surveyor observed staff A administer the following medications at 7:35am to client #6: Olopatadine 0.2% eye drops apply to both eyes and Polyethylene Glycol 17 grams which was mixed with 8 ounces of water.</p> <p>Interview on 3/15/23 with the residence manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed medications, per</p>	W 369			

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W 369	Continued From page 7 facility policy, can be given 1 hour prior or 1 hour after the specific ordered time for medication administration. Further interview confirmed client #6's medications were given outside the medication administration time on 3/15/23.	W 369		