	-	ID HUMAN SERVICES					APPROVED
		MEDICAID SERVICES					0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G177	B. WING _			03/	15/2023
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
THE CARTER CLINIC RESIDENTIAL HOME					35 KINLAW RD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	PROGRAM IMPLEM CFR(s): 483.440(d)(1 As soon as the interd formulated a client's i	)	W 2	249			
	treatment program co interventions and serv and frequency to sup	ive a continuous active onsisting of needed vices in sufficient number port the achievement of the n the individual program					
	Based on observatio interview, the facility f received a continuous consisting of needed as identified in the inc regarding the formal i	ted 3 of 3 audit clients (#1,					
	3/14/23 at 5:10pm no verbally cued to assis room table with plates During this time client	ns of meal preparation on n-audit client #4 was st with setting the dining s, silverware and cups. ts #1 and #6 sat in the living ity watching television.					
	6:00am before clients dining room table was silverware and napkir	rvations on 3/15/23 at #1 and #6 were awake, the s set with plates, cups, ns. Client #1 was awake and 04am and client #6 was up at 6:05am.					
	Review on 3/15/23 of 10/21/22 revealed he	client #1's IPP dated has a formal program to set					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 03/16/2023

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 03/16/2023 APPROVED . 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			-	(X3) DATE COMP	SURVEY
		34G177	B. WING			03/'	15/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
THE CAR	TER CLINIC RESIDENTIA	LHOME		235 KINLAW RD FAYETTEVILLE, NC 28	3301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	his placesetting at the 100% accuracy for 2 of Review on 3/15/23 of 4/28/22 revealed she her placesetting at the 100% accuracy for 2 of Interview on 3/15/23 of disabilities profession both clients #1 and #6 set their placesettings should be encouraged programs as frequent B. During observation client #2 was observe plateguard and adapt to client #2 at the dini given verbal cues to s was not prompted to p taking individual bites During observations of #2 sat down at the tat breakfast. Client #2 with near him to assist him was given verbal cues but was not prompted after taking individual Review on 3/14/23 of revealed he has a for eating routine by putti	e dining room table with consecutive months. client #6's IPP dated has a formal program to set e dining room table with consecutive months. with the qualified intellectual al (QIDP) confirmed that 5 have formal objectives to a at the table for meals and d to implement these dy as possible. as on 3/14/23 at 5:30pm ed to have a plate with a ive utensils. Staff D sat next ng room table. Client #2 was slow his rate of eating but put his utensils down after on 3/15/23 at 7:45am client ble in the dining room for vas observed to have a plate adaptive utensils. Staff A n cutting up his toast and sat n with his meal. Client #2 s to slow his rate of eating l to put his utensils down bites. client #2's IPP dated 4/7/22 mal objective to develop an ing his eating utensils down vith 50% accuracy for 2	W 24	9			

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	OF DEFICIENCIES	MEDICAID SERVICES		CONSTRUCTION	(X3) DATE	0. 0938-039
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	. ,		· · ·	LETED
		34G177	B. WING		03/	15/2023
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE CAR	TER CLINIC RESIDENTIA	AL HOME		35 KINLAW RD AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
W 249	client #2's formal train	e 2 with the QIDP revealed hing programs are current d as frequently as possible.	W 249			
W 255	PROGRAM MONITO CFR(s): 483.440(f)(1)	RING & CHANGE	W 255			
	least by the qualified professional and revis but not limited to situal successfully complete identified in the indivi This STANDARD is a Based on record revi failed to ensure the in was reviewed and revi	sed as necessary, including, ations in which the client has ed an objective or objectives				
	4/28/22 revealed she objective to identify m	noney with 100% accuracy iew periods. There were 5				
	this objective reveale October 2022: step 5 November 2022: step					
	disabilities profession met criteria for compl	with the qualified intellectual aal (QIDP) revealed client #6' etion in November 2022 and considered client #6 for the area of money				

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	-	ID HUMAN SERVICES				FORM	: 03/16/2023 APPROVED
STATEMENT C	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE	
		34G177	B. WING			03/ <sup>,</sup>	15/2023
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE	, ZIP CODE		
THE CART	FER CLINIC RESIDENTIA	L HOME		35 KINLAW RD AYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION YE ACTION SHOULD BE D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
W 257	PROGRAM MONITO CFR(s): 483.440(f)(1)		W 257				
	least by the qualified of professional and revise but not limited to situat failing to progress tow after reasonable effort. This STANDARD is researed on record revises facility failed to ensure plan (IPP) was review necessary. This affect. The findings are: A. Review of client #60 revealed a formal train food preparation with consecutive review pet this objective. Review revealed the following. October 2022: 100% November 2022: 75% January 2023: 100% February 2023: 100% Interview on 3/15/23 Misabilities profession #6 had met criteria to program in November 2022 and there had been n B. Review on 3/15/23 Mi28/22 revealed she her placesetting at the second seco	sed as necessary, including, ations in which the client is vard identified objectives ts have been made. not met as evidenced by: ews and interview, the e the individual program ved and revised as cted 1 of 3 audit clients (#6). S's IPP dated 4/28/22 ning program to assist with 50% independence for 2 eriods. There are 9 steps to of the progress summaries g: I, step 5 o verbal prompts, step 5 o verbal prompts, step 5 o verbal prompts, step 5 o verbal prompts, step 5 o hysical prompts, step 5 o with the qualified intellectual al (QIDP) confirmed client move to step 6 of this r. Further interview ontinues to work on step 5 o revisions to this objective.					
	4/28/22 revealed she her placesetting at the	has a formal program to set					

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F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE S	SURVEY
		A. BUILDING	G	COMPL	ETED
	34G177	B. WING		03/1	5/2023
OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
ER CLINIC RESIDENTIA	AL HOME		235 KINLAW RD FAYETTEVILLE, NC 28301		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
Continued From page	24	W 25	57		
		1120			
•					
0	l step 8				
November 2022: 100, step 8 December 2022: 80% independence, step 8					
January 2023: 100%	physical prompts, step 8				
Interview on 3/15/23	with the qualified intellectual				
-	, ,				
confirmed client #6 co	ontinues to work on step 8				
and there had been n	o revisions to this objective.				
C. Review on 3/15/23	3 of client #6's IPP dated				
consecutive review pe	eriods. There are 19 steps in				
-					
	• • •				
Interview on 3/15/23	with the qualified intellectual				
	-				
	•				
		W 36	58		
CFR(s): 483.460(k)(1	)				
-	-				
	(EACH DEFICIENC REGULATORY OR I REGULATORY OR I Continued From page are 11 steps to this of progress summaries i the following: October 2022: 100% November 2022: 100% Interview on 3/15/23 v disabilities profession #6 had met criteria to program in November confirmed client #6 cc and there had been n C. Review on 3/15/23 4/28/22 revealed she brush her teeth with 1 consecutive review pe this objective. Review revealed the following October 2022: 100% November 2022: 100% November 2022: 100% Interview on 3/15/23 v disabilities profession #6 had met criteria to program in November 2023: 100% Interview on 3/15/23 v disabilities profession #6 had met criteria to program in November confirmed client #6 cc and there had been n DRUG ADMINISTRAT CFR(s): 483.460(k)(1	October 2022: 100% I step 8 November 2022: 100, step 8 December 2022: 80% independence, step 8 January 2023: 100% physical prompts, step 8 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. 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 January 2023: 100% independence, step 6 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. 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.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 4       W 23         are 11 steps to this objective. Review of the progress summaries for this objective revealed the following:       W 24         October 2022: 100% I step 8       November 2022: 100% of the progress summaries for this objective.       W 24         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.       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: 100% independence, step 6 January 2023: 100% independence, step 6 January 2023: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 75% independence, step 6 January 2023: 100% independence, step 6 December 2022: 75% independence, step 6 January 2023: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 75% independence, step 6 January 2023: 100% independence, step 6 January 2033: 100% indepen	IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRETX TAG       IEACH CORRECTIVE ACTIO COSSREPTENDENCED TO TH DEFICIENCY         Continued From page 4       W 257         are 11 steps to this objective. Review of the progress summaries for this objective revealed the following: October 2022: 100% Istep 8       W 257         November 2022: 100% by sical prompts, step 8       UV 257         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.         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 December 2022: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 100% independence, step 6 January 2023: 100% independence, step 6 January 2024; t	IEACH DEFICIENCY MUST BE PRECIDED BY FULL RESULTORY OR LSC IDENTIFYING INFORMATION)     PRÉTIX TAG     (EACH CORRECTUE ACTION SHOULD BE CROSS-REFERENCE OT DT HE APPROPRIATE DEFICIENCY)       Continued From page 4     W 257       are 11 steps to this objective. Review of the progress summaries for this objective revealed the following: October 2022: 100% is tep 8     W 257       December 2022: 100% is tep 8     November 2022: 100% is tep 8       December 2022: 100% independence, step 8     January 2023; 100% physical prompts, step 9       Interview on 3/15/23 with the qualified intellectual disabilities professional (IDP) 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.       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, step 6 November 2022: 100% independence, step 6 December 2022: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 100% independence, step 6 January 2023: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 100% independence, step 6 January 2023: 100% independence, step 6 December 2022: 100% independence, step 6 January 2023: 100% in

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/16/2023 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE	
		34G177	B. WING			03/	15/2023
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CARTER CLINIC RESIDENTIAL HOME					235 KINLAW RD FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 368	Based on record revi system for drug admin drugs were administe physician orders for 1 group home (#3). The During observations of administration at 6:10 client #3 Levothyroxin 20 mg. (1), Phenytonin Propranolol 20mg. (1) Benztropine 1 mg. (1) Haldol 5 mg. (1.5). Review of client #3's p 1/3/23 revealed the for at 6:00am: Levothyroxin 20 mg. (1), Phenytonin with food), Propranolo (1), Benztropine 1 mg and Haldol 5 mg. (1.5) pudding or applesauce medication administra During observations of observed to begin his minutes after the medi included oatmeal, toa Interview on 3/15/23 of disabilities profession #3 is to have food witt	not met as evidenced by: ews and interviews, the nistration failed to assure all red in compliance with of 3 non-audit clients in the e finding is: on 3/15/23 of medication tam, staff A administered he 50meq (1), Omeprazole in Sodium 100mg. (1), ), Aspirin 81 mg. (1), ), Calcium 600mg. (1) and physician orders dated ollowing to be administered xine 50meq (1), Omeprazole in Sodium 100mg. (1) (Take ol 20mg. (1), Aspirin 81 mg. g. (1), Calcium 600mg. (1) b). No supplements such as we were offered at the ation pass. on 3/15/23 client #3 was breakfast at 7:30am (80 dication pass) which st, juice and water. with the qualified intellectual al (QIDP) confirmed client h the administration of his 00mg. (1) as ordered by the TION		368			

Facility ID: 922749

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						10.0938-039		
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	(X3) DATE SURVEY COMPLETED		
		34G177	B. WING		0	3/15/2023		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
THE CAR	TER CLINIC RESIDENTIA	AL HOME		235 KINLAW RD FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 369	that all drugs, includir self-administered, are This STANDARD is r Based on observatio interviews, the facility medications were adr This affected 1 of 3 a receiving medications During observations of administration pass of administered the follo #6 at 6:07am: Clonaz mg. (1), Hydrochlorot Topiramate 200mg. (1 (1). Review on 3/15/23 of dated 1/3/23 revealed to be administered at 0.5mg (1), Haldol 5 m 25 mg. (1), Olopatadir affected eye and Poly be given with 8 ounce During interview on 3 7:30am, she stated sl Olopatadine 0.2% eye Glycol to client #6. Th administer the followi client #6: Olopatadine	administration must assure ag those that are a administered without error. not met as evidenced by: ns, record review and a failed to ensure all ministered without error. udit clients (#6) observed s. The finding is: of the medication on 3/15/23 staff A owing medications to client tepam 0.5mg (1), Haldol 5 thiazide 25 mg. (1), 1) and Levothyroxine 75mg.	W 36	9				
	(RM) and the qualified	with the residence manager d intellectual disabilities revealed medications, per						

Facility ID: 922749

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/16/2023 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		34G177	B. WING	·		03/	15/2023
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CAR	FER CLINIC RESIDENTIA	AL HOME			235 KINLAW RD FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	٦IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
W 369	facility policy, can be after the specific orde	given 1 hour prior or 1 hour ered time for medication er interview confirmed client e given outside the	W	369			

Event ID: HKDI11

Facility ID: 922749

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