

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

PRINTED: 10/18/2023
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 10/17/2023	
NAME OF PROVIDER OR SUPPLIER EXTRA SPECIAL CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 6214 KILMORY DRIVE FAYETTEVILLE, NC 28304			
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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. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients had the right to privacy during care of their personal needs. This affected 2 of 4 audit clients (#3 and #4). The findings are:</p> <p>A. During afternoon observations at the facility at 5:50pm, client #3 was observed in the hallway bathroom with the door open. She pulled down her pants and toileted with the bathroom door open. Client #1 and staff B walked down the hallway. Staff B did not prompt client #3 to shut the bathroom door to protect her privacy.</p> <p>Interview on 10/16/23 with the residential manager confirmed client #3 has to be reminded to shut the bathroom door for privacy during dressing, bathing and toileting.</p> <p>Interview on 10/17/23 with the administrator revealed direct care staff should supervise client #3 to ensure she is given privacy during self care, dressing and toileting.</p> <p>B. During observations in the facility on 10/17/23 at 5:45am, client #4 walked into client #1's bedroom when the residential manager (RM) went in to check on client #1. Client #4 stood in client #1's bedroom until the RM walked back into the hallway. Client #4 then followed the RM down the hallway to the kitchen.</p> <p>During observations at the facility on 10/16/23 at</p>			W 130			

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 130	Continued From page 1 7:00am, client #4 walked into the bathroom behind client #3 and refused to leave the bathroom. Client #3 took her shirt off and asked client #4 to walk out of the bathroom. The bathroom door was open. At 7:05am, client #3 called for staff to help get client #4 out of the bathroom so she could take a shower. Review on 10/16/23 of client #4's individual program plan (IPP) dated 8/22/23 revealed she has needs to increase self help skills, decrease inappropriate behavior, increase domestic living skills, increase laundry skills, increase flossing skills and learn to comb her hair. There are no needs identified in the area of privacy. Interview on 10/17/23 with the administrator revealed direct care staff should supervise client #4 to ensure she gives other clients privacy during self care, dressing and toileting.	W 130			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the active treatment program for 3 of 4 audit clients (#1, #4 and #5) was coordinated, integrated and monitored as needed. The findings are: A. Cross Refer W249. The QIDP failed to ensure direct care staff implemented 1 of 4 audit clients (#4)'s behavior support program (BSP) consistently as written to redirect inappropriate	W 159			

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W 159	Continued From page 2 behaviors as listed in her BSP. B. Cross Refer W254. The QIDP failed to ensure clients active treatment programs for 3 of 4 audit clients (#1, #4 and #5) were reviewed to determine if these clients had made significant progress or if modifications needed to be made. C. Cross Refer W263. The QIDP failed to ensure written informed consent for behavior support programs for 3 of 4 audit clients (#1, #4 and #5) which incorporated the use of psychotropic medications, listed the medications these clients were taking and the possible side effects of these drugs.	W 159			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plans (IPP) in the areas of behavioral intervention. This affected 1 of 4 audit clients (#4). The finding is:	W 249			

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W 249	<p>Continued From page 3</p> <p>During observations on 10/16/23 from 5:15pm-5:30pm, client #4 was assisting the residential manager (RM) with meal preparation in the kitchen. At 5:20pm, client #4 yelled at client #3 when she asked if she could assist with preparing the bread for supper. The RM asked client #4 to lower her voice and to focus on preparing the broccoli that needed to be poured into the pot on the stove. At 5:25pm, client #4 tried to swing at client #5 when she walked into the kitchen to ask about supper. The RM again told client #5 to stand back and that she would call her into the kitchen when she was ready for her to assist. Staff C also tried to verbally redirect client #4. Client #4 responded by screaming in the kitchen and walking away from her.</p> <p>During observations in the facility on 10/17/23 at 6:45am, client #4's schoolbus arrived at the facility. When staff A told client #4 to get her bookbag and head to the bus with her she screamed, threw down her bookbag and yelled, "No! No schoolbus! I don't want to go!" The RM came out of the medication room and asked client #4 to go to the bus. Client #4 cried, screamed and refused to go outside to the bus. The RM told client #4 she was going to call her teacher at school, tell her to come get her and take her to school. Client #4 continued to tantrum until 6:55am when staff A came back into the facility after telling the bus driver to go ahead and leave. Later in the morning at 7:25am, the medical transporter arrived at the facility and took client #4 to school using the facility van.</p> <p>Review on 10/17/23 of client #4's behavior support program dated 2/17/22 to address the behaviors of: non-compliance, property destruction, running away, spitting, food stealing,</p>	W 249			

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W 249	Continued From page 4 false allegations and temper tantrums. This BSP incorporates the use of Abilify and Vyvanase. Further review of the interventions listed in the BSP for tantrums included: "Staff will say in a calm voice, [client #4's name]. Remind her that is not appropriate behavior. Attempt to redirect her, change the subject. If this fails, escort her to a quiet area for five minutes of calm; then return to activity or redirect her into another activity."	W 249			
W 254	Interview on 10/17/23 with the administrator revealed staff have been trained on client #4's BSP and should follow guidelines to escort her out of the immediate area for at least 5 minutes of calm of verbally redirecting her inappropriate behavior is not successful. PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff, the qualified intellectual disabilities professional (QIDP) failed to review the formal objectives for 3 of 4 audit clients (#1, #4 and #5) to determine if they were making significant progress. The findings are: A. Review on 10/16/23 of client #1's individual program plan (IPP) dated 8/23/23 revealed the following active treatment programs: Will take a bath in tub or shower with 90% independence for 3 consecutive months and will identify money with 100% accuracy for 2 review periods. Further review revealed no progress reviews for these active treatment programs for several months.	W 254			

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W 254	<p>Continued From page 5</p> <p>Further review on 10/16/23 of client #1's IPP revealed a behavior support program (BSP) dated 2/20/22 to address Non-compliance, property destruction, loud vocalizations, severe disruption, stealing and running away from staff. Further review revealed no progress reviews from the Psychologist since June 2023.</p> <p>B. Review on 10/16/23 of client #4's IPP dated 8/22/23 revealed the following active treatment programs: Will identify money with 100% accuracy for 2 reviews, will take a bath with 90% for 3 consecutive reviews and will brush her teeth with 75% independence for 2 consecutive reviews. Further review revealed no progress reviews for these active treatment programs for several months.</p> <p>Review on 10/16/23 of client #4's IPP dated 8/22/23 revealed she has an identified need to decrease inappropriate behaviors which include: non-compliance, property destruction, running away, spitting, food stealing, false allegations and temper tantrums. Further review revealed no progress reviews from the Psychologist since June 2023.</p> <p>C. Review on 10/16/23 of client #5's IPP dated 8/18/23 revealed active treatment programs which included: take a bath with 90% Independence for 3 consecutive reviews, will identify money with 100% independence for 2 reviews and will brush his teeth with 75% independence for 2 consecutive reviews.</p> <p>Further review on 10/16/23 of client #5's record revealed a BSP dated 2/20/23 to address the target behaviors of non-compliance, loud</p>	W 254			

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W 254	Continued From page 6 vocalizations, PICA, begging for food, inappropriate touching and stealing. Additional review revealed no progress reviews from the Psychologist since June 2023. Interview on 10/17/23 with the administrator confirmed there are no progress reviews for these objectives that were ongoing before the IPP meetings for clients #1, #4 and #5. Further interview confirmed the facility had been without a qualified intellectual disabilities professional (QIDP) for several months and she had been filling in until another QIDP was hired recently. Additional interview revealed she has not been able to contact the Psychologist for several months and was in the process of trying to locate another Psychologist consultant.	W 254			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 of 4 audit clients (#1, #4 and #5). The findings are: A. Review on 10/16/23 of client #1's individual program plan (IPP) dated 2/20/22 revealed a behavior support program (BSP) to address Non-compliance, property destruction, loud vocalizations, severe disruption, stealing and trying to run away from staff. This BSP incorporates the use of Atomoxetine, Clonidine,	W 263			

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W 263	<p>Continued From page 7</p> <p>Quetiapine and Chlorpromazine.</p> <p>Review on 10/16/23 of the BSP consent signed by client #1's Mother (client #1 is a minor) dated 8/23/23 did not list the behavioral modification interventions nor any of the psychotropic medications that were incorporated in this program.</p> <p>Interview on 10/17/23 with the administrator confirmed the behavioral modification methods, medications and possible side effects should have been listed on the written informed consent for client #1's BSP.</p> <p>B. Review on 10/16/23 of client #4's IPP dated 8/22/23 revealed she has an identified need to decrease inappropriate behaviors which include: non-compliance, property destruction, running away, spitting, food stealing, false allegations and temper tantrums. These behaviors are addressed by a BSP dated 2/17/22 which incorporates the use of Abilify and Vyvanase.</p> <p>Review on 10/16/23 of the BSP consent dated 8/22/23 signed by client #4's guardian, which is a representative from the Department of Social Services, revealed the behavioral modification interventions nor any of the psychotropic medications that were incorporated in this program are listed on the BSP consent.</p> <p>Interview on 10/17/23 with the administrator confirmed the behavioral modification methods, medications and possible side effects should have been listed on the written informed consent for client #4's BSP.</p> <p>C. Review on 10/16/23 of client #5's IPP dated</p>	W 263			

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W 263	Continued From page 8 8/18/23 revealed he has a BSP dated 2/20/23 to address the target behaviors of non-compliance, loud vocalizations, PICA, begging for food, inappropriate touching and stealing. This BSP incorporates the use of Chlorpromazine, Clonidine and Olanzapine. Review on 10/16/23 of the BSP consent dated 9/22/23 signed by his Mother (client #5 is a minor) revealed this consent did not list the behavioral modification interventions nor any of the psychotropic medications that were incorporated in this program. Interview on 10/17/23 with the administrator confirmed the behavioral modification methods, medications and possible side effects should have been listed on the written informed consent for client #5's BSP.	W 263			
W 352	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each client received comprehensive dental services including periodic examinations at least annually. This affected 1 of 4 audit clients (#1). The finding is: Review on 10/16/23 of client #1's medical record did not reveal a dental examination from July 2022- October 2023. Interview on 10/16 23 with the the residential	W 352			

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W 352	Continued From page 9 manager (RM) and medical transporter revealed they could not locate a dental consultation for client #1 for the past year. Interview on 10/17/23 with the administrator confirmed that if the RM and medical transporter could not locate a dental consultation for client #1, this may not have been completed as required.	W 352			