STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G146	A. BUILDING _____ B. WING _____	C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXTRA SPECIAL CARE	**6214 KILMORY DRIVE FAYETTEVILLE, NC 28304**

(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 conducted on 6/10/24 for intakes #NC00217072, #NC00217439 and #NC00217516. The complaint was not substantiated; however, two deficiencies were cited.	W 000		
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 document review and interviews, the facility failed to ensure all allegations were thoroughly investigated. This affected 1 of 3 audit clients (#1). The finding is: Review on 6/10/24 of a facility IRIS report, facility investigation and incident reports dated 5/11/24 revealed around 10:54am, client #1 was "picking his nose". The report noted a large amount of blood was observed coming from his nose and staff attempted to stop the bleeding but were unsuccessful. The investigation indicated client #1 was taken to a local hospital. Additional review of the client's medical report from the hospital dated 5/11/24 revealed a diagnosis of a "Closed fracture of the nasal bone". Although abuse was not substantiated, further review of the investigation documents did not include interviews from at least four staff who worked in the home on shifts prior to the incident and interviews conducted with the staff working on the morning of the incident were incomplete. Interview on 6/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she did not conduct interviews with staff working in the	W 154		

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 154	Continued From page 1 home on previous shifts because no incident reports were completed during prior shifts. The QIDP acknowledged additional interviews should have been conducted.	W 154		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #1's inappropriate behaviors was included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is: During observations in the home on 6/10/24, Staff A provided one-on-one supervision for client #1 while in the home. The staff assisted the client with leisure activities and his lunch. Interview on 6/10/24 with Staff A revealed client #1 has been assigned a one-on-one staff person for several weeks. Additional interview indicated his one-on-one staff person works with him during the day and sits outside of his bedroom overnight. Review on 6/10/24 of client #1's Behavior Intervention Plan (BIP) dated 2/20/24 revealed objectives to address behaviors of noncompliance, property destruction, loud vocalizations, severe disruption, stealing, running from staff, PICA, physical aggression and self-injury. Additional review of the plan did not	W 288		

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W 288	Continued From page 2 include use of a one-on-one staff for client #1. Interview on 6/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has been assigned a one-on-one staff person; however, this was not included in his current BIP.	W 288		