

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

PRINTED: 01/18/2024
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 C 01/18/2024
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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 000	INITIAL COMMENTS A complaint and follow up survey was completed on January 18, 2024 for intake #NC00211718. These allegations were unsubstantiated, however other 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 record review and interviews, the facility failed to ensure an incident of neglect was thoroughly investigated and all sources of evidence were considered. This affected 4 of 4 audit clients (#1, #2, #3 and #4). The finding is: Review of staff statements dated 12/19/23 provided by the facility revealed former staff A and former staff B were working on 12/19/23 when client #1 attempted to take food from client #3 at the dining room table. Former staff A intervened and client #1 became upset. Former staff A walked client #1 back to his bedroom to calm down. Former staff B made allegations against how former staff A intervened with client #1. Former staff A talked with the program director and qualified intellectual disabilities professional (QIDP), communicated threats against them and was terminated. Interview on 1/18/24 revealed the residence manager (RM) was contacted by former staff A on 12/20/23 after former staff A was terminated. Former staff A made allegations that other staff were not changing clients (#1, #2, #3 and #4) who need assistance with toileting in a timely manner and that direct care staff antagonized	W 154	The facility will ensure that all alleged violations are thoroughly investigated. This will be monitored by Qualified Professional weekly, and Resident Director monthly.	2/29/24

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JAN 23 2024
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kyotela Ensten</i>	TITLE <i>Qualified Professional</i>	(X6) DATE <i>1/19/2024</i>
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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 154 Continued From page 1
clients #3 and #4. The allegations also alleged that the staff maintenance person had hit client #3 on the head and "jerked her off the couch". No dates or times were given for these allegations. No staff names were given for these allegations.

W 154

Further interview on 1/18/24 with the RM confirmed these allegations were reported to the local Department of Social Services (DSS) by former staff A. The RM stated a Social Worker from DSS came out to the facility to investigate these allegations and she did not substantiate these allegations. However, additional interview confirmed the facility had not completed an internal investigation of these allegations.

Interview on 1/18/24 with the Program Director confirmed that the facility did not complete an internal investigation of these allegations made by former staff A as they were waiting for DSS to complete their investigation.

W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR
CFR(s): 483.450(b)(3)

W 288

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 reviews and interviews, the facility failed to ensure techniques to manage client's inappropriate behaviors were included in a formal active treatment plan. This affected 2 of 4 audit clients (#3 and #4). The finding is:

During observation in the facility on 1/18/24 from 6:00am-8:00am, staff C assisted clients #3 and

The facility will ensure that all consumer's personal belongings are addressed in the Individual Personal Plan and Behavioral Intervention Plan. This will be monitored by Qualified Professional monthly, and Resident Director as needed.

2/29/24

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W 288	<p>Continued From page 2</p> <p>#4 in getting their IPADS out of the locked medication closet. Staff C stated the IPADS are kept in the medication closet to make certain they kept secure when clients #3 and #4 are not using them.</p> <p>Interview with staff D and E also revealed client #3 and #4's IPADS are kept locked in the medication closet when they are not using them.</p> <p>Review on 1/18/24 of client #3's individual program plan (IPP) dated 8/28/23 revealed no information about her personal belongings being locked.</p> <p>Review on 1/18/24 of client #3's behavior support program (BSP) dated 8/8/23 revealed this program was to address the target behaviors of : self injury, physical aggression, non-compliance loud vocalizations. Further review of this BSP revealed no strategies which involved locking up client #3's personal belongings.</p> <p>Review on 1/18/24 of client #4's IPP dated 8/22/23 revealed no information about her personal belongings being locked.</p> <p>Review on 1/18/24 of client #4's BSP dated 8/22/23 revealed this program was to address the target behaviors of physical aggression, PICA, food stealing, running away and loud vocalizations. Further review of this BSP revealed no strategies which involved locking up client #4's personal belongings.</p> <p>Interview on 1/18/24 with the Program Director and the qualified intellectual disabilities professional (QIDP) revealed the BSP's for clients #3 and #4 did not include information</p>	W 288		
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W 288	Continued From page 3 regarding locking their IPADS in the medication cabinet.	W 288		
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