STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G177	A. BUILDING _____ B. WING _____	C 09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARTER CLINIC RESIDENTIAL HOME	235 KINLAW RD FAYETTEVILLE, NC 28301

(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 completed on 9/13/24 for intake #NC00221741, #NC00221860, #NC00221866 and #NC00221929. The complaint intakes were substantiated. Deficiencies were cited.	W 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, and interviews, the governing body and management failed to exercise general policy and operation direction over the facility by ensuring routine repairs and maintenance at the group home were completed in a timely manner. The finding is: Observations the 9/13/24 survey revealed activity room floor and hallway off the living room area where three of the bedrooms are located was worn and scuffed with scratches. The air filters in the home were covered with one inch of dust and dirt. The back porch had boards that were warped and lifting from the subfloor in need of replacing. Interview with the qualified intellectual disabilities professional (QIDP) confirmed the floors severely scratched, worn and should be replaced. The kitchen and dining room floor had been replaced but not the other floors in the home.	W 104		
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by:	W 122		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 122	Continued From page 1 The facility failed to ensure clients were not subjected to abuse or neglect (W149); and ensure all alleged violations are thoroughly investigated (W154). The cumulative effect of these systemic practices resulted in the facility's failures to provide statuorily mandated services of client protections to its clients.	W 122		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies to prevent abuse. This affected 1 of 1 former clients (FC#1). The finding is: Observation on 9/12/24 of pictures on the qualified intellectual disabilities professional (QIDP) cellular phone revealed yellowish to purple bruises covered from FC#1 waistline to the top of his rib cage. Bruises on his back reaching from his right shoulder blade to his left shoulder blade. There were several little bruises the size of a nickel on his lower back ranging from purple to a yellowish color. The outer layer of his right ear was purple and a square shaped bruise purple in color to a light purple color on the right side of his face in front of his ear. Review on 9/12/24 of FC#1 behavioral data for the month of August revealed 2 behaviors on 8/1/24 of aggression and 1 behavior on 8/3/24 of aggression. No other behaviors documented from	W 149		

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W 149	Continued From page 2 8/3/24-9/12/24. Review on 9/12/24 of the facility's policy and procedure of Body Checks revealed " All consumers must have a complete body check before and after any visitation with legal guardian or authorized person with permission of guardian." Although, FC #1 had several home visits throughout the month, there were no body checks to be reviewed. Review on 9/12/24 of facility training records revealed staff A and staff B were retrained on Crisis Prevention Intervention, as a result of a prior investigation completed on 6/16/24 of an unknown bruise. Staff A and staff B were also retrained on accident and incident reporting also as a recommendation of an investigation on 6/16/24. Review of the 9/8/24 investigation revealed 2 staff with concerns about how staff A treated FC#1 but did not report to management. Staff C revealed staff A was aggressive with FC#1. Staff D revealed staff A was aggressive with FC#1 when he has behaviors. Interview on 9/12/24 the Home Manager reported, head and body checks should have been completed when clients go in and out of the facility. Home Manager revealed he did not see any of the bruising in person only what the legal guardian sent him pictures of to his cellular phone. Interview on 9/12/24 the QIDP confirmed head and body checks should have been completed when the client would leave and return from being with their legal guardian. She only observed the bruising through pictures that the legal guardian sent to her on her cellular phone. QIDP revealed	W 149		

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W 149	Continued From page 3 she was unaware of staff A aggressive behaviors toward FC#1. Review on 9/12/24 of the abuse, neglect and exploitation policy reveals in section 3.1 Protecting the consumer: Personnel shall protect consumers from and not subject them to any sort of abuse or neglect. Section 5.2 reveals Any person or institution that has cause to suspect that any consumer is abuse or neglected shall report the case of the consumer...Any employee who witnesses or has knowledge of a violation or an accidental injury to a consumer shall report the violation or injury to their supervisor. The facilities failure to conduct routine body checks prior to home visits and the failure to report bruises in a timely manner in accordance to the agency policy subjected former client #1 to abuse and neglect.	W 149		
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 allegations were thoroughly investigated. This affected 1 of 1 former client (FC) #1. The finding is: Review on 9/12/24 of a facility incident report, dated 9/8/24 revealed FC#1 had several bruises from and unknown origin. Bruises were listed on the right side of his head. Right side rib cage and on his upper and lower back. Review on 9/12/24 of the facility investigation	W 154		

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W 154	Continued From page 4 revealed failure to report to the health care personnel registry and to the local police department. Further review of the facility 9/12/24 investigation revealed the investigator did not ask specific questions related to the allegations of abuse. Continued review revealed all staff that were employees of the home were not interviewed and attempted interviews of each client was not documented. Interview on 9/12/24 the qualified intellectual disabilities professional (QIDP) revealed she was in the process of completing the recommendations of the investigation. The QIDP revealed she did not document the clients statements. She also revealed the health care personnel registry and the local police were not notified due to investigating unknown injury and not abuse. The facility did not have a thorough investigation looking into bruises and did not include looking at the possibility of abuse or reporting when severe bruises were found.	W 154		