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| EXTRA SPECIAL CARE | 6214 KILMORY DRIVE FAYETTEVILLE, NC 28304 |

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| {W 000} | INITIAL COMMENTS<br><br>A revisit was conducted on January 16, 2025 for all previous deficiencies cited on October 29, 2024. The following deficiencies were corrected W249, W262, W288, W369 and W436. New areas of non-compliance were found at W382 and W454. The facility remained out of compliance in W192, W210, W263, W331 and W368. A complaint survey for intake #NC00224707 was investigated with the allegation unsubstantiated. | {W 000} | | |
| {W 192} | STAFF TRAINING PROGRAM<br>CFR(s): 483.430(e)(2)<br><br>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.<br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure staff administering medications, kept key on person for safe storage. This affected 1 of 4 audit clients (#3). The finding is:<br><br>During medication administration in the home on 10/29/24 at 6:07am, Staff D used the med room key to open the door to give client #3 medication then both exited the room, closing the door shut. A second observation at 7:20am, revealed Staff D unable to re-enter the medication room door to finish giving client #3 her 6:00am medications. Staff D told the Home Manager that she accidentally left the keys inside of the med room. Staff were unsuccessful using various tools to pry open the door to the med room. At 7:40am, the med room door opened from inside and Staff C exiting the room. Staff C was observed telling the Home Manager that he went outside and had to | {W 192} | | |

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

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| {W 192} | Continued From page 1 | {W 192} | | |

get a ladder to climb into the med room window, to unlock the door. Staff C indicated the key was on the desk.

Interview on 10/29/24 with Staff D revealed she took the key on a chain from around her neck and placed on the desk when she made a phone call earlier. Staff D acknowledged she accidentally locked the key in the office, after making the call.

Interview on 10/29/24 with the nurse revealed she had not been able to schedule an onsite observation of med techs working on third shift. The nurse acknowledged med techs should always keep the keys on their body.

Revisit on 1/16/25 was conducted in the home.

On 1/16/25 from 6:37am to 7:04am, revealed Staff J was observed going in and out the medication room, leaving medications she had prepared in advance for clients #3 and #5 on the deck, along with the medication room's key, the controlled medications briefcase unlocked and opened and the door opened, while client #4 sat in the activity area, unsupervised.

Record review on 1/16/25 revealed the the staff were re-trained on the medication key policy on 12/2/24, 12/8/24, 12/16/24, 12/23/24 and 12/30/24 with frequent monitoring my the medical coordianator and HM.

Interview on 1/16/25, Staff J revealed she prepares medications in advance, per managements' instruction, so that there is no confusion later when the clients are present.

Interview on 1/16/25 with the HM revealed staff

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| {W 192} | Continued From page 2<br>are not expected to wear the keychain around their necks, due to infection control concerns, but it should be kept with the medication technician. The HM also acknowledged the nurse has trained staff to prepare medications in advance, without the clients present.<br><br>Interview on 1/16/25 with the Qualified Intellectual Disability Professional (QIDP) confirmed staff should have kept the key on person and locked medications when not in the room. | {W 192} | | |
| {W 210} | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(3)<br><br>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview the faciliy failed to obtain initial evaluations for 1 of 2 newly admitted audit clients (#4). The finding is:<br><br>Review on 10/28/24 of client #4 record revealed she had not received a vision and hearing evaluation. Further review revealed client #4 was admitted to the facility on 9/18/24.<br><br>Interview on 10/29/24, the Nurse confirmed client #4 had not had a vision or hearing appointment. She was currently attempting to schedule appointments.<br><br>Revisit on 1/16/25 was conducted in the home.<br><br>Interview on 1/26/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed there | {W 210} | | |

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| {W 210} | Continued From page 3<br>was a new admission to the home on 12/2/24, client #2. The QIDP acknowledged they are in the process of arranging new clinical assessments for client #2 but must wait until his physical on 1/29/25 for the physician to make the referrals to be evaluated. | {W 210} | | |
| {W 263} | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(3)(ii)<br><br>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.<br>This STANDARD is not met as evidenced by:<br>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 1 of 4 audit client (#4). The finding is:<br><br>Record review on 10/28/24 of client #4's behavior intervention plan (BIP) dated 10/5/24 revealed target behaviors non-compliance, physical aggression, crying, self injurious behaviors and spitting. Further record review of client #4's consents revealed no written informed consent by the legal guardian for the BIP.<br><br>Interview on 10/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the facility had not obtained BIP consents.<br><br>A revisit was conducted on 1/16/25.<br><br>The facility failed to obtain copies of signed guardian consents for 1 of 4 audit clients (#4) behavior support plan (BSP). | {W 263} | | |

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| {W 263} | Continued From page 4<br><br>Revisit on 1/16/25 was conducted in the home.<br><br>Record review on 1/16/25 of client #3's medical chart revealed there was no signed consent from the guardian, to give written consent to restrictive programs.<br><br>Record review on 1/16/25 of client #4's BIP revealed the guardian signed it on 8/28/24, but the plan did not identify any restrictive medications used to manage behaviors.<br><br>Interview on 1/16/25 with the QIDP revealed she has not had success getting client #3's guardian to sign and return the BIP. She also confirmed the BIP signed for client #4 did not list his behavior medications. | {W 263} | | |
| {W 331} | NURSING SERVICES<br>CFR(s): 483.460(c)<br><br>The facility must provide clients with nursing services in accordance with their needs.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interviews, the facility failed to provide nursing services in accordance with the needs of 2 of 4 audit clients (#1 and #4) relative to assuring that physician's orders were documented. The findings are:<br><br>A. Observation on 10/28/24 client #1 was administered Chlorpromazine 25mg. take 3 tablets by mouth twice daily. Pills were crushed and dissolved into a glass of water. Client #1 was instructed to drink the mixture.<br><br>Record review revealed client #1 had no physician orders signed in the home. | {W 331} | | |

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| {W 331} | Continued From page 5<br><br>Interview on 10/25/24 Staff A confirmed she crushed the medications and dissolved them in water. Staff A further stated that was how she was taught to do it.<br><br>Interview on 10/29/24 the nurse confirmed there were no physician orders in the home currently.<br><br>B. Record review revealed client #4 had no physician orders signed in the home.<br><br>Interview on 10/29/24 the nurse confirmed there were no physician orders in the home currently.<br><br>A revisit was conducted on 1/16/25.<br><br>Observations on 1/16/25 at 6:32am observed client #5 ingesting pills in a cup that Staff K handed to her. Staff K handed the surveyor the blister packs of medications that she had dispensed prior to having client #5 come to the medication room.<br><br>Record review on 1/16/25 of clients #5 Physician's Orders signed 9/10/24 revealed she should receive 5:00am doses of Aurovela, Benztropine, Clonidine, Multi-vitamin, Montelukast and Clobazam. The review of the January 2025 Medication Administration Record (MAR) had the above medications dosage time at 7:00am.<br><br>Interview on 1/16/25 with the Qualified Intellectual Disabilities Professional acknowledged the older clients do not leave for high school at 8:00am, therefore Staff K gave the medication after 6:30am, since they only check the MAR and it had 7:00 am dose time. The QIDP acknowledged | {W 331} | | |

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| {W 331} | Continued From page 6<br>the nurse would need to get the orders clarified with the pharmacy. | {W 331} | | |
| {W 368} | DRUG ADMINISTRATION<br>CFR(s): 483.460(k)(1)<br><br>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.<br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and interview, the facility failed to ensure medications were administer in accordance with physician's orders. This affected 1 of 4 audit clients (#3).The finding is:<br><br>Observation on 10/28/24 at 4:20pm Staff A was unable to administer the Aquaphor cream-should be applied to areas of the body that are dry twice a day. The medication was not present in the home. Staff A called the nurse and signed the back of the medication administration record.<br><br>Record review on 10/29/24 of client #3's medication administration record revealed staff D had signed that the medication Aquaphor cream-was administered.<br><br>Interview on 10/29/24 with staff D confirmed the medication was not administered.<br><br>A revisit was conducted on 1/16/25 in the home.<br><br>Observations on 1/16/25 at 6:32am observed client #5 ingesting pills in a cup that Staff K handed to her. Staff K handed the surveyor the blister packs of medications that she had dispensed prior to having client #5 come to the medication room. | {W 368} | | |

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| {W 368} | Continued From page 7<br><br>Record review on 1/16/25 of clients #5 Physician's Orders signed 9/10/24 revealed she should receive 5:00am doses of Aurovela, Benztropine, Clonidine, Multi-vitamin, Montelukast and Clobazam. The review of the January 2025 Medication Administration Record (MAR) had the above medications dosage time at 7:00am.<br><br>Interview on 1/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the medications were given more than 1 hour outside the allowed window based on the Physician's Order to give at 5:00am. | {W 368} | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING<br>CFR(s): 483.460(l)(2)<br><br>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure all controlled medications were locked when not being administered. This affected 3 of 4 audit clients (#3, #4 and #5). The findings are:<br><br>On 1/16/25 at 6:32am, Staff K entered an unlocked medication room, with client #5 following her and instructed her to take her pills, that were in a pill cup on the desk. One of the medications was Clobazam 20mg, a controlled substance, was included in the cup and an opened briefcase was across the desk, containing more medications. Staff K and client #5 exited the medication room at 6:34am, leaving the door unlocked. | W 382 | | 12/28/24 |

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| W 382 | Continued From page 8<br><br>On 1/16/25 at 6:40am, Staff K re-entered the unlocked medication room and dispensed client #4's medications into a medication cup, left the cup on the desk and left the office to get client #4, from up the hall. Client #4 was taking a shower, leaving the medications on the desk until 7:02am, when she was available to take her medications. Staff K locked the office after she gave Client #4 her medications at 7:04am.<br><br>During the medication administration on 1/16/25 from 6:32am to 7:04am, client #3 was observed sitting alone in the activity room, adjacent to the medication room, on his tablet, unsupervised.<br><br>Interview on 1/16/25 with the Qualified Intellectual Disability Professional (QIDP) confirmed staff should have kept the key on person and locked medications when not in the room. | W 382 | | |
| W 454 | INFECTION CONTROL<br>CFR(s): 483.470(l)(1)<br><br>The facility must provide a sanitary environment to avoid sources and transmission of infections.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interviews, the facility failed to ensure staff changed gloves once contaminated to prevent the potential cross-spread of disease and infections. This affected 2 of 4 audit clients (#3 and #5). The findings are:<br><br>A. On 1/16/25 from 6:32am to 7:04am, Staff K was observed wearing the same pair of disposable gloves while giving medications to | W 454 | | 12/28/24 |

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| W 454 | Continued From page 9<br>clients #3 and #5; plus exiting and re-entering the medication room.<br><br>B. On 1/16/25 at 6:40am, Staff K was observed to touch capsules of medications for client #3 wearing contaminated gloves and place them in her medication cup.<br><br>C. On 1/16/25 at 7:03am, Staff K was observed to place the tip of the eyedrops bottle on the left and right eyes of client #3, while wearing contaminated gloves.<br><br>Interview on 1/16/25 with the Home Manager (HM) revealed staff should not wear gloves on the floor, then back to the medication room. The HM confirmed the gloves should be changed in between clients. The HM further acknowledged the nurse should train staff to not touch the eye bottles to eye. | W 454 | | |