

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

PRINTED: 05/20/2025
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 05/19/2025
NAME OF PROVIDER OR SUPPLIER EXTRA SPECIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	W 000			
W 154	<p>A complaint survey was conducted on 5/19/25 for intake #NC00229294, #NC00229462 and #NC00230340. The allegations were not substantiated; however, a deficiency related to the complaint was cited.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on observations, document/record review and interviews, the facility failed to ensure all allegations were thoroughly investigated, including injuries of unknown origin. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>Review on 5/19/25 of an incident report for client #5 dated 3/23/25 revealed the client was returned to the group home by her grandmother after a home visit. Additional review of the report indicated the grandmother arrived with an unknown male who remained in the car and another staff was also working in the home when client #5 arrived from the home visit. The report noted once in the home, client #5 began having behaviors and was "trying to scratch and hit" her grandmother in an area of the home. Further review of the report indicated at some point during the behavior, "the Grandmother was behind the consumer as the consumer was facing the wall." In addition, the incident report noted the grandmother was heard to "tell the consumer if consumer still be in this behavior how she going to take her outside and show consumer something in the car stating she has a belt." The form identified "Physical Aggression" by client #5</p>	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 as the type of incident being reported. The report did not identify an injury to client #5 as a result of the incident. Interview on 5/19/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5's grandmother indicated the client had a "busted lip" after the behavior incident and appeared to be accusing the staff of causing it. The QIDP showed the surveyor a picture of client #5's inner/outer lip area which was taken after the incident. The picture noted a small cut on client #5's inner lip. Additional interview indicated the incident was not investigated nor had interviews been conducted with the grandmother, unknown male in the car or the second staff in the home to determine what happened and how the injury occurred. The QIDP acknowledged the incident should have been investigated.	W 154			