

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 10/28/2025
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 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>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. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#2 and #4) received necessary assessments within 30 days of admission. The findings are:</p> <p>A. Review on 10/27/25 of client #4's record revealed he had been admitted on 4/25/25. Additional review of the record revealed no evidence that a physical therapy evaluation, speech language evaluation, dental examination, vision exam or physical examination had been completed since his admission.</p> <p>Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 had not received identified assessments since his admission.</p> <p>B. Review on 10/27/25 of client #2's record revealed he was admitted on 12/2/24. Additional review of the record revealed no evidence that a physical therapy evaluation and vision examination had been completed since his admission.</p> <p>Interview on 10/28/25 with the QIDP confirmed client #2 had not received a physical therapy evaluation or vision examination since his admission.</p>	W 210			
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p>	W 240			

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 240	Continued From page 1 The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the Individual Program Plan (IPP) included specific interventions to support dining and leisure needs. This affected 2 of 4 audit clients (#2 and #4). The findings are: A. During evening observations of dinner in the home on 10/27/25 at 6:03pm, client #2 assisted to serve himself, a baked chicken leg, carrots, green beans, and a slice of bread. The client immediately grabbed the bread, pulled it apart and stuffed a large piece into his mouth. The Home Manager (HM) sat next to the client at the meal and began removing the meat from his chicken bone and cutting it up into smaller pieces. The client's hands were removed as he repeatedly attempted to grab the meat. The client managed to consume all of his bread quickly with gagging noted as he spit a small amount of food onto the table. After cutting up his meat and carrots, the HM began piercing pieces of food with his fork and allowing him to place the fork into his mouth. Client #2 was not provided the opportunity to feed himself his meal independently. Interview on 10/28/25 with the HM revealed client #2 consumes a regular diet and does not require his food to be cut up. Additional interview indicated the client has had some swallowing issues recently at meals and his attempts to grab food and stuff it into his mouth has increased. The HM noted this is why she cut his food and	W 240			

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W 240	<p>Continued From page 2</p> <p>attempted to prevent him from eating too fast and risk getting choked. Further interview revealed the Dietitian was contacted regarding these mealtime issues for client #2.</p> <p>Review on 10/27/25 of client #2's Nutritional evaluation dated 9/22/25 revealed he consumes a regular gluten free diet. Additional review of the evaluation noted, "...newly dx of Celiac disease ...Med orders for gastric motility as his food is slow to swallow and move down his esophagus w/ hx of noted vomiting." Additional review of client #2's IPP did not include specific interventions to address his swallowing issues and promote his independence during dining.</p> <p>Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she had recently been made aware of issues client #2 had been having at meals. She acknowledged the dietitian needs to get involved so necessary guidelines could be put in place.</p> <p>B. During evening observations in the home on 10/27/25 from 4:34pm - 6:03pm, client #4 did not participate in any leisure activities. Other than sporadic attempts to present him with a small ball, the client was not provided with choices of leisure activities. During morning observations in the home on 10/28/25 from 6:09am - 7:11am, client #4 was not offered any leisure activities. The client sat or laid on the couch with the television off in the room and Staff A walking around the room watching client #2 and two or three other clients simultaneously. Client #4 was not prompted or encouraged to participate in any activities.</p> <p>During an interview on 10/28/25, when asked if</p>	W 240			

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W 240	Continued From page 3 clients participate in any activities in the morning, Staff A replied, "No, they do that at school." The staff indicated client #4 will fight you if you try to give him activities. Review on 10/28/25 of client #4's IPP dated 4/22/25 revealed no specific information to support his participation in leisure activities of his choice. Interview on 10/28/25 with the QIDP indicated client #4 is difficult to engage in activities and will often refuse. The QIDP acknowledged more needs to be done to encourage his involvement.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of food preparation, leisure, diets and dining skills. This affected 4 of 4 audit clients (#1, #2, #4 and #6). The findings are:	W 249			

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W 249	<p>Continued From page 4</p> <p>A. During morning observations in the home on 10/28/25, client #2 walked around the home unengaged or slept on a chair in the day room of the home. The client was not prompted or assisted to participate in any activities or presented with a choice of activities.</p> <p>Interview on 10/28/25 with Staff B revealed client #2 usually has a tablet he uses to communicate with and to play games; however, the device could not be located even though he had utilized it in the home on the previous evening.</p> <p>Review on 10/27/25 of client #2's IPP dated 12/2/24 revealed he needs assistance with socializing with peers and his parents would like him to have more structure. The plan noted he uses Prologue to communicate. Additional review of an Occupational therapy evaluation (dated 1/11/24) noted he enjoys watching videos on his iPad and coloring or using crayons to make marks on paper.</p> <p>Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should have activities offered in the morning and staff should be engaging with clients. Additional interview indicated client #2 should have his tablet whenever he needs it, especially for communication, and other activities he likes to use it for.</p> <p>B. During morning observations in the home on 10/28/25, Staff E prepared instant oatmeal, toast, fruit and sausage patties for breakfast. During this time, various clients walked in/out of the area. No clients were prompted or encouraged to assist with preparing any food.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Interview on 10/28/25 with Staff E revealed she usually has clients assist with preparing some food items in the morning. The staff indicated the clients could have rinsed the fruit, put bread in the toaster or helped with the oatmeal.</p> <p>Review on 10/28/25 of client #6's IPP dated 10/30/24 revealed a need to improve her meal preparation skills. Additional review of the plan noted, "[Client #6] is always to be provided with the opportunity to be independent as possible with the completion of tasks."</p> <p>Interview on 10/28/25 with the QIDP confirmed clients should be involved with preparing breakfast food in the morning.</p> <p>C. During breakfast observations in the home on 10/28/25 at 5:53am, client #1 was prompted to the table for breakfast. Staff G began to assist the client with eating his food from a single plate. The staff provided full hand-over-hand assistance to consume his breakfast meal. The client was not encouraged to drink throughout the meal nor was he afforded the opportunity to scoop and feed himself without full physical assistance.</p> <p>Interview on 10/28/25 with Staff G revealed she had been trained to assist client #1 in this manner at meals because he will put his hands in his food.</p> <p>Review on 10/28/25 of client #1's meal time guidelines (no date) revealed he should be monitored closely at all meals and snacks, encouraged to use his utensils provided to scoop his food and not use his fingers, follow 2 plate process to limit and encourage taking safe size bites, encouraged to chew and swallow his food</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>thoroughly, and take sips of liquid after each bite before taking his next bite.</p> <p>Interview on 10/28/25 with the QIDP confirmed staff should be following client #1's mealtime guidelines as written.</p> <p>D. During dinner observations in the home on 10/27/25 at 6:03pm, client #4 retrieved a whole baked chicken leg from a serving dish and consumed it uncut with the meat on the bone.</p> <p>Interview on 10/28/25 with Staff B revealed client #4's food should be cut into small pieces at meals.</p> <p>Review on 10/28/25 of client #4's IPP dated 4/22/25 revealed his food should be cut into bite size pieces not to exceed 1/2 to 1 inch for all food at all times.</p> <p>Interview on 10/28/25 with the QIDP confirmed client #4's food should be cut into bite size pieces indicated.</p> <p>E. During breakfast observations in the home on 10/28/25 at 6:20am, client #6 was assisted to serve a whole sausage patty, oatmeal, a slice of toast and grapes. As Staff B cut up the client's toast, the client consumed her sausage patty uncut.</p> <p>Interview on 10/28/25 with Staff B revealed client #6 should have her food cut into small pieces at meals.</p> <p>Review on 10/27/25 of client #6's IPP dated 10/30/24 revealed she consumes a regular diet with all foods cut into bite size pieces.</p>	W 249			

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W 249	Continued From page 7 Interview on 10/28/25 with the QIDP confirmed client #6's food should be cut into bite size pieces as indicated. F. During dinner, breakfast and medication administration observations in the home throughout the survey on 10/27/25 - 10/28/25, various staff poured client #6's beverages for her without prompting or assisting the client to participate with this task. Interview on 10/28/25 with Staff B revealed client #6 can pour her drinks given assistance. Review on 10/28/25 of client #6's IPP dated 10/30/24 revealed she can pour her own drink with minimal assistance. Interview on 10/28/25 with the QIDP confirmed client #6 can pour her beverages with minimal assistance.	W 249			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#2, #4 and #6) restrictive medications used to address inappropriate behaviors were included in a formal active treatment plan. The findings are: A. Review on 10/28/25 of client #4's current	W 312			

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W 312	<p>Continued From page 8</p> <p>physician's orders (dated 9/1 - 12/2/25) revealed orders for Clonidine, Risperdal, Clonazepam, Gabapentin, Lamotrigine, and Quetiapine Fumarate to be administered routinely throughout the client's day. Additional review of the client's record did not include a formal plan to incorporate the use of the drugs.</p> <p>Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 ingests the medications for behaviors without a formal plan.</p> <p>B. Review on 10/28/25 of client #6's current physician's orders (signed 9/30/25) revealed an order for "Haloperidol 1 mg, take 1 - 3 tablets as directed by guardian consent then restart, take one tab if agitation (greater than) 2 mins, MAY REPEAT in 15 mins (max three doses /24hrs crisis, PRN)." Additional review of the client's current Behavior Support Plan (BSP) dated 8/17/25 did not include agitation as a target behavior nor was the use of Haloperidol identified as a PRN medication with specifics regarding its administration.</p> <p>Interview on 10/28/25 with the QIDP and facility nurse confirmed client #6 has a physician's order for Haloperidol to be administered as a PRN medication; however, the drug is not included in the client's BSP to be given as needed.</p> <p>C. Review on 10/28/25 of client #2's BSP dated 5/10/25 revealed objectives to address target behaviors of non-compliance, PICA, loud vocalizations, AWOL, self-injurious behavior and physical aggression. Additional review of the plan identified the use of Clonidine HCL and Risperidone. No other medications were</p>	W 312			

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W 312	Continued From page 9 identified. Further review of the client's physician's orders (dated 9/1 - 12/1/25) revealed orders for Propranolol 20mg, take 1 tab by mouth every day at 5:00am and Olanzapine 10 mg, take by mouth at bedtime at 8:00pm and 5 mg by mouth every day at 6:00am. Interview on 10/28/25 with the QIDP confirmed client #2 ingests Propranolol and Olanzapine to address his target behaviors and the medications should be included in his BSP.	W 312			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #4's medication was administered in accordance with physician's orders. This affected 1 of 4 clients observed receiving medications. The finding is: During morning observations of medication administration in the home on 10/28/25 at 4:40am and 5:00am, client #4 ingested two capfuls of Miralax powder with water. Review on 10/28/25 of client #4's physician's orders dated 9/1 - 12/1/25 revealed no orders for Miralax powder. Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) and facility nurse indicated there were no orders for client #4's Miralax powder as none were obtained in writing following his doctor's appointment.	W 368			

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