

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/24/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>EXTRA SPECIAL CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6214 KILMORY DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>		
(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 206	<p>A complaint survey was conducted on 2/24/26 for intake #NC00235958. The complaint was not substantiated; however, one deficiency was cited.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(1)</p> <p>Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to:</p> <ul style="list-style-type: none"> <li>(i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and</li> <li>(ii) Designing programs that meet the client's needs.</li> </ul> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #1's Individual Program Plan (IPP) was developed by interdisciplinary team. This affected 1 of 1 newly admitted clients. The finding is:</p> <p>Review on 2/24/26 of client #1's record revealed she was admitted on 10/1/25. Additional review of the record did not include an IPP developed by the interdisciplinary team (IDT) for client #1.</p> <p>Interview on 2/24/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no IDT meeting had been held to develop client #1's IPP since her admission.</p>	W 206			

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.