

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

PRINTED: 02/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2019
NAME OF PROVIDER OR SUPPLIER CANTERBURY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 CANTERBURY ROAD SMITHFIELD, NC 27577	
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #1 had the right to be treated with dignity regarding wearing appropriate clothing's. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #1's dignity was not considered regarding wearing appropriate clothing's.</p> <p>During observations at the day program and in the home on 2/4/19, client #1 was wearing slacks and a top which exposed the left of her trunk and belly area. Sometimes her undergarment were exposed.</p> <p>Staff interview on 2/4/19 revealed client #1 needed assistance to choose her clothing and she had fitting clothing in her room.</p> <p>Review on 2/4/19 of client #1's individual program plan (IPP) dated 4/12/18 revealed the client has the right to be treated with respect, consideration and dignity. Further review revealed client #1 dress independently but required assistance with pulling over shirt.</p> <p>Interview on 2/4/19 with management revealed client #1 has plenty of clothing to chose from but needs assistance to choose the right size.</p>	W 125	<p>RECEIVED FEB 22 2019 DHSR-MH Licensure Sect</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jameson Duke, Director of Operations

TITLE

(X8) DATE

2/21/19

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 125	Continued From page 1 Interview on 2/5/19 with the qualified intellectual disability professional (QIDP) revealed Client #1 owns fitting clothes and she should be helped in making a choice.	W 125			
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client had the right to their own personal privacy. This affected client #6. The finding is: Client #6 was not afforded personal privacy. During morning observations in the home on 2/5/19, on two separate occasion, a staff opened the bathroom door and started talking to client #6. At no time did the staff knock at door. Staff interview on 2/5/19 revealed client #6 was taking a shower and the staff was checking on her. Review on 2/5/19 of client #6's adaptive behavior inventory (ABI) dated 10/30/18 revealed the client closes bathroom door for privacy independently. Further review a goal. " service goal 3:afforded the same basic protections and grantees afforded to all citizens." Interview on 2/5/19 with the qualified intellectual	W 129			

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W 129	Continued From page 2 disability professional (QIDP) revealed client #6 should be afforded privacy during a shower by staff knocking at the door.	W 129			
W 231	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii) The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the individual program plan (IPP) included goals which were expressed in behavioral terms that provide measurable indices of performance for 1 of 4 audit clients (#6). The finding is: Client objective did not provide measurable indices of performance. Review on 2/5/19 of client #6's IPP dated 8/3/18 revealed an objectives with no measuring indices: "[Client #6], will refrain from physical aggression for a period of six (6) consecutive months." Interview on 2/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed the objective statements the client needed to be revised to include measurable indices of performance.	W 231			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client	W 288			

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W 288	<p>Continued From page 3</p> <p>behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a technique to manage client #6's moods was included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is:</p> <p>The use of Lithium was not included in client #6's active treatment plan.</p> <p>Review on 2/5/19 of client #6's physician's orders dated 1/2/19 revealed the client ingests Lithium 450mg ER once daily at morning. Additional review of the client's record did not include a formal treatment plan which incorporated the use of Lithium.</p> <p>Interview on 2/5/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed he was not aware that client #6 takes Lithium as a mood stabilizer. The QIDP acknowledged the medication should be included in a formal active treatment plan.</p>	W 288		
W 368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a physician's</p>	W 368		

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W 368	<p>Continued From page 4</p> <p>orders were followed as written for 1 of 4 audit clients (#5). The finding is:</p> <p>Physician's orders were not followed as indicated for client #5.</p> <p>During observations of medication administration in the home on 2/5/19 at 7:28am, poured Gavilax to a regular medication cup half full.</p> <p>Review on 2/5/19 of client #5's physician's orders dated 1/2/19 revealed an order for, "Gavilax, mix 1 capful to the indicated line (17GM) in 4-8OZ fluid and take by mouth daily."</p> <p>Interview on 2/5/19 with the medication technician revealed, client #5 gets Gavilax and it is measured with medication cup for accurate measuring.</p> <p>Interview on 2/5/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the physician's order was not followed.</p>	W 368			

**CANTERBURY ROAD HOME
PLAN OF CORRECTIONS**

For

Recertification Survey conducted on February 4-5, 2019

W 125 PROTECTION OF CLIENTS RIGHTS

The facility will ensure the rights of all clients. QMRP/ Group Home Supervisor will assign an advocate for each individual in the home to review each individual clothing and document on the clothing inventory form. All items verified as a need will be replaced. Staff will receive additional training on monitoring condition of clothing when individuals' weight changes and reporting any wear and tear of clothing to the Home Supervisor.

Client #1 clothing (shirt) did not fit properly. Group home Supervisor will complete client needs statement and item(s) will be replaced.

To ensure compliance in the future, daily by appearance checklist will be re-inserviced by Group Home Supervisor; completed daily by DSAs. Assessments are reviewed by QMRP, Hab. Spec., and Home Supervisor. Staff will receive immediate feedback/correction on assessment results.

Completion date by: 4/5/19

W 129 PROTECTION OF CLIENTS RIGHTS

The facility will ensure the rights of all clients and provide each client with the opportunity for personal privacy. The QMRP will ensure staff are re-trained on individual's rights and how to support them and exercising their rights.

Client #6 right's on privacy during bathing will be re-inserviced.

Monthly Interaction Assessments will be increased to 4 times a month for 3 consecutive months. Assessments are completed by QMRP, Hab. Spec., Home Supervisor, and Behavior Specialist. Staff will receive immediate feedback/correction on assessment results.

Completion date by: 4/5/19

W 231 INDIVIDUAL PROGRAM PLAN

The facility will ensure each individual's PCP includes goals which are expressed in behavior terms that provide measurable indices of performance. Each client's Behavior Support Plan (BSP) will be reviewed by the QMRP/Behavior Analyst and/ Psychologist to ensure any techniques identified to manage inappropriate behaviors are part of the active treatment plan. If any

procedures being used are not currently incorporated in the plan, the Psychologist will revise the behavior support plan to include the identified techniques.

Client #6 BSP will be revised to have measurable objectives.

Monitoring will occur through Monthly program reviews, Core teams, and Nursing Mini-Team, quarterly QMRP Review, and quarterly Chart Reviews as performed by QMRP, Habilitation Specialist, and Behavior Specialist. IPP's and BSP's will be updated as changes occur.

W288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR

Each client's Behavior Support Plan (BSP) will be reviewed by the QMRP/Behavior Analyst and/or Nursing to ensure any techniques identified to manage inappropriate behaviors are part of the active treatment plan. If any procedures being used are not currently incorporated in the plan, the Psychologist will revise the behavior support plan to include the identified techniques.

Client #6 behavior support plan (BSP) will be revised to include the usage of Lithium and incorporated into Client #6 active treatment plan.

Monitoring will occur through Monthly program reviews, Core teams, and Nursing Mini-Team, quarterly QMRP Review, and quarterly Chart Reviews as performed by QMRP, Habilitation Specialist, Behavior Specialist, Group Home Supervisor, Nurses, and Administrator. IPP and BSP will be updated as changes occur.

Completion date by: 4/5/19

W368 DRUG ADMINISTRATION

All medications for each service user will be administered in compliance with the physician's orders.

1. Nursing staff will re-in-service staff on checking and reading labels to ensure that staffs are administering the correct medication as prescribed. Clinical staff will monitor client #5 medication pass twice per month to ensure all medications are administered exactly as the doctor ordered.

Monitoring to be accomplished at least twice per month using Medication Administration Assessment. Monitoring staff will include; QMRP, Hab Spec., Supervisor, and /or Nursing. Any discrepancies with the Medication Administration Record will be addressed immediately.

Completion date by: 4/5/19