

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

PRINTED: 11/24/2020
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 R 11/16/2020
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 000	INITIAL COMMENTS	W 000			
W 125	<p>A revisit was conducted on 11/16/2020, for all previous deficiencies cited on 2/4/2020. All the deficiencies have been corrected, and new noncompliance was found. The facility is not in compliance with all regulations surveyed</p> <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 2 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 home on 11/16/2020 approxiametly from 2:30 pm- 5:00pm, client #1 was wearing slacks and a top which exposed off her trunk and belly area. Sometimes her buttocks were exposed.</p> <p>Staff interview on 11/16/2020 with Staff A revealed client #1 needed assistance to choose her clothing and she had fitting clothing in her room.</p> <p>Review on 11/16/2020 of client #1's individual program plan (IPP) dated 4/19/2020 revealed the</p>	W 125			

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 125	Continued From page 1 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 bra and fastening items.	W 125			
W 248	Interview on 11/16/2020 with Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 has plenty of clothing to chose from but needs assistance to choose the right size. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure that copies of individual plan were made available to all relevant staff to meet the needs of each client. This affected 1 of 2 audit clients (#3). The finding is: Clients #3 did not have current individual program plans (IPP) available to at the home. Review on 11/16/2020 of client #3's record at home revealed there was no individual program plan (IPP) available to the staff at home. During an interview on 11/16/2020, with the Qualified Intellectual Disabilities Professional (QIDP) and home management confirmed client	W 248			

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W 248	Continued From page 2 #3 did not current IPP at home since the charts are kept in the office.	W 248			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 audit clients (#3) was furnished with the adaptive equipment identified as needed by the Orthotic specialist. The finding is: Clients (#3) was not provided with orthotic support as indicated. During observations throughout the survey on 11/16/20 approximately from 2:300-5:00pm, client #3 did not wear orthotic support. While client was outside playing basketball with staff A, the client was noted to sometimes use the left side of the foot for support while standing. Review on 11/16/20 of client #3's Orthotic guideline dated 12/20/2019 revealed, "He will wear orthotic to prevent further foot and ankle impairment. Termination date indefinite." Interview on 11/16/2020 with staff A revealed, sometimes the client will walk different especially	W 436			

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W 436	Continued From page 3 when playing basketball but the staff have never seen any equipment for the client foot since when he started working there. Interview on 11/16/20 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the client sometimes will use the side of his foot while standing but he was not aware of any special equipment need for his foot.	W 436			