DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED	
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO.</u>	0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		34G045	B. WING			08/	03/2021	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
CANTER	BURY ROAD HOME				14 CANTERBURY ROAD			
				S	MITHFIELD, NC 27577			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 130	PROTECTION OF CFR(s): 483.420(a)		W 1	30				
		sure the rights of all clients. ty must ensure privacy during of personal needs.						
	Based on observat interviews, the facili	s not met as evidenced by: ions, record reviews and ity failed to ensure privacy was personal care. This affected 1 4). The finding is:						
	12:00pm, client #4 y toilet. The door to to Staff B stood in the Staff B then entered door open approxin could be seen from opened the door ag	s in the home on 8/2/21 at was observed sitting on the he bathroom was open while hallway putting on gloves. d the bathroom, leaving the nately 4-5 inches and client #4 the hallway. Staff B then lain to put on another pair of bathroom door open way.						
	Program Plan (IPP) #4 is supported with	f client #4's Individual dated 1/13/21 revealed client toileting guidelines. The t staff should assist client #4 or for privacy.						
W 368	disabilities profession should have ensured	-	W 3	68				
	that all drugs are ad	g administration must assure Iministered in compliance with ER/SUPPLIER REPRESENTATIVE'S SIGI			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.

PRINTED: 08/03/2021

		AND HUMAN SERVICES				FORM	08/03/2021 APPROVED 0938-0391		
STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	34G045		B. WING			08/03/2021			
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
CANTERBURY ROAD HOME			214 CANTERBURY ROAD SMITHFIELD, NC 27577						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPN DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 368	Continued From pa the physician's orde	•	W 3	368					
	Based on observat interview, the facility were administered	s not met as evidenced by: tions, record review and y failed to ensure medications in accordance with physician's ed 1 of 6 audit clients (#5).							
	in the home on 8/3/ observed to adminisone Vienva 0.1-0.02 cleanser face wash	s of medication administration /21 at 7:40am, Staff A was ster one Vitamin D3 tablet, 2mg tablet, apply Cetaphil to client #5's face, and then 1% gel to client #5's face.							
	dated 6/22/21 revea	f client #5's Physician's Orders aled an order for Adapelene pea-sized amount topically to acne at 8:00pm."							
W 418	confirmed client #5 Adapelene 0.1% ge 8:00am.		W 4	418					
	The facility must pro	ovide each client with a clean, ss.							
	Based on observat failed to ensure clie	s not met as evidenced by: tions and interviews, the facility ent #6 had a comfortable ected 1 of 5 audit clients. The							

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					FORM	08/03/2021 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G045		B. WING	i		08/03/2021	
PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CANTERBURY ROAD HOME						
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
Continued From pa	ge 2	W 4	118			
8/3/21, client #6's m	nattress was observed to have					
Interview on 8/3/21 with Staff C revealed that mattress has had a dip in it for over a month and was getting worse over time.						L
disabilities profession mattress was need CLIENT BEDROOM	onal (QIDP) confirmed a new ed for client #6. MS	W 4	120			
The facility must pro	ovide each client with					
Based on observat failed to consider fu	tion and interviews, facility inctional furniture for 1 of 6					
8/3/21, client #6's b broken. The top, rig hung below the othe mattress, and seve	ed was observed to be ght corner of the mattress er three corners of the ral broken pieces of the bed					
	RS FOR MEDICARE OF DEFICIENCIES F CORRECTION PROVIDER OR SUPPLIER BURY ROAD HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR L3 Continued From pa During observations 8/3/21, client #6's m a large dip in the m Interview on 8/3/21 mattress has had a was getting worse of Interview on 8/3/21 disabilities profession mattress was needed CLIENT BEDROOM CFR(s): 483.470(b) The facility must profunctional furniture, needs. This STANDARD is Based on observations 8/3/21, client #6's b broken. The top, righung below the other mattress, and sever frame and slats were the ground. Interview on 8/3/21 and frame had been Interview on 8/3/21	F CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 34G045 PROVIDER OR SUPPLIER BURY ROAD HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During observations in the home on 8/2/21 - 8/3/21, client #6's mattress was observed to have a large dip in the middle of it. Interview on 8/3/21 with Staff C revealed that mattress has had a dip in it for over a month and was getting worse over time. Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed a new mattress was needed for client #6. CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv) The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observation and interviews, facility failed to consider functional furniture for 1 of 6 audit clients (#6). The finding is: During observations in the home on 8/2/21 - 8/3/21, client #6's bed was observed to be broken. The top, right corner of the mattress hung below the other three corners of the mattress, and several broken pieces of the bed frame and slats were observed hanging down to	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILD 34G045 B. WING ROVIDER OR SUPPLIER BURY ROAD HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFI TAG Continued From page 2 W 4 During observations in the home on 8/2/21 - 8/3/21, client #6's mattress was observed to have a large dip in the middle of it. W 4 Interview on 8/3/21 with Staff C revealed that mattress has had a dip in it for over a month and was getting worse over time. W 4 Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed a new mattress was needed for client #6. W 4 CLIENT BEDROOMS W 4 Or fr(s): 483.470(b)(4)(iv) W 4 The facility must provide each client with functional furniture, appropriate to the clients needs. W 4 This STANDARD is not met as evidenced by: Based on observation and interviews, facility failed to consider functional furniture for 1 of 6 audit clients (#6). The finding is: During observations in the home on 8/2/21 - 8/3/21, client #6's bed was observed to be broken. The top, right corner of the mattress hung below the other three corners of the mattress, and several broken pieces of the bed frame and slats were observed hanging down to the ground. Interview on 8/3/21 with	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPI A. BUILDING 34G045 B. WING PROVIDER OR SUPPLIER ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 2 W 418 During observations in the home on 8/2/21 - 8/3/21, client #6's mattress was observed to have a large dip in the middle of it. Interview on 8/3/21 with Staff C revealed that mattress has had a dip in it for over a month and was getting worse over time. Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed a new mattress was needed for client #6. CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv) W 420 The facility must provide each client with functional furniture, appropriate to the clients needs. W 420 This STANDARD is not met as evidenced by: Based on observation and interviews, facility failed to consider functional furniture for 1 of 6 audit clients (#6). The finding is: W 421 - 8/3/21, client #6's bed was observed to be broken. The top, right corner of the mattress hung below the other three corners of the mattress, and several broken pieces of the bed frame and slats were observed hanging down to the ground. Interview on 8/3/21 with Staff C revealed the bed and frame had been broken for over a month. Interview on 8/3/21 with the qualified intellectual Interview on 8/3/21 with the qualified intellectual	MENT OF HEALTH AND HUMAN SERVICES Of SFOR MEDICARE & MEDICAID SERVICES OI OP DEFICIENCIES (X1) PROVIDERSUPPLERCLA IDENTFICATION NUMBER. (X2) MULTIPLE CONSTRUCTION A BUILDING ROVIDER OR SUPPLIER 34G045 B. WING BURY ROAD HOME STREET ADDRESS, CITY, STATE, ZIP CODE 214 CANTERBURY ROAD SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES (EACH DECRECHCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH ORRECHCY ALST DE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH ORRECHCY ALST DE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH ORRECHCY ALST DE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH ORRECHCE ACTION SHOULD (CROSS-REFERENCED TO THE APPROPT DEFICIENCY) Continued From page 2 W 418 ID UNING observations in the home on 8/2/21 - 8/3/21, cilent HG'S mattress was observed to have a large dip in the middle of it. W 418 Interview on 8/3/21 with Staff C revealed that mattress and shad a dip in it for over a month and was getting worse over time. W 420 CFR(s): 483.470(b)(4)(iv) The facility failed to consider functional furniture for 1 of 6 audit clients (#0). The finding is: W 420 During observations in the home on 8/2/21 - 8/3/21, cilent HS bed was observed to be broken. The top, right corner of the mattress hung below the other three	MENT OF HEALTH AND HUMAN SERVICES FORM SFOR MEDCARE & MEDICAID SERVICES OMB NO. OF DEFICIENCIES (X1) PROVIDENSUPPLENCIA DENTFICATION NUMBER 34G045 B. WING 34G045 B. WING BURY ROAD HOME STREET ADDRESS, CITY, STATE, ZIP CODE 214 CANTERBURY ROAD SWIMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 UV 418 During observations in the home on 8/2/21 - 8/3/21, client #6's mattress was observed to have a large dip in the middle of it. Interview on 8/3/21 with Staff C revealed that mattress has da dip in the for client #6. CLIENT BEDROOMS CLIENT BEDROOMS CLIENT BEDROOMS CLIENT BEDROOMS The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observations in the home on 8/2/21 - 8/3/21, client #6's based by client #6. CLIENT BEDROOMS CLIENT BEDROOMS The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observations in the home on 8/2/21 - 8/3/21, client #6's based by the function and interviews, facility failed to consider functional furniture for 1 of 6 audit clients (#6). The finding is: During observations in the home on 8/2/21 - 8/3/21, client #6's bad was observed to be broken. The top, fight corner of the mattress hung below the other three corners of the broken. The top, fight corner of the mattress hung below the other three corners of the mattress, and several broken for over a month. Interview on 8/3/21 with Staff C revealed the bed frame and slats were observed hanging down to the ground. Interview on 8/3/21 with the qualified intellectual

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	08/03/2021 APPROVED 0938-0391			
		. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		34G045	B. WING		08/0	3/2021			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
CANTERBURY ROAD HOME			214 CANTERBURY ROAD SMITHFIELD, NC 27577						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE			
W 420	Continued From pa	ge 3	W 420						
W 460	client #6 needed a FOOD AND NUTRI CFR(s): 483.480(a)	TION SERVICES	W 460						
	Each client must re well-balanced diet i specially-prescribed	ncluding modified and							
	Based on observat interviews, the facili clients (#3, #4, #5 a	s not met as evidenced by: ions, record reviews, and ity failed to ensure 4 of 6 audit and #6) received their specially indicated. The findings are:							
	7:46am, client #3 w Client #3 was given served whole, and a	ons in the home on 8/3/21 at ras observed eating breakfast. o atmeal, two sausage links a piece of toast served whole. tion, client #3 did not have any							
	Program Plan (IPP)	f client #3's Individual) dated 10/24/20 revealed a ists of all foods being cut into							
	disabilities profession #3's sausage and to	with the qualified intellectual onal (QIDP) confirmed client oast should have been cut into as her diet indicates.							
	7:46am, client #4 w Client #4 was given served whole, and a	ons in the home on 8/3/21 at ras observed eating breakfast. oatmeal, two sausage links a piece of toast served whole. tion, client #4 did not have any							

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		AND HUMAN SERVICES				FORM	08/03/2021 APPROVED 0938-0391
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ·		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	34G045		B. WING			08/03/2021	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
CANTERBURY ROAD HOME					14 CANTERBURY ROAD MITHFIELD, NC 27577		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	Continued From pa	ge 4	W 4	60			
		f client #4's IPP dated 1/13/21 er that consists of all foods 1 inch pieces.					
	client #4's sausage	with the QIDP confirmed and toast should have been pieces as his diet indicates.					
	11:21am, client #5 which consisted of crackers. Client #5	ions in the home on 8/2/21 at was observed eating lunch tuna salad and saltine b's saltine crackers were ing the observation, client #5 fficulty eating.					
	5:06pm, client #5 w which consisted of oranges and a slice	ions in the home on 8/2/21 at vas observed eating dinner chicken stir fry, mandarin of bread. Client #5's bread During the observation, client v difficulty eating.					
		f client #5's IPP dated 5/15/21 er that consists of all foods 1 inch pieces.					
	client #4's saltine cr	with the QIDP confirmed rackers and bread should odified into 1/2 - 1 inch pieces s.					
	11:21am, client #6 which consisted of crackers. Client #6	ions in the home on 8/2/21 at was observed eating lunch tuna salad and saltine 's saltine crackers were ing the observation, client #6 fficulty eating.					

Facility ID: 921586

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/03/2021 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G045	B. WING	i		08/	03/2021
NAME OF F	PROVIDER OR SUPPLIER	<u>.</u>			TREET ADDRESS, CITY, STATE, ZIP CODE	-	
CANTERBURY ROAD HOME					14 CANTERBURY ROAD SMITHFIELD, NC 27577		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	Additional observat 5:06pm, client #6 w which consisted of oranges and a slice was served whole. #6 did not have any Further observation 7:46am, client #6 w Client #6 was given served whole, and a During the observa difficulty eating. Review on 8/2/21 o revealed a diet orde being cut into 1/4 in Interview on 8/3/21 client #6's saltine cut	tions in the home on 8/2/21 at vas observed eating dinner chicken stir fry, mandarin e of bread. Client #6's bread During the observation, client y difficulty eating. Ins in the home on 8/3/21 at vas observed eating breakfast. In oatmeal, two sausage links a piece of toast served whole. Ition, client #6 did not have any of client #6's IPP dated 5/19/21 er that consists of all foods inch pieces. With the QIDP confirmed rackers, slice of bread, should have been cut into 1/4	W 2	160	· · · ·		

Facility ID: 921586

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