

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

PRINTED: 08/03/2021
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 08/03/2021
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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 6 audit clients (#4). The finding is:</p> <p>During observations in the home on 8/2/21 at 12:00pm, client #4 was observed sitting on the toilet. The door to the bathroom was open while Staff B stood in the hallway putting on gloves. Staff B then entered the bathroom, leaving the door open approximately 4-5 inches and client #4 could be seen from the hallway. Staff B then opened the door again to put on another pair of gloves, leaving the bathroom door open approximately half-way.</p> <p>Review on 8/3/21 of client #4's Individual Program Plan (IPP) dated 1/13/21 revealed client #4 is supported with toileting guidelines. The guidelines state that staff should assist client #4 with closing the door for privacy.</p> <p>Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should have ensured the door to the bathroom was closed to provide client #4 privacy.</p>	W 130			
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with</p>	W 368			

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.

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

PRINTED: 08/03/2021
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 08/03/2021
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 368	Continued From page 1 the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 6 audit clients (#5). The finding is: During observations of medication administration in the home on 8/3/21 at 7:40am, Staff A was observed to administer one Vitamin D3 tablet, one Vienva 0.1-0.02mg tablet, apply Cetaphil cleanser face wash to client #5's face, and then apply Adapelene 0.1% gel to client #5's face. Review on 8/3/21 of client #5's Physician's Orders dated 6/22/21 revealed an order for Adapelene Gel 0.1%, "Apply a pea-sized amount topically to face at bedtime for acne at 8:00pm." Interview on 8/3/21 with the facility nurse confirmed client #5 should have received the Adapelene 0.1% gel at 8:00pm and not at 8:00am.	W 368			
W 418	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client #6 had a comfortable mattress. This affected 1 of 5 audit clients. The finding is:	W 418			

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

PRINTED: 08/03/2021
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 08/03/2021
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 418	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.	W 418			
W 420	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 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 disabilities professional (QIDP) confirmed that	W 420			

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

PRINTED: 08/03/2021
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 08/03/2021
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 420	Continued From page 3 client #6 needed a new bed.	W 420			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 4 of 6 audit clients (#3, #4, #5 and #6) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 8/3/21 at 7:46am, client #3 was observed eating breakfast. Client #3 was given oatmeal, two sausage links served whole, and a piece of toast served whole. During the observation, client #3 did not have any difficulty eating.</p> <p>Review on 8/3/21 of client #3's Individual Program Plan (IPP) dated 10/24/20 revealed a diet order that consists of all foods being cut into 1/2 - 1 inch pieces.</p> <p>Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed client #3's sausage and toast should have been cut into 1/2 - 1 inch pieces as her diet indicates.</p> <p>B. During observations in the home on 8/3/21 at 7:46am, client #4 was observed eating breakfast. Client #4 was given oatmeal, two sausage links served whole, and a piece of toast served whole. During the observation, client #4 did not have any difficulty eating.</p>	W 460			

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

PRINTED: 08/03/2021
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 08/03/2021
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 460	<p>Continued From page 4</p> <p>Review on 8/3/21 of client #4's IPP dated 1/13/21 revealed a diet order that consists of all foods being cut into 1/2 - 1 inch pieces.</p> <p>Interview on 8/3/21 with the QIDP confirmed client #4's sausage and toast should have been cut into 1/2 - 1 inch pieces as his diet indicates.</p> <p>C. During observations in the home on 8/2/21 at 11:21am, client #5 was observed eating lunch which consisted of tuna salad and saltine crackers. Client #5's saltine crackers were served whole. During the observation, client #5 did not have any difficulty eating.</p> <p>Additional observations in the home on 8/2/21 at 5:06pm, client #5 was observed eating dinner which consisted of chicken stir fry, mandarin oranges and a slice of bread. Client #5's bread was served whole. During the observation, client #5 did not have any difficulty eating.</p> <p>Review on 8/2/21 of client #5's IPP dated 5/15/21 revealed a diet order that consists of all foods being cut into 1/2 - 1 inch pieces.</p> <p>Interview on 8/3/21 with the QIDP confirmed client #4's saltine crackers and bread should have been cut or modified into 1/2 - 1 inch pieces as her diet indicates.</p> <p>D. During observations in the home on 8/2/21 at 11:21am, client #6 was observed eating lunch which consisted of tuna salad and saltine crackers. Client #6's saltine crackers were served whole. During the observation, client #6 did not have any difficulty eating.</p>	W 460		

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

PRINTED: 08/03/2021
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 08/03/2021
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 460	<p>Continued From page 5</p> <p>Additional observations in the home on 8/2/21 at 5:06pm, client #6 was observed eating dinner which consisted of chicken stir fry, mandarin oranges and a slice of bread. Client #6's bread was served whole. During the observation, client #6 did not have any difficulty eating.</p> <p>Further observations in the home on 8/3/21 at 7:46am, client #6 was observed eating breakfast. Client #6 was given oatmeal, two sausage links served whole, and a piece of toast served whole. During the observation, client #6 did not have any difficulty eating.</p> <p>Review on 8/2/21 of client #6's IPP dated 5/19/21 revealed a diet order that consists of all foods being cut into 1/4 inch pieces.</p> <p>Interview on 8/3/21 with the QIDP confirmed client #6's saltine crackers, slice of bread, sausage and toast should have been cut into 1/4 inch pieces as her diet indicates.</p>	W 460			