

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:  <b>34G045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY ROAD HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 CANTERBURY ROAD SMITHFIELD, NC 27577</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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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><b>DRUG ADMINISTRATION</b> 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

*Patrick Carver* / *for Nesheil Blue* Administration 8/13/21

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 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			

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W 418	Continued From page 2	W 418			
W 420	<p>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.</p> <p>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.</p> <p>Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed a new mattress was needed for client #6.</p> <p><b>CLIENT BEDROOMS</b> CFR(s): 483.470(b)(4)(iv)</p> <p>The facility must provide each client with functional furniture, appropriate to the clients needs.</p> <p>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:</p> <p>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.</p> <p>Interview on 8/3/21 with Staff C revealed the bed and frame had been broken for over a month.</p> <p>Interview on 8/3/21 with the qualified intellectual disabilities professional (QIDP) confirmed that</p>	W 420			

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W 420	Continued From page 3	W 420			
W 460	<p>client #6 needed a new bed.</p> <p><b>FOOD AND NUTRITION SERVICES</b> 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			

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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			

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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			

## **CANTERBURY ROAD HOME PLAN OF CORRECTIONS**

**For**

**Recertification Survey conducted August 3, 2021**

### **W 130 PROTECTION OF CLIENT RIGHTS**

The facility will ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of person needs

QP and/or Habilitation Specialist will in-service staff on ensuring person supported #4 right to privacy is met during toileting and all individuals privacy needs are being met at the Canterbury home.

The IDT will monitor all person supported rights to privacy during personal care treatment through interaction assessments conducted two times per month for 3 consecutive months.

**Target Date: 10/03/2021**

### **W 368 DRUG ADMINISTRATION**

The system for drug administration must assure that all drugs are administered in compliance with the physician's orders

Nursing will in-serve Home Manager and all Med Techs at the home to follow and administer in compliance with physician's orders for client #5's order for Adapelene Gel 0.1% and all other medications as written on the orders, and for all other residents residing at Canterbury Home.

Monitoring of adherence to the above will occur through the nursing medication observations, interaction assessment, mealtime assessment as well as general observations by the Interdisciplinary Team at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following QP, Hab. Spec., Vocational Specialist, Behavior Specialist and nursing.

**Target date: 10/03/21**

### **W 418 CLIENT BEDROOMS**

The facility must provide each client with a clean, comfortable mattress.

Administrator/QP/Unit Maintenance personal/Home manager will assess and purchase client#6 a new mattress for his bed and assess all other resident mattress in the home ensuring mattress are appropriate for all individuals

Monitoring of adherence to the above will occur through monthly Environmental Assessment by the Home manager for (2) consecutive months as well as general observations by the Interdisciplinary team at a minimum of (1) monthly for (2) consecutive months. The assessment and general observations will be completed by either the QP or Home manager.

**Target Date: 10/03/2021**

## **W 420 CLIENT BEDROOMS**

The facility must provide each client with functional furniture, appropriate to the client needs.

Unit Administrator/QP/Maintenance personal/Home manager will assess and arrange purchasing client #6 a new bed for his room. QP/Maintenance personal/Home Manager will assess the other residents bedroom needs and correct any needs for their bedrooms.

Monitoring of adherence to the above will occur through monthly Environmental Assessment by the QP/ Home Manager for (2) consecutive months as well as general observations by the Interdisciplinary Team at a minimum of (1) monthly Environmental Assessment for (1) month.

**Target Date: 10/03/2021**

## **W 460 FOOD AND NUTRITION SERVICES**

Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

Nursing will re-in-service all staff on client #3, #4, #5, and #6's diet/physician orders. Nursing/QP will review/in-service the dietary orders and any feeding guidelines addressed in plans for all others individuals residing in the home with all staff.

Monitoring of adherence to the above will occur through the mealtime assessments, as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Behavior Specialist, Habilitation Specialist, OT/PT Assistant, QP, Home Manager, Vocational Coordinator, Administrator, and the Nurse

**Target Date: 10/03/2021**