

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

PRINTED: 11/07/2022
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 10/18/2022
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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included information to support his independence with processing his food. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home on 10/17/22, Staff C utilized a food processor to process client #2's food items. During this time, client #2 was in the dining room area at the kitchen table. Client #2 was not prompted to assist with processing his food.</p> <p>Review on 10/18/22 of client #2's IPP dated 12/30/21 revealed he consumes a pureed diet. Additional review of the plan did not include information to support his independence with processing his own food.</p> <p>Interview on 10/18/22 with the Home Manager (HM) indicated she has asked about using an Ablenet device to assist client #2 with processing his food; however, she had been told it was too expensive.</p> <p>Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2 could participate with processing his food if he had an Ablenet device and a button switch; however, one has not been purchased and is currently not a part of his plan.</p>	W 240			
W 249	PROGRAM IMPLEMENTATION	W 249			

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 249	<p>Continued From page 1 CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#3, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and key usage.</p> <p>A. During evening observations in the home on 10/17/22, staff performed the majority of cooking tasks including obtaining necessary food items, placing hamburger patties on a pan, adding seasoning and cheese to the hamburgers, stirring food items on the stove, operating the microwave and processing food in a food processor. During this time, client #3 and client #5 periodically stood nearby watching staff complete various tasks. With the exception of assistance to use an electric can opener and pouring vegetables into a pot, clients were not prompted to participate with the preparation of the dinner meal.</p> <p>During morning observations in the home on 10/18/22, staff performed the majority of cooking tasks including making instant oatmeal, preparing</p>	W 249		

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W 249	<p>Continued From page 2</p> <p>toast, pouring juice in a pitcher, and processing food in a food processor. During this time, client #3, client #5 and client #6 periodically stood nearby watching staff complete various tasks. With the exception of client #3 pouring milk into a pitcher, clients were not prompted to assist with the preparation of the breakfast meal.</p> <p>Interview on 10/18/22 with the Home Manager revealed clients were not involved with food preparation for "hygiene purposes" since they have a tendency to touch their clothes or other things while in the kitchen.</p> <p>Review on 10/18/22 of client #3's Adaptive Behavior Inventory (ABI) last updated 10/13/21 noted she can independently prepare a sandwich and identify kitchen equipment. The ABI indicated she has partial independence with preparing canned, frozen, and fresh foods in the microwave and on the stove and to prepare combination dishes.</p> <p>Review on 10/18/22 of client #5's IPP dated 5/13/22 revealed an objective to participate with meal preparation with 60% independence (implemented 7/19/21). Additional review of the client's ABI last updated 10/30/21 indicated she requires assistance to prepare frozen and canned foods in the microwave and oven. Further review of the plan revealed she has partial independence with preparing canned and fresh foods and meat dishes in the microwave and in the oven.</p> <p>Review on 10/18/22 of client #6's ABI last updated 8/17/22 revealed she requires assistance to prepare frozen and canned foods in the microwave and oven. Further review of the</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>plan revealed she has partial independence with preparing canned and fresh foods and meat dishes in the microwave and in the oven.</p> <p>Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be involved with preparing meals and can do so with assistance.</p> <p>B. During evening observations in the home on 10/17/22, on several occasions, a staff retrieved a key from under a stack of towels at the back of a kitchen drawer, used it to unlock the food pantry door, obtained various items, relocked the pantry and returned the key to the back of the drawer. Although client #3 and client #5 were in the area, the clients were not prompted or encouraged to use the key to unlock the pantry door.</p> <p>Interview on 10/18/22 with the HM revealed the door to the food pantry is kept locked and the key is in a kitchen drawer near the door. Additional interview indicated she's never seen any clients retrieve the key from the drawer and use it. Review on 10/18/22 of client #3 and client #5's IPP dated 10/22/21 and 5/13/22, respectively, revealed a service goal for unlocking the pantry door. The service goal noted, "...During meal preps, snack times, etc, the trainer will follow the prompt sequences to assist persons supported to: obtain the key, carry key to pantry, place key in keyhole, turn the key, open the pantry select items." Additional review of the goal indicated, "After obtaining items requested or wanted, trainer will assist them with locking the door from the inside, close pantry door and return the key to selected location."</p> <p>Interview on 10/18/22 with the QIDP confirmed</p>	W 249			

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W 249	Continued From page 4 the door to the pantry is kept locked and the key is in a kitchen drawer. Additional interview indicated the clients know where the key is kept and how to use it. The QIDP noted staff should assist clients as needed to retrieve and use the key to the food pantry.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objectives identified in the Individual Program Plan (IPP) was collected as indicated. This affected 3 of 5 audit clients (#3, #5, and #6). The findings are: A. Review on 10/17/22 of client #3's IPP dated 10/22/21 revealed objectives to secure her change (implemented 8/22/22; data collection 5 days weekly), sort her laundry (implemented 6/6/22; data collection once weekly) and brush her teeth (implemented 9/22/21; data collection daily on 1st and 2nd shift). Additional review of objective data collection books and Therap (electronic record system) indicated the following regarding data collection: Secure her change August '22 - 1 day documented	W 252			

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W 252	<p>Continued From page 5</p> <p>September '22 - 0 days documented Oct '22 (up to 10/17/22) - 0 days documented</p> <p>Sort her laundry</p> <p>Oct '22 (up to 10/17) - 0 days documented</p> <p>Toothbrushing</p> <p>July '22 - 8 days documented August '22 - 10 days documented Sept '22 - 10 days (missing 1st shift) 14 days (missing 2nd shift) Oct '22 (up to 10/17) - 0 days documented</p> <p>Interview on 10/18/22 with Staff D revealed objective data should be documented in training books and in Therap. The staff stated, "We double document."</p> <p>Interview on 10/18/22 with the QIDP confirmed staff should be collecting data for all objectives.</p> <p>B. Review on 10/17/22 of client #5's IPP dated 5/13/22 revealed objectives to store her clothes (implemented 7/22/21; data collection once per week), brush her teeth (implemented 7/19/21; data collection on 1st and 2nd shift) and meal prep (implemented 7/19/21; data collection on 2nd shift 3 times per week). Review of objective data collection books and Therap revealed the following regarding data collection:</p> <p>Store clothes</p> <p>July '22 - 2 days documented August '22 - 1 week documented Sept '22 - 1 day documented Oct '22 (up to 10/17) - 0 days documented</p>	W 252			

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W 252	<p>Continued From page 6</p> <p>Toothbrushing</p> <p>July '22 - 3 days documented August '22 - 13 days missing on 1st shift 20 days missing on 2nd shift Sept '22 - 9 days missing on 1st shift 26 days missing on 2nd shift Oct '22 (up to 10/17) - 0 days documented</p> <p>Meal Prep</p> <p>July '22 - 4 days documented August '22 - 1 day documented Sept '22 - 16 days documented Oct '22 (up to 10/17) - 0 days documented</p> <p>Interview on 10/18/22 with Staff D revealed objective data should be documented in training books and in Therap. The staff stated, "We double document."</p> <p>Interview on 10/18/22 with the QIDP confirmed staff should be collecting data for all objectives.</p> <p>C. Review on 10/17/22 of client #6's IPP dated 5/16/22 revealed objectives to close the bathroom door (implemented 7/19/21; data collection Mon - Fri on 1st shift at the group home and the voc center), brush her teeth (implemented 4/22/22; data collection 5 days weekly) and participate in group activities (implemented 4/20/21; data collection Mon, Wed, Fri). Review of data collection books and Therap revealed the following regarding data collection:</p> <p>Privacy July '22 - 7 days documented</p>	W 252			

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W 252	Continued From page 7 August '22 - 11 days documented Oct '22 (up to 10/17) - 0 days documented Toothbrushing July '22 - 4 days documented August '22 - 10 days documented Oct '22 (up to 10/17) - 0 days documented Group Activities July '22 - 4 days documented Oct '22 (up to 10/17) - 0 days documented Interview on 10/18/22 with Staff D revealed objective data should be documented in training books and in Therap. The staff stated, "We double document." Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be collecting data for all objectives.	W 252			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained for client #1's restrictive Behavior Support Plan (BSP). This affected 1 of 5 audit clients. The finding is: Review on 10/18/22 of client #1's BSP dated 3/10/22 revealed an objective to exhibit property	W 263			

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W 263	Continued From page 8 damage, physical aggression and refusal on 3 or fewer occasions per month for 12 consecutive months. Additional review of the plan noted the use of Latuda to address these behaviors. Further review of the record did not include written informed consent from his guardian.	W 263			
W 288	Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed written informed consent had not been obtained from client #1's guardian. MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 5 audit clients. The finding is: During observations in the home on 10/17/22, a client retrieved a bottle of body wash from a supply closet, used it and returned it to the supply closet. Interview on 10/18/22 with Staff D revealed each client has a storage bin for their toiletry items which is kept in a back hall closet. The staff noted no bottles of liquid are kept in the bins because of client #2. Review on 10/18/22 of client #2's Behavior Support Plan (BSP) dated 3/2/22 revealed an	W 288			

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W 288	Continued From page 9 objective to exhibit 1 or fewer target behaviors for 12 consecutive months. The plan identified behaviors of physical aggression and taking food not belonging to him. Additional review of the plan did not include removal of liquid toiletry items from each client's bin to address client #2's inappropriate behaviors.	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #6 was considered for a reduction and/or elimination of drugs used to control behaviors after a decrease in the behaviors was identified. This affected 1 of 5 audit clients. The finding is: Review on 10/17/22 of client #6's Behavior Support Plan (BSP) dated 11/29/21 revealed an objective to refrain from physical aggression as evidenced by 0 displays of physical aggression for 12 consecutive months. The BSP included an	W 312			

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W 312	Continued From page 10 addendum dated 3/15/22 which identified an objective to display property damage on zero occasions for 12 consecutive months. The plan also included the use of the following medications: Cogentin, Keppra, Klonopin, Lithium, Risperdal, Topomax, Benadryl and Ambien. Additional review of client #6's behavior progress notes revealed from January 2021 - March 2022, the client exhibited one episode of physical aggression and from April 2022 - August 2022 (since new objective was added) there have been no incidents of property damage. Further review of client #6's record did not reveal a reduction and/or elimination of her current behavior medications had been considered over the past 21 months. Interview on 10/18/22 with Staff D revealed she has never seen client #6 have a behavior and doesn't think she has behaviors. The staff stated, "She really doesn't have behaviors that I've seen." Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was not able to locate any documented behavior incidents for client #6 since the last behavior progress note ending in August 2022. The QIDP indicated he has only seen the client have one behavior, otherwise he's not aware of her having behaviors. Additional interview indicated team members have not discussed a reduction or elimination of behavior medications for client #6 based on her absence of target behaviors over the past 21 months.	W 312			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with	W 340			

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W 340	Continued From page 11 other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to implement facility protocols for COVID-19 regarding wearing surgical masks. The finding is: During evening observations in the home on 10/17/22, four staff worked in the home. One staff wore two surgical masks covering their nose and mouth while three staff wore a single surgical mask covering their nose and mouth. Review on 10/17/22 of the facility's COVID-19 list of vaccinations for staff revealed two of the three staff working in the home with a single surgical mask had religious exemptions and were not vaccinated against COVID-19. Additional review of the facility's protocol for unvaccinated staff noted, "Employees granted a religious exemption are required to wear additional PPE, such as double surgical masks and/or a surgical mask and face shield." Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff who have been granted an exemption for COVID-19 vaccinations are required to wear a double surgical mask.	W 340			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing,	W 460			

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W 460	<p>Continued From page 12 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 each client received their modified and specially-prescribed diet as indicated. This affected 3 of 5 audit clients (#2, #3 and #6). The finding is:</p> <p>A. During dinner observations in the home on 10/17/22 at 6:10pm, client #2 consumed carrots, beans and hamburger. Closer observation of the client's food revealed his carrots and beans were pureed and smooth while his hamburger was chunky, thick and dry with visible pieces of hamburger throughout. Client #2 consumed his meal without difficulty.</p> <p>Interview on 10/17/22 with Staff C revealed client #2 consumes a pureed diet and his food should be "like applesauce". The staff acknowledged the client's hamburger should have had more liquid added to it to make it smoother.</p> <p>Review on 10/18/22 of client #2's IPP dated 12/30/21 and his current physician's orders dated 9/19/22 revealed he consumes a "pureed consistency" diet.</p> <p>Interview on 10/18/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 consumes a pureed consistency diet and his food should look like "pudding" when prepared.</p> <p>B. During dinner observations in the home on 10/17/22 at 6:10pm, client #6 consumed a</p>	W 460			

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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 10/18/2022
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 13</p> <p>cheeseburger patty. The cheeseburger was served whole. Client #6 consumed the cheeseburger uncut by picking it up with her fingers and taking large bites. During breakfast observations in the home on 10/18/22 at 7:28am, client #6 consumed a whole slice of toast uncut.</p> <p>Interview on 10/18/22 with Staff D revealed client #6's food should be cut into smaller pieces at meals.</p> <p>Review on 10/17/22 of client #6's IPP dated 5/16/22 and physician's orders dated 9/19/22 revealed the client consumes 1200 calorie diet with food cut into "quarter inch" pieces.</p> <p>Interview on 10/18/22 with the QIDP confirmed client #6 should consume her food cut into quarter inch pieces.</p> <p>C. During breakfast observations in the home on 10/18/22 at 7:28am, client #3 consumed a whole slice of toast uncut.</p> <p>Interview on 10/18/22 with Staff D revealed client #3's food should be cut up into smaller pieces.</p> <p>Review on 10/17/22 of client #3's IPP dated 10/22/21 and physician's orders dated 9/19/22 revealed she consumes her food cut into ½ to 1 inch pieces.</p> <p>Interview on 10/18/22 with the QIDP confirmed client #3's food should be cut into ½ - 1 inch pieces.</p>	W 460			