DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED			
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OI	<u>MB NO.</u>	0938-0391			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		E SURVEY PLETED			
		34G045	B. WING _			10/ [.]	18/2022			
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE							
CANTER	BURY ROAD HOME		214 CANTERBURY ROAD							
				SN	MITHFIELD, NC 27577					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE			
TAG W 240	INDIVIDUAL PROG CFR(s): 483.440(c) The individual prog relevant intervention toward independer This STANDARD is Based on observat interviews, the facili Individual Program information to supp processing his food clients. The finding During observations Staff C utilized a foo #2's food items. Du the dining room are #2 was not prompte food. Review on 10/18/22 12/30/21 revealed h Additional review of information to supp processing his own Interview on 10/18/2 (HM) indicated she Ablenet device to a	GRAM PLAN (6)(i) ram plan must describe ns to support the individual nce. s not met as evidenced by: tions, record review and ity failed to ensure client #2's Plan (IPP) included ort his independence with 1. This affected 1 of 5 audit 1 is: s in the home on 10/17/22, od processor to process client uring this time, client #2 was in a at the kitchen table. Client ed to assist with processing his 2 of client #2's IPP dated he consumes a pureed diet. t he plan did not include ort his independence with food. 22 with the Home Manager has asked about using an ssist client #2 with processing	TAG W 24	40		RIATE	DATE			
W 249	expensive. Interview on 10/18/2 Intellectual Disabilit indicated client #2 of processing his food and a button switch purchased and is c	she had been told it was too 22 with the Qualified ies Professional (QIDP) could participate with I if he had an Ablenet device I; however, one has not been urrently not a part of his plan. MENTATION	W 24	49						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 11/07/2022

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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		34G045	B. WING			10/-	18/2022
NAME OF F	PROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
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W 249	formulated a client's each client must re- treatment program interventions and se and frequency to su objectives identified plan. This STANDARD is Based on observat interviews, the facili clients (#3, #5 and se active treatment pro- interventions and se Individual Program meal preparation at A. During evening 10/17/22, staff perfor tasks including obta placing hamburger seasoning and ches food items on the s and processing foo this time, client #3 a nearby watching sta With the exception electric can opener	(1) rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program s not met as evidenced by: tions, record reviews and ity failed to ensure 3 of 5 audit #6) received a continuous ogram consisting of needed ervices as identified in the Plan (IPP) in the areas of	W 2	249			
	10/18/22, staff perfe	he dinner meal. servations in the home on ormed the majority of cooking king instant oatmeal, preparing					

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W 249	toast, pouring juice food in a food proce #3, client #5 and cli nearby watching sta With the exception pitcher, clients were the preparation of th Interview on 10/18/2 revealed clients were preparation for "hyg have a tendency to things while in the k Review on 10/18/22 Behavior Inventory noted she can inder and identify kitchen indicated she has p preparing canned, f microwave and on t combination dishess Review on 10/18/22 5/13/22 revealed ar meal preparation w (implemented 7/19/ client's ABI last upd requires assistance foods in the microw of the plan revealed independence with foods and meat dist the oven.	in a pitcher, and processing essor. During this time, client ent #6 periodically stood aff complete various tasks. of client #3 pouring milk into a e not prompted to assist with he breakfast meal. 22 with the Home Manager re not involved with food giene purposes" since they touch their clothes or other kitchen. 2 of client #3's Adaptive (ABI) last updated 10/13/21 pendently prepare a sandwich equipment. The ABI vartial independence with frozen, and fresh foods in the the stove and to prepare s. 2 of client #5's IPP dated n objective to participate with ith 60% independence (21). Additional review of the lated 10/30/21 indicated she e to prepare frozen and canned vave and oven. Further review d she has partial preparing canned and fresh hes in the microwave and in	W 2	249			
	updated 8/17/22 rev assistance to prepa	2 of client #6's ABI last vealed she requires are frozen and canned foods in oven. Further review of the					

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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W 249	preparing canned a dishes in the microw Interview on 10/18/2 Intellectual Disabilit confirmed clients sh preparing meals an B. During evening 10/17/22, on severa key from under a st kitchen drawer, use door, obtained vario and returned the key Although client #3 a the clients were not use the key to unlow Interview on 10/18/2 door to the food par is in a kitchen draw interview indicated retrieve the key from Review on 10/18/22 IPP dated 10/22/21 revealed a service of preps, snack times prompt sequences to: obtain the key, of in keyhole, turn the items." Additional r "After obtaining item trainer will assist the the inside, close par selected location."	 as partial independence with and fresh foods and meat wave and in the oven. 22 with the Qualified ties Professional (QIDP) hould be involved with ad can do so with assistance. observations in the home on al occasions, a staff retrieved a tack of towels at the back of a ed it to unlock the food pantry bus items, relocked the pantry bus items, relocked the pantry bus items, relocked the drawer. and client #5 were in the area, t prompted or encouraged to ck the pantry door. 22 with the HM revealed the ntry is kept locked and the key ver near the door. Additional she's never seen any clients m the drawer and use it. 2 of client #3 and client #5's and 5/13/22, respectively, goal for unlocking the pantry goal noted, "During meal, etc, the trainer will follow the to assist persons supported carry key to pantry, place key key, open the pantry select review of the goal indicated, ms requested or wanted, em with locking the door from intry door and return the key to 	W 2	249			
	Interview on 10/18/	22 with the QIDP confirmed					

Facility ID: 921586

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	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION) ´CO	TE SURVEY MPLETED
	34G045	B. WING		10	/18/2022
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10/2022
BURY ROAD HOME					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETIO DATE
the door to the pant is in a kitchen draw indicated the clients and how to use it. assist clients as ner key to the food pan PROGRAM DOCU CFR(s): 483.440(e) Data relative to acc	er, Additional interview sknow where the key is kept The QIDP noted staff should eded to retrieve and use the try. MENTATION (1) omplishment of the criteria	W 249 W 252			
terms. This STANDARD is Based on record re facility failed to ens accomplishment of Individual Program indicated. This affer #5, and #6). The fir A. Review on 10/1 10/22/21 revealed of	s not met as evidenced by: eviews and interviews, the ure data relative to the objectives identified in the Plan (IPP) was collected as cted 3 of 5 audit clients (#3, idings are: 7/22 of client #3's IPP dated objectives to secure her				
days weekly), sort h 6/6/22; data collect her teeth (implement daily on 1st and 2nd objective data colle (electronic record s regarding data colle	ner laundry (implemented on once weekly) and brush nted 9/22/21; data collection d shift). Additional review of ction books and Therap ystem) indicated the following ection:				
	(EACH DEFICIENCY REGULATORY OR LA Continued From particle is in a kitchen draw indicated the clients and how to use it. assist clients as new key to the food pan PROGRAM DOCUL CFR(s): 483.440(e) Data relative to acc specified in client in objectives must be terms. This STANDARD is Based on record refacility failed to ensu- accomplishment of Individual Program indicated. This affect #5, and #6). The find A. Review on 10/17 10/22/21 revealed of change (implement days weekly), sort f 6/6/22; data collect her teeth (implement daily on 1st and 2nd objective data collect (electronic record s regarding data collect Secure her change	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. 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	BURY ROAD HOME ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 4 W 249 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 252 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) W 252 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. W 252 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 noce weekly) and brush her teeth (implemented 9/22/21; data collection daily on 1st and 2nd shift). Additional review of objective data collection boks and Therap (electronic record system) indicated the following regarding data collection: Secure her change	SMITHFIELD, NC 27877 Image: Summary Statement of DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG D PREFIX TAG D PREFIX (EACH CORRECTURE ACTION SNO CROSS-REFERENCED TO THE APPR DEFICIENCY) 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. PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) W 252 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. W 252 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the accomplishment of objectives identified in the Individual Program Plan (JPP) 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 landry (implemented 6/6/22; data collection noce weekly) and brush her teeth (implemented 8/22/12; data collection bays weekly), sort her landry (JP) Additional review of objective data collection books and Therap (electronic record system) indicated the following regarding data collection: Secure her change	BURY ROAD HOME SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIDER'S FLAND OF CORRECTIVE ACTION SHOLD BE (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) W 252 This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the acomplishment of the criteria specified in client individual program plan 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 10/2/21 revaled objectives to secure her change (implemented 8/22/22; data collection 5 days weekly), sort her laundry (implemented fold:2; data collection nocks and Therap (electronic necord system) indicated the following regarding data collection: Secure her change

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		PLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		34G045	B. WING	;		10/	18/2022
NAME OF F	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
CANTER	BURY ROAD HOME				214 CANTERBURY ROAD SMITHFIELD, NC 27577		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 252	September '22 - 0 Oct '22 (up to 10/17 Sort her laundry Oct '22 (up to 10/17 Toothbrushing July '22 - 8 days do August '22 - 10 days (14 day Oct '22 (up to 10/17 Interview on 10/18/ objective data shou books and in Thera double document." Interview on 10/18/ staff should be colle B. Review on 10/11 5/13/22 revealed of (implemented 7/22/ week), brush her te data collection on 1 prep (implemented 2nd shift 3 times pe	 days documented 7/22) - 0 days documented 7) - 0 days documented coumented coumented (missing 1st shift) (missing 2nd shift) 7) - 0 days documented 22 with Staff D revealed 1d be documented in training means the QIDP confirmed ecting data for all objectives. 7/22 of client #5's IPP dated opjectives to store her clothes (21; data collection once per (21; data collection once per<	W	252	,		
	August '22 - 1 week Sept '22 - 1 day doo	< documented					

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CANTER	BURY ROAD HOME				14 CANTERBURY ROAD MITHFIELD, NC 27577		
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W 252	Continued From pa	ige 6	W 2	252			
	Toothbrushing						
	20 d Sept '22 - 9 days r 26 day	ys missing on 1st shift lays missing on 2nd shift					
	Meal Prep						
	July '22 - 4 days d August '22 - 1 day Sept '22 - 16 days Oct '22 (up to 10/17	documented					
	objective data shou	22 with Staff D revealed Id be documented in training p. The staff stated, "We					
		22 with the QIDP confirmed ecting data for all objectives.					
	5/16/22 revealed ou door (implemented Fri on 1st shift at th center), brush her to data collection 5 da group activities (imp collection Mon, We collection books an following regarding	7/22 of client #6's IPP dated ojectives to close the bathroom 7/19/21; data collection Mon - e group home and the voc eeth (implemented 4/22/22; hys weekly) and participate in plemented 4/20/21; data d, Fri). Review of data d Therap revealed the data collection:					
	Privacy July '22 - 7 days do	cumented					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	· · ·	TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			IREET ADDRESS, CITY, STATE, ZIP COE I 4 CANTERBURY ROAD	DE	
CANTER	BURY ROAD HOME		21 S			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 252	Toothbrushing July '22 - 4 days of August '22 - 10 day Oct '22 (up to 10/1) Group Activities July '22 - 4 days do Oct '22 (up to 10/1) Interview on 10/18/ objective data shou books and in Thera double document." Interview on 10/18/ Intellectual Disability	 A documented A ocumented <li< td=""><td>W 252</td><td></td><td></td><td></td></li<>	W 252			
W 263	objectives. PROGRAM MONIT CFR(s): 483.440(f) The committee sho are conducted only consent of the clier minor) or legal gua This STANDARD i Based on record re failed to ensure wri obtained for client a	ould insure that these programs with the written informed nt, parents (if the client is a rdian. s not met as evidenced by: eview and interview, the facility tten informed consent was #1's restrictive Behavior). This affected 1 of 5 audit	W 263			

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	11/07/2022 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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W 263	fewer occasions pe months. Additional use of Latuda to ad Further review of th written informed con Interview on 10/18/2 Intellectual Disabilit confirmed written in obtained from client MGMT OF INAPPR BEHAVIOR CFR(s): 483.450(b) Techniques to mana behavior must neve an active treatment This STANDARD is Based on observat interviews, the facilit to manage client #2 included in a formal affected 1 of 5 audi During observations client retrieved a bo supply closet, used closet. Interview on 10/18/2 client has a storage which is kept in a ba noted no bottles of 1 because of client #2 Review on 10/18/22	ggression and refusal on 3 or r month for 12 consecutive review of the plan noted the dress these behaviors. e record did not include nsent from his guardian. 22 with the Qualified ies Professional (QIDP) formed consent had not been t #1's guardian. COPRIATE CLIENT (3) age inappropriate client or be used as a substitute for program. s not met as evidenced by: ions, record review and ty failed to ensure a technique t's inappropriate behavior was active treatment plan. This t clients. The finding is: s in the home on 10/17/22, a ttle of body wash from a it and returned it to the supply 22 with Staff D revealed each bin for their toiletry items ack hall closet. The staff liquid are kept in the bins 2.	W 2			
		dated 3/2/22 revealed an				

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(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 APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 288	objective to exhibit 12 consecutive mor behaviors of physic not belonging to him. A did not include remo from each client's b inappropriate behav Interview on 10/18/2 and Qualified Intelle (QIDP) confirmed e item such as body v in the supply closet attempt to ingest th confirmed removal client's bins was no DRUG USAGE CFR(s): 483.450(e) be used only as an individual program specifically towards elimination of the be are employed. This STANDARD is Based on record re facility failed to ensu for a reduction and/ control behaviors at behaviors was iden audit clients. The fi Review on 10/17/22 Support Plan (BSP) objective to refrain f evidenced by 0 disp	1 or fewer target behaviors for hths. The plan identified al aggression and taking food Additional review of the plan oval of liquid toiletry items bin to address client #2's viors. 22 with the Home Manager ectual Disabilities Professional each client's bottle liquid toiletry wash and shampoos are kept due to client #2's potential to ese items. The QIDP of the liquid toiletries from t included in client #2's BSP. (2) integral part of the client's plan that is directed the reduction of and eventual ehaviors for which the drugs s not met as evidenced by: eview and interviews, the ure client #6 was considered for a decrease in the tified. This affected 1 of 5	W 2				

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W 312	addendum dated 3/ objective to display occasions for 12 co also included the us medications: Coger Lithium, Risperdal, Ambien. Additional progress notes reve March 2022, the clip physical aggression 2022 (since new ob been no incidents of review of client #6's reduction and/or elip behavior medication the past 21 months Interview on 10/18/2 Interview on 10/18/2 Interview on 10/18/2 Intellectual Disabilit revealed he was no documented behav the last behavior pr 2022. The QIDP in client have one behaviors NURSING SERVIC CFR(s): 483.460(c)	 (15/22 which identified an property damage on zero onsecutive months. The plan se of the following ntin, Keppra, Klonopin, Topomax, Benadryl and review of client #6's behavior ealed from January 2021 - ent exhibited one episode of n and from April 2022 - August ojective was added) there have of property damage. Further a record did not reveal a mination of her current ns had been considered over . 22 with Staff D revealed she ent #6 have a behavior and as behaviors. The staff stated, have behaviors that I've seen." 22 with the Qualified ies Professional (QIDP) of able to locate any ior incidents for client #6 since ogress note ending in August dicated he has only seen the avior, otherwise he's not g behaviors. Additional team members have not fon or elimination of behavior ent #6 based on her absence over the past 21 months. ES 	W 3				

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM	11/07/2022 APPROVED 0938-0391
STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G045	B. WING				10/ [,]	18/2022
NAME OF PROV	IDER OR SUPPLIER				REET ADDRESS, CITY, STATE, Z	ZIP CODE		
CANTERBUR	RY ROAD HOME				4 CANTERBURY ROAD MITHFIELD, NC 27577			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD THE APPROPF	BE	(X5) COMPLETION DATE
W 460 FO W 460 FO CFI	propriate protective asures that inclu- ining clients and seath and hygiene is STANDARD is ased on observative erviews, the facili- ficiently trained to COVID-19 regar- e finding is: ring evening obsective ff wore two surgive d mouth while thr isk covering their view on 10/17/22 vaccinations for seath and religious ff working in the lisk had religious contated against of the facility's proto and the surgical mass of face shield." erview on 10/18/2 ellectual Disabiliting firmed staff who emption for COVI puired to wear a co OD AND NUTRI R(s): 483.480(a)	he interdisciplinary team, we and preventive health de, but are not limited to staff as needed in appropriate methods. a not met as evidenced by: ions, record review and ty failed to ensure staff were o implement facility protocols ding wearing surgical masks. ervations in the home on worked in the home. One cal masks covering their nose ee staff wore a single surgical nose and mouth. Covide facility's COVID-19 list staff revealed two of the three home with a single surgical exemptions and were not COVID-19. Additional review col for unvaccinated staff granted a religious exemption r additional PPE, such as sks and/or a surgical mask 22 with the Qualified es Professional (QIDP) have been granted an ID-19 vaccinations are louble surgical mask. TION SERVICES	W 3					

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/07/2022 APPROVED				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	、 <i>,</i>			(X3) DAT	MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED				
		34G045	B. WING			10/	18/2022				
NAME OF F	PROVIDER OR SUPPLIER			S	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 PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE				
W 460	specially-prescribed This STANDARD is Based on observat interviews, the facili received their modifi diet as indicated. T clients (#2, #3 and a A. During dinner of 10/17/22 at 6:10pm beans and hamburg client's food reveale pureed and smooth chunky, thick and d hamburger through meal without difficu Interview on 10/17/2 #2 consumes a pur be "like applesauce client's hamburger added to it to make Review on 10/18/22 12/30/21 and his cu 9/19/22 revealed he consistency" diet. Interview on 10/18/2	ncluding modified and d diets. s not met as evidenced by: ions, record reviews and ity failed to ensure each client fied and specially-prescribed this affected 3 of 5 audit #6). The finding is: oservations in the home on , client #2 consumed carrots, ger. Closer observation of the ed his carrots and beans were while his hamburger was ry with visible pieces of out. Client #2 consumed his lty. 22 with Staff C revealed client eed diet and his food should ". The staff acknowledged the should have had more liquid	W 2	160							
		pared. oservations in the home on , client #6 consumed a									

DEPAR1 CENTER	PRINTED: 11/07/2022 FORM APPROVED DMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G045	B. WING			10/18/2022		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
CANTERBURY ROAD HOME					14 CANTERBURY ROAD MITHFIELD, NC 27577			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
W 460	Continued From par cheeseburger patty served whole. Client cheeseburger uncur fingers and taking la observations in the client #6 consumed Interview on 10/18/2 #6's food should be meals. Review on 10/17/22 5/16/22 and physici revealed the client of with food cut into "of Interview on 10/18/2 client #6 should cor quarter inch pieces C. During breakfast 10/18/22 at 7:28am slice of toast uncut. Interview on 10/18/2 #3's food should be Review on 10/17/22 10/22/21 and physic revealed she consu- inch pieces. Interview on 10/18/2	age 13 A. The cheeseburger was nt #6 consumed the it by picking it up with her arge bites. During breakfast home on 10/18/22 at 7:28am, d a whole slice of toast uncut. 22 with Staff D revealed client a cut into smaller pieces at 2 of client #6's IPP dated ian's orders dated 9/19/22 consumes 1200 calorie diet quarter inch" pieces. 22 with the QIDP confirmed nsume her food cut into 5 observations in the home on n, client #3 consumed a whole	W 4	460				

Facility ID: 921586

If continuation sheet Page 14 of 14