

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 11/07/2023
NAME OF PROVIDER OR SUPPLIER CANTERBURY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 CANTERBURY ROAD SMITHFIELD, NC 27577		
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W 000	INITIAL COMMENTS A complaint investigation for intake NC00208948 was conducted during the recertification survey on 11/6 - 11/7/23. The complaint was not substantiated and no deficiencies were cited. However, deficiencies were cited in relation to the recertification survey.	W 000			
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 had the right to privacy and dignity regarding the use of incontinence padding. This affected 1 of 6 audit clients. The finding is: During observations throughout the survey on 11/6 - 11/7/23 at the day program, at a local park and in the home, the seat of client #2's wheelchair and/or Geri chair was covered with a large incontinence pad. Client #2 was seated on the pad with portions of the padding visible off the sides of his chair. Interview on 11/7/23 with Staff B revealed the padding was placed in the seat of the chair just in case client #2 has a toileting accident. Review on 11/7/23 of client #2's Individual Program Plan (IPP) dated 11/1/23 revealed he requires assistance from staff to address his	W 125			

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 125	Continued From page 1 toileting needs. Additional review of the plan indicated the client has a toileting schedule in place.	W 125			
W 130	<p>Interview on 11/7/23 with the Habilitation Specialist (HS) revealed the incontinence pad "shouldn't be there". Additional interview indicated staff should be following client #2's toileting schedule. The HS acknowledged use of the incontinence pad in the manner described is a respect and dignity issue.</p> <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. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #1 had the right to privacy during the care of her personal needs. This affected 1 of 6 audit clients. The finding is:</p> <p>Upon arrival to the home on 11/7/23 at 5:54am, the door to client #1's bedroom was wide open. Staff C was noted in the bedroom with client #1 assisting her with dressing. Client #1 was naked from the waist down and visible to anyone in the hallway. At 5:57am, client #5 entered the hallway, walked to client #1's bedroom door and stood there for several seconds. The bedroom door remained opened with client #1 partially dressed inside.</p> <p>Interview on 11/7/23 with Staff C revealed they usually close client #1's bedroom door during dressing.</p>	W 130			

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W 130	Continued From page 2 Review on 11/7/23 of client #1's Individual Program Plan (IPP) dated 5/16/23 and Adaptive Behavior Inventory (ABI) dated 5/22/22 revealed client #1 can independently close the door for privacy. Additional review of the IPP noted the client needs someone to advocate for her and assistance with exercising her rights. Interview on 11/7/23 with the Habilitation Specialist (HS) indicated staff should prompt client #1 to close her bedroom door for privacy or close the door for her.	W 130			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all staff were sufficiently trained to perform their duties. This affected 3 of 6 audit clients (#2, #3 and #5). The findings are: A. During evening observations in the home on 11/6/23 from 4:46pm - 5:45pm, Staff H prepared meatloaf, carrots and beans without active involvement from clients. During this time, client #5 either stood against a wall watching the staff or frequently entered/exited the kitchen area. With the exception of pouring ketchup into a meat mixture, client #5 was not prompted or encouraged to participate with preparing any food items. Client #3 was also in/out of the kitchen area at this time while setting the table.	W 189			

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W 189	<p>Continued From page 3</p> <p>During morning observations in the home on 11/7/23 from 6:18am - 6:33am, Staff E prepared instant oatmeal in the microwave and toast without any client involvement. During this time, client #3 was setting the table while client #5 sporadically entered/exited the kitchen. Clients were not prompted or assisted to participate with preparing any food items.</p> <p>Interview on 11/7/23 with Staff H revealed client #3 can assist in the kitchen by putting food on a pan. Additional interview indicated client #5 doesn't assist in the kitchen because she will play in the food. The staff indicated there was no reason why clients could not have participated in cooking tasks for the dinner meal.</p> <p>Interview on 11/7/23 with Staff E indicated clients usually assist with lunch and dinner food preparation by stirring food and putting it into bowls. The staff noted, "They're (the clients) wanting to be active in the kitchen."</p> <p>Review on 11/7/23 of client #3's Adaptive Behavior Inventory (ABI) dated 10/13/22 indicated she can prepare frozen, canned, and fresh foods in the oven or microwave with partial independence. The client's Habilitation Evaluation dated 10/13/22 noted she can prepare a sandwich and recommended enhancement of her household chores skills and focusing on "cooking a meal".</p> <p>Review on 11/7/23 of client #5's Individual Program Plan (IPP) dated 5/10/23 revealed she can assist with cooking "simple fixings", use the microwave with verbal prompts and make simple sandwiches. Additional review of the client's ABI</p>	W 189			

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W 189	<p>Continued From page 4 dated 10/10/23 indicated she requires assistance to prepare frozen, canned and fresh foods in the oven or microwave.</p> <p>Interview on 11/7/23 with the Habilitation Specialist (HS) confirmed client #3 and client #5 can do more in the kitchen and all clients should be assisting with cooking tasks.</p> <p>B. During 3 of 3 observations of meal/snack preparation in the home on 11/6 - 11/7/23, various staff used a food processor to blend/grind up client #2's food items. Client #2 was not prompted or assisted to participate with this task.</p> <p>Review on 11/6/23 of client #2's IPP dated 11/1/23 revealed he consumes a pureed diet. Additional review of the plan identified an objective to use an ablenet to process his food 60% of the time for 6 consecutive review periods. The objective noted, "[Client #2] wants to be involved in his meal prep." The objective also indicated data collection should occur on 1st and 2nd shifts and integrated during snack time if he has items that need to be pureed.</p> <p>Interview on 11/7/23 with the Home Manager revealed she was not aware of what an ablenet device is and has not seen one in the home since she started working there one month ago.</p> <p>Interview on 11/7/23 with the HS confirmed client #2 has an objective to use an ablenet device to assist with processing his food and staff should be implementing it at all meals and snacks.</p> <p>C. During breakfast observations in the home on 11/7/23 at 6:58am, client #2 reached for and took a 1/2 slice of bread from another client's plate.</p>	W 189			

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W 189	Continued From page 5 During this time, all three staff working in the home were in the kitchen. As client #3 began to yell, alerting the staff to the incident, Staff D and Staff E returned to the dining room and began attempting to have client #2 remove the bread. No difficulties were noted with client #2 as a result of the incident. Interview on 11/7/23 with Staff D revealed staff should be standing close to client #2 and monitoring him to prevent food stealing at meals. The staff added she normally does not work in the home. Review on 11/7/23 of client #2's Behavior Support Plan (BSP) dated 6/30/23 revealed an objective to exhibit physical aggression and taking food not served/prepared for him on 0 occasions for 12 consecutive months. Additional review of the BSP noted the client should have "close supervision" during mealtimes, as he is "prone to attempting to take food from plates of his peers".	W 189			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 was provided consistent opportunities for choice and self-management. This affected 1 of 6 audit	W 247			

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W 247	Continued From page 6 clients. The finding is: During evening observations in the home on 11/6/23 3:44pm - 4:15pm, various staff locked the wheels on client #2's wheelchair as he was seated at the table. Client #2 repeatedly used his feet to try and move his wheelchair causing the wheels to drag the floor. Interview on 11/7/23 with Staff E revealed client #2 uses his feet to move around the home in his wheelchair. The staff stated he can "roll around the home wherever he wants". Review on 11/7/23 of client #2's Individual Program Plan (IPP) dated 11/1/23 revealed, "He propels his chair by shuffling his feet along the floor" Additional review of the plan noted, "[Client #2] is energetic and it is important for him to be able to move around in his home. His wheelchair should not be locked to allow freedom of movement...[Client #2] should be allowed to move around freely in his environment."	W 247			
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 clean and comfortable mattress. This affected 1 of 6 audit clients. The finding is:	W 418			

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W 418	Continued From page 7 During morning observations in the home on 11/7/23, client #6's mattress was noted to be thin with visible and deep indentations/dips on the left and right side. Interview on 11/7/23 with the Home Manager (HM) revealed she did not know how old client #6's mattress was but she didn't believe it was very old. The staff noted the client has frequent toileting accidents in her bed which may have contributed to the damage to the mattress. Interview on 11/7/23 with the Habilitation Specialist indicated client #6's mattress is less than a year old and the client often sleeps in the same spot on her mattress.	W 418			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire drills were conducted at least quarterly for each shift. The finding is: Review on 11/6/23 of the facility's fire drills reports for 11/2022 - 11/2023 revealed a total of five fire drills had been conducted. No other fire drill reports were available for review. Interview on 11/7/23 with the Home Manager (HM) revealed she began working at the home approximately a month ago and could not be sure what fire drills had been conducted. Interview on 11/7/23 with the Habilitation Specialist (HS) confirmed fire drills should be conducted once per month over all three shifts.	W 440			

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W 440	Continued From page 8 The HS confirmed no additional fire drill reports could be located.	W 440			
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 2 of 6 audit clients (#2 and #5) received their specially-modified diets as indicated. The findings are:</p> <p>A. During lunch observations at a local park on 11/6/23 at 11:33am, client #2 consumed Gatorade and V8 juice. No thick-it powder was added to his drinks prior to consumption. Client #2 consumed the drinks without difficulty.</p> <p>During dinner observations in the home on 11/6/23 at 5:49pm, client #2 consumed meat loaf, beans and cooked carrots. The meat loaf was noted to be minced, dry and thick while the carrots were also minced with visible bites of carrots throughout. The client also consumed Sherbet ice cream for dessert. Client #2 consumed his food with intermittent coughing at the meal.</p> <p>Interview on 11/6/23 with the Home Manager (who had processed client #2's food) revealed client #2 should consume a pureed diet. Additional interview indicated pureed food should be "smooth, like pudding". The staff</p>	W 460			

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W 460	<p>Continued From page 9</p> <p>acknowledged client #2's meatloaf and carrots were not the correct consistency. The HM added, "I was rushing."</p> <p>Review on 11/6/23 of client #2's IPP dated 11/1/23 and a list of client's diets posted in the kitchen cabinet revealed he consumes a regular, pureed consistency with nectar thick liquids.</p> <p>Interview on 11/7/23 with the Habilitation Specialist (HS) confirmed client #2 consumes a pureed diet with nectar thick liquids and his food should be "smooth with no lumps". The HS also indicated client #2 should not have ice cream since it would melt to a thin consistency when swallowed.</p> <p>B. During dinner observations in the home on 11/6/23 at 5:49pm, client #5 was assisted to serve herself cut up carrots, an uncut slice of bread (untoasted), beans and chopped meatloaf. Closer observation of the carrots revealed several pieces were approximately the size of a small pinky finger. Client #5 consumed about half of the food items served with not problems noted.</p> <p>Interview on 11/7/23 with the HM indicated client #5 consumes her food cut up.</p> <p>Review on 11/7/23 of client #5's IPP dated 5/10/23 and a list of client's diets posted in the kitchen cabinet revealed she consumes a regular diet with food cut in 1/4 inch pieces and her bread toasted.</p> <p>Additional interview on 11/7/23 with Staff E confirmed the list of client's diets is current and is what staff should follow.</p>	W 460			

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W 460	Continued From page 10 Interview on 11/7/23 with the HS confirmed client #5's food should be cut into small pieces and her bread toasted.	W 460			