

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

PRINTED: 07/31/2023
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 C 07/21/2023
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 000	INITIAL COMMENTS	W 000		
W 159	An unannounced complaint survey was conducted on 7/20/23-7/21/23 for intakes #NC00203153 and #NC00204500. Allegations were substantiated with deficiencies. QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record reviews and interviews, the qualified intellectual disabilities professional (QIDP) failed to monitor client's active treatment programs and revise as necessary. This affected 1 of 4 audit clients (#4). The findings is: Review on 7/21/23 of client #4's Behavior Support Plan dated 12/19/22 revealed he had an objective to display physical aggression and self-injurious behavior on no (0) occasions for 6 consecutive months. Review on 7/21/23 of client's #4 quarterly behavior note revealed January 2023 client # 4 had 13 documented physical aggression behaviors. Interview with Interim QIDP confirmed that there was no documentation since January 2023 due to the QIDP leaving the position. The Interim QIDP stated she was also aware of the documentation not being current.	W 159		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with	W 189		

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AUG 11 2023
DHSR-MH Licensure Sect

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

N. Sheel Blue

-- TITLE

Administrator

(X6) DATE

8/9/23

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 189	<p>Continued From page 1</p> <p>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 record review and staff interviews, the facility failed to ensure their staff were sufficiently trained in behavior management recommendations and safe transfer guidelines. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>During observations at the vocational center on 7/20/23 at 11:30 AM Staff A identified that she was a new staff and along with Staff B, was hired two weeks ago. Staff B went to other classrooms looking for help to supervise other clients so that client #1 could be transported to the restroom. Staff A had indicated that he needed his teeth brushed after lunch and that he was taken to the bathroom every two hours. The vocation center manager (VCM) and the occupational therapy assistant (OTA) arrived at 12:00 PM and rolled a sleeping client #1 to the restroom using his reclined geri chair. In the bathroom, the OTA pushed the geri chair to the threshold of the staff and locked the brakes. The OTA stood next to the chair and held onto client #1's gait belt. The VCM stood by client #1 and raised him out of his chair, on a count of 3. Together the OTA and VCM entered the staff and sat client #1 on the toilet. Client #1 kept his ankles crossed during the transfer and maintained a stooped, slouching position and did not take steps to get closer to the toilet. The VCM placed a seatbelt on him once he was on the toilet seat. The toilet had side rails on both side of the toilet. The VCM remained inside the staff with client #1.</p> <p>The bathroom observation continued and at</p>	W 189			

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W 189	<p>Continued From page 2</p> <p>12:20 PM, the OTA entered the stall with client #1 and the VCM to get him off the toilet. The VCM uncrossed him ankles, giving client #1 verbal prompts to keep feet apart. On a count of three, both staff lifted client #1 to a standing position, holding his gait belt. Client #1 was able to stand straight up with support. Staff realized there was no toilet paper in the staff and client #1 was sat back on the toilet. The OTA re-entered the stall and helped the VCM lift client #1 from the toilet again. The VCM used one hand to help hold client #1 while she used the second hand to wipe his buttock. The OTA offered most of the physical support, and then let go with one hand, as she stooped to pull up client #1's incontinent brief and shorts. Both staff held onto client #1's gait belt and tried to lift him as they pivot him to sit in his geri chair, parked in front of the stall, with the brakes still locked. As staff tried to lower client #1 into the geri chair, which was in a sitting position, client #1's knees started to buckle and the VCM and OTA could not support his weight. Client #1 was not fully sitting on the cushion and was sliding from the chair, when the VCM told the OTA to help lower him to the floor, in a sitting position. The OTA was told to summon the nurse.</p> <p>The observation continued with the nurse entering the bathroom at 12:25 PM. She assessed client #1 and he had no visible injuries. The nurse attempted to lift client #1 with staff but could not. The behavioral specialist entered the bathroom. He helped the nurse and VCM lift client #1 from a sit to stand position while the OTA stood behind the geri chair to prevent it from rolling. Client #1 was successfully transferred to the geri chair at 12:30 PM.</p> <p>Record review on 7/21/23 of client #1's revised</p>	W 189		

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W 189	<p>Continued From page 3</p> <p>Transfer Guidelines dated 1/24/23 revealed he was diagnosed with a medial tibial fracture on his left knee and required a change in his transfers due to his weight bearing status restrictions. As of 1/24/23 his weight bearing restrictions were lifted and he could resume full weight bearing. Client #1's primary method of transfer will be stand-pivot transfer:</p> <p>One to Two-person squat pivot transfer. Position the wheelchair to a 45 degree angle. Lock wheelchair brakes. Apply the gait belt around client #1's waist. Position his feet as flat on the surface as possible with his legs spread apart. The staff should assist client #1 with moving forward in the wheelchair in preparation for transferring. Ask him to scoot forward in his wheelchair but not falling off the surface. When client #1 is positioned close to the edge of the surface, staff are ready to transfer him. Continue to keep both of his feet placed on the floor with maintaining your hands in contact with his trunk to provide support to reduce him from losing balance off the surface. Please face client #1 at this time or slightly to one side of him. -</p> <p>Record review on 7/21/23 of a therapy progress note dated 6/23/23 revealed client #1 demonstrates impaired tolerance for sit to stand and impaired ability to tolerate weight shifting at this time. Unable to perform any ? (not legible) 1/0 min right lower extremity and requires maximum x 2 person sit to stand. Will continue to monitor.</p> <p>Interview on 7/21/23 with Staff A and Staff B revealed they started working in the classroom</p>	W 189		

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W 189	Continued From page 4 with client #1 on 7/17/23 and have not received formal training on transferring him. Interview on 7/21/23 with the Habilitation Specialist revealed she had training originally scheduled for Staff A and Staff B on 7/18/23 but it has been rescheduled because clinical staff have been needed to work in the homes due to staffing shortages. Interview on 7/21/23 with the Physical Therapist (PT) revealed client #1 was a 2 person transfer. The PT stated that when toileting client #1 he required a staff to stand on each side of him, supporting him, holding a gait belt. A third staff should stand to assist with wiping and removing or re-applying his clothes. The PT also acknowledged it was important for client #1's ankles to not be crossed when transferring him or getting him to stand.	W 189			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by:	W 257			

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W 257	Continued From page 5 Based on record review and interview, the facility failed to ensure the Behavior Support Plan (BSP) for 1 of 4 audit clients (#4) were revised after client failed to progress towards identified objective. The finding is: Review on 7/21/23 of client # 4 BSP dated 1/12/23 client #4 will display a combined total of (0) episodes of physical aggression and self-injurious behavior for 6 consecutive months. Review on 7/21/23 of client #4's incident reports dated between 2/3/23 -7/7/23 revealed 25 physical aggression behaviors toward staff and 10 physical aggression behaviors toward peers. Interview on 7/21/23 the Behavior Specialist confirmed he was unable to find note of "mini teams" or any documentation to address clients' behaviors and redirections of what had been done to address client's behaviors.	W 257			
W 288	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 record review and interviews the facility failed to provide training to staff to meet the behavioral needs of 1 of 4 audited client (#4). The finding is: Observation at 11:32am at the day program lunchroom client #4 was grabbing at Staff A's chest. Staff A walked away from client #4. Client #4 then attempted to grab Staff B chest she	W 288			

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W 288	<p>Continued From page 6</p> <p>redirected client #4 and stated "good touch [client #4]".</p> <p>Review of training for Staff A and Staff B revealed no training on client #4's BSP.</p> <p>Interview on 7/21/23 the Behavior Specialist confirmed that Staff A and Staff B had not been trained on client #4's BSP. Staff A and B had started a week prior, and he had planned on completing a training for them</p>	W 288		

Canterbury Group Home Plan of Corrections For Complaint Investigation July 21, 2023

W159 Active Treatment

The facility system for active treatment ensures that residents active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional.

All residents with the emphasis on client #4 will receive active treatment as it relates to their behavior support plan. To ensure that active treatment is implemented with all resident's behavior support plan the following POC will be put into place:

- 1.) QP will receive additional training on active treatment by QA specialist as it relates to behavior support plans that will cover plan development, revisions, and reasonable objectives that can be attained.
- 2.) Behavior Support Specialist and QP will re in-service all staff on all resident's behavior support plan.
- 3.) QP, Home Manager, and Behavior Support Specialist will review behavior documentation bi-weekly for the next three consecutive months to ensure accurate behavior documentation is being completed.

By: September 19, 2023

W189 Staff Training Program

The facility system for staff training is to ensure that each employee is provided initial and ongoing training to be able to perform duties effectively and competently.

All staff will be receiving additional training on all resident's behavior support plans (with the emphasis on client #4) and transfer guide lines (with the emphasis

on client #1). To ensure that staff training is ongoing the facility will implement the following POC:

- 1.) Behavior Support Specialist and QP will provide additional training with all staff on all resident's behavior support plans.
- 2.) QP, Home Manager, and Behavior Support Specialist will review behavior documentation bi-weekly for the next three months to ensure accurate documentation is being completed.
- 3.) Physical Therapist, and OT/PT Assistant will provide additional training to all staff on client #1 transfer guidelines to ensure that they can perform this duty effectively and competently. This will be monitored through interaction assessments three times per month for the next three months.

By: September 19, 2023

W257 Program Monitoring and Change

The facility system for program monitoring ensures that a review of a resident's program plan must be reviewed at least by the QP and revised as needed.

Clinical Team will ensure that programs are being monitored and revised as needed. To ensure program monitoring and revision the facility will implement the following POC:

- 1.) QP and Behavior Specialist will revise behavior support plans after resident fails to progress toward identified goal (with emphasis on resident #4).
- 2.) QP and Behavior Specialist will review all resident's behavior support plan for needed revisions at least once monthly during core team meeting for the next three months.

By: September 19, 2023

W288 Management of Inappropriate Resident Behavior

The facility system for management of inappropriate resident behavior is a current active treatment program.

Clinical Team will ensure that an active treatment program is being implemented and not replaced by techniques to manage behavior. The facility will implement the following POC:

- 1.) QP will receive additional training on active treatment by QA specialist as it relates to behavior support plans that will cover plan development, revisions, and reasonable objectives that can be attained.
- 2.) Behavior Support Specialist and QP will revise client #4 behavior support plan.

By: September 19, 2023