STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G045	A. BUILDING _____ B. WING _____	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY ROAD HOME	**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 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary accurate assessments within 30 days after admission. This affected 2 of 2 newly admitted audit clients (#2 and #5). The findings are: A. Review on 11/4/24 of client #2's individual program plan (IPP) dated 4/21/24 revealed she was admitted to the facility on 4/12/24. Further review of client #2's record revealed no assessments were obtained in the areas of speech, vision or psychiatry within 30 days of admission. A comprehensive functional assessment (CFA) was also not completed within 30 days of admission. B. Review on 11/4/24 of client #5's individual program plan (IPP) dated 4/10/24 revealed she was admitted to the facility on 3/13/24. Further review of client #5's record revealed no assessments were obtained in the areas of speech or psychiatry within 30 days of admission. A CFA was also not completed within 30 days of admission. Interview on 11/4/24 with the qualified intellectual disabilities professional (QIDP) confirmed that the team had not completed assessments in the areas of speech, vision, audiological or psychiatry within 30 days of admission. The QIDP also	W 210		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 210	Continued From page 1 revealed no CFA could be located for client #2 or client #5.	W 210		
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 observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 3 audit clients (#2 and #4). The findings are: A. Record review on 11/4/24 of client #2's behavior support plan (BSP) dated 9/26/24 revealed target behaviors of task refusal and destroying clothes. Record review on 11/5/24 of client #2's physician's orders signed 10/9/24 revealed orders for Celexa, Rexulti and Trazadone for mental/mood disorder. Further record review on 11/5/24 of client #2's consents revealed verbal consent for the medication Rexulti was obtained on 10/1/24. However, no written informed consent by the legal guardian for the medication could be located. B. Record review on 11/4/24 of client #4's behavior support plan (BSP) dated 4/11/24 revealed target behaviors of aggression.	W 263		

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W 263	Continued From page 2 Record review on 11/5/24 of client #4's physician's orders signed 10/11/24 revealed orders for Abilify, Caplyta, Prozac and Seroquel. Further record review on 11/5/24 of client #4's consents revealed a consent mailed to the guardian on 10/29/24 for their signature. However, Seroquel was not listed on the consent. Interview on 11/5/24 with the nurse revealed no written informed consent could be located for client #2's medications. The nurse also confirmed client #4 did not have consent for Seroquel and that medication was added in September of 2024.	W 263		
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: The facility failed to ensure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is: Review on 11/4/24 of the facility's fire drills revealed no drills had been conducted on 3rd shift between January 2024 and March 2024. Interview with the qualified intellectual disabilities professional (QIDP) revealed the home manager is responsible for the fire drill schedule. The QIDP confirmed fire drills should be conducted on all shifts quarterly.	W 440		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and	W 460		

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W 460	Continued From page 3 specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#2 and #4) received their specially prescribed diets as indicated. The findings are: A. During observations in the home on 11/4/24 at 5:45pm, the clients sat at the table to begin dinner. Client #2 was served lasagna and salad. Client #2's lasagna and salad were served whole. Further observations of breakfast at the home on 11/5/24 at 7:15am, client #2 received grits, mixed fruit, toast and a sausage patty. Client #2's toast and sausage were served whole. Record review on 11/4/24 of client #2's annual nutritional evaluation dated 7/15/24 revealed all foods should be cut 1/2 inch. B. A. During observations in the home on 11/4/24 at 5:45pm, the clients sat at the table to begin dinner. Client #4 was served lasagna and salad. Staff assisted client #4's lasagna with cutting her lasagna into bite size pieces. Further observations of breakfast at the home on 11/5/24 at 7:15am, client #4 received grits, mixed fruit, toast and a sausage patty. Client #4's toast was cut into approximately 1 inch pieces and the sausage was cut into approximately 1/4 inch pieces. Record review on 11/4/24 of client #4's meal guidelines updated on 10/29/24 revealed all foods should be ground.	W 460		

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W 460	Continued From page 4 Interview on 11/5/24 with the qualified intellectual disabilities professional confirmed client #2's diet is 1/2 inch pieces and client #4 receives a ground diet.	W 460		