

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/21/2016
NAME OF PROVIDER OR SUPPLIER THE CANTERBURY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1284 LEASBURG ROAD ROXBORO, NC 27573		
(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) COMPLETE DATE
D 000	Initial Comments An Annual Survey was conducted by the Adult Care Licensure Section on 1/20/16 and 1/21/16.	D 000		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Type B Violation Based on observation, interview and record review, the facility failed to report an allegation of abuse against health care personnel for 1 of 1 Staff(D) within 24 hours of facility becoming aware of allegations along with any investigation by facility within 5 working days. The findings are: Review of Resident #6's FL-2 dated 8/4/15 revealed: -Diagnoses included Obstructive Sleep Apnea, Chronic Obstructive Pulmonary Disease, Depression, Hypothyroidism, Hypotension, Lumbago. -Resident #6 is ambulatory, blind, and continent of bowel and bladder. Interview with resident #6 on 1/21/16 at 3:50 P.M. revealed: -She was walking down the hall when the accused staff member hit her on the right arm.	D 438		

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

TITLE

(X6) DATE

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D 438	Continued From page 1 -I had a bruise on the right arm the next day. -She told the Executive Director (ED) about the staff hitting her on the arm the same day the incident happened. -Resident #6 did not show the bruise on the right arm to ED the next day when she saw it. -The ED stated that she would "look into" the incident. Interview with three other residents on 1/21/16 at 4:00 P.M. revealed: -They had not seen or heard of anyone being hit by staff or resident. -They all stated if they had seen someone being hit they would tell someone in authority. Interview with the Resident Care Coordinator (RCC) on 1/21/16 at 6:10 P.M. revealed: -Resident #6 alleged that the accused staff hit her on the arm. -There was no evidence of bruising when the RCC looked at Resident #6's arm. -The incident happened 12/2/15 on third shift. -"I interviewed Resident #6, the accused staff and two other staff that worked third shift the night of 12/2/15." -The accused staff denied hitting Resident #6. -The two other staff stated that they did not know anything about the accused hitting Resident #6 -The incident was documented on a Performance Improvement Plan form and signed by both the RCC, Business Office Manager and the accused. -The facility's policy is to get Administration involved and an investigation. -The facility did not report the accusation to the Health Care Personnel Registry (HCPR). -The facility was not aware that they needed to report all allegation of abuse to the HCPR. Review of the facility's Resident Abuse Reporting	D 438		

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D 438	Continued From page 2 Procedures revealed that employees are to report any incident of resident abuse, or suspected resident abuse to the supervisor on duty, or the Executive Director following the guidelines for mandatory reporting. The guidelines for mandatory reporting was requested but was not made available for review by the end of the survey. Review of the Performance Improvement Plan dated 12/5/15 revealed: -The accused is a Medication Aide. -It was alleged that the accused hit Resident #6. -The accused denies allegation of abuse to a resident. -The Performance Improvement Plan did not include any other details about the alleged incident. -The accused was warned if the allegation did happen or if it happens again she will be terminated. Interview with Executive Director (ED) on 1/21/16 at 5:10 P.M. revealed: -Resident #6 reported to her on 12/2/15 that the accused staff member had hit her on the arm. -There was no evidence of bruising when the ED looked at Resident #6's arm on 12/2/15. -Both ED and the RCC spoke with the accused staff the next day 12/3/15. -The accused staff denied hitting Resident #6. -The ED stated that she spoke with both of the other staff that worked on the day of the incident and they both denied having any issues on third shift. -The RCC did document the incident and had the accused to sign it. -The facility did not report the alleged incident to the Health Care Personnel Registry because they	D 438		

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D 438	Continued From page 3 were not aware that all allegations had to be reported. -The ED plans on coming up with some type of plan to speak with some of the more competent residents. -The ED also plans on coming in on third shift at times. -The ED also plans on rotating some of the first shift staff to third shift. -There will be a customer service and resident rights training. -The ED stated a Human Resource representative do an in-service on customer service next week. -The ED stated the 24 hour and 5 day reporting of the alleged incident will be reported to the Health Care Personnel Registry immediately. <u>The facility provided the following Plan of Protection dated 1/21/16:</u> -The Executive Director will do the 24 hour and 5 day reporting to the Health Care Personnel Registry immediately. -Will have in-service for all staff on resident rights and Human Resource to do customer service in-service. -Will rotate employees' shifts. -The Executive Director and Resident Care Coordinator will ensure these steps are carried out weekly. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 6, 2016.	D 438		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights:	D914		

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D914	Continued From page 4 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure every resident be free of mental and physical abuse, neglect, and exploitation for 1 of 1 Staff (D). The findings are: Based on observation, interview and record review, the facility failed to report an allegation of abuse against health care personnel for 1 of 1 Staff (D) within 24 hours of facility becoming aware of allegations along with any investigation by facility within 5 working days [Refer to Tag 438, 10A NCAC 13F.1205 Health Care Personal Registry. (Type B Violation)]	D914		