Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073018	A. BUILDING: _____ B. WING _____	01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANTERBURY HOUSE	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	Please see attachment	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Geraldine Yancey — TITLE: Administrator — (X6) DATE: 2/22/2016

Received and Approved
Vincent RN, BSN
5-31-16

Canterbury House - HAL - 073 - 018

County: Person

Plan of Correction

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with State law.

10A NCAC 13F .1205 Health Care Personnel Registry

It is a policy of Canterbury House to report any allegations of resident abuse, neglect or exploitation to the Health Care Registry.

1. Regional Director of Operations or designee will review with facility management procedures for reporting to the Health Care Personnel Registry.
2. ED will follow mandatory regulatory reporting requirements for all allegations of resident abuse, neglect or exploitation by filing a 24 hr/5 day report with HCPR.

G. S. 131D-21 (4) Declaration of Resident Rights

It is the policy of Canterbury House to assure Residents Rights.

1. ED will review/train all staff on Resident Rights and have all staff re-sign the Declaration of Resident's Rights completed.
2. Resident council meeting held on 1/29/16 and discussed with residents. suggestion/concern box and process for submitting a concern and the follow-up

was on 2/9/16.

3. Ombudsman conducted Residents Right training on 2/4/16.

4. ED will montior for any resident concerns ongoing and report accordingly for any allegations of abuse, neglect, or exploitation.

5. Human Resources conducted in-service on Customer Service on 2/17/16.

Date of Completion: 2/18/16