STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G073	A. BUILDING _____ B. WING _____	03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY HILL GROUP HOME #1	261 SUNNY HILL DRIVE LINCOLNTON, NC 28092

(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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on record review and interview, the person centered plan (PCP) for 1 of 3 sampled clients (#4), failed to include objective training to address identified needs relative to oral hygiene. The finding is: Review of client #4's record on 3/27/18 revealed a dental consult dated 10/3/17. Review of the dental consult revealed client #4 "to need an extraction of tooth #2 because of decay." Further review of dental consult dated 10/3/17 revealed client #4 "should use a soft toothbrush and fluoride 2x's daily." Continued review of the dental consult contained a dental recommendation stating client #4 "needs staff supervision, encouragement, and follow up to make sure his mouth is clean." Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #4's PCP dated 7/14/17, revealed client #4 did not have a current program to address oral hygiene. Further interview with the QIDP confirmed client #4 needs a formal objective to address the identified need and	W 242		

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

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	34G073	A. BUILDING _____ B. WING _____	03/27/2018

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W 242	Continued From page 1 recommendations from the dentist.	W 242		
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 observation, record review and interview, the specially constituted committee, designated as the human rights committee (HRC), failed to assure written informed consent was obtained for the use of a sound monitor for 1 sampled client (#1). The finding is: Observations conducted in the facility during the recertification survey on 3/26/18 and 3/27/18 revealed a audio monitor was present on a counter of a hall area of the group home near the living room and staff office. The monitor was noted to be on throughout the survey as client #1 was in and out of his room. Interview with facility staff on 3/26/18 revealed the monitor was used for client #1 to monitor for seizures. Review of the record for client #1, conducted on 3/27/18, revealed a person centered plan (PCP) dated 11/14/17. Further review of the 11/14/17 PCP revealed no informed consent from client #1's guardian for the use of a sound monitor. Interview with the qualified intellectual disabilities professional (QIDP) on 3/27/18 verified a sound monitor is used for client #1 to monitor for seizures. Further interview with the QIDP	W 263		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G073	A. BUILDING _____ B. WING _____	03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY HILL GROUP HOME #1	261 SUNNY HILL DRIVE LINCOLNTON, NC 28092

(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 263	Continued From page 2 revealed a consent from the guardian for the use of a sound monitor was needed and had not been obtained.	W 263		