

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2018
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NAME OF PROVIDER OR SUPPLIER SUNRISE RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5227 OLD RAILROAD WAY HOPE MILLS, NC 28348
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on June 28, 2018. The complaint was unsubstantiated (intake #NC00140087). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to employ a Qualified Professional (QP) who met the licensure requirements described in 10A NCAC 27G .0104(18)(a). The findings are:</p> <p>Review on 06/27/18 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - A Bachelor of Science Degree in Business Management and a minor in Social Work dated 0505/12. - A resume` which indicated the QP had worked for an adolescent group home since 2007. - No work history with the current population served at the group home. <p>Interview on 06/27/18 the Licensee stated:</p> <ul style="list-style-type: none"> - She had recently hired the QP. - The QP was currently on vacation. - She would speak with the QP regarding clarification of work experience with the current population served. 	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility 1.) failed to develop and implement strategies based on assessment. The findings are:</p> <p>Review of client #1's record revealed: -54 year old female. -Admission date of 02/25/18. -Diagnosis of Bipolar Type unspecified, Diabetes Mellitus, High Blood Pressure, Schizoaffective Disorder, Insomnia and Attention Deficit Hyperactivity Disorder.</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Physician Order dated 04/18/18 for finger stick blood sugar (FSBS) checks twice daily. -Person Centered Plan (PCP) dated 03/02/18. -No strategies in PCP to address diabetic condition, maintenance, or treatment. <p>Interview on 06/28/18 client #1 revealed:</p> <ul style="list-style-type: none"> -She checked her FSBS twice a day. -Once before breakfast and once before dinner. -She completed the FSBS herself. <p>Interview on 06/28/18 the Licensee revealed:</p> <ul style="list-style-type: none"> -She did not know that information needed to be in her treatment plan. -She would inform the Qualified Professional to include the information. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to maintain a client record affecting 1 of 1 former clients clients (FC #7). The findings are:</p> <p>During interview on 06/27/18 and 06/28/18 the Licensee was asked numerous times to provide a record for FC #7. The Licensee by the end of the survey did not provide a record for FC #7.</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>The following documentation was not provided by the end of the survey:</p> <ul style="list-style-type: none"> -Face sheet (unable to determine admission date or discharge date). -Documentation of diagnoses. -Consents. -Progress towards goals. -Medication Administration Record. -Emergency Information. -Physician Orders. <p>Observation on 06/28/18 at approximately 10:30am revealed a large pill box with FC #7's last name written on the box. The pill box was labeled with Sunday-Saturday Morning, Noon, Evening and Bedtime. Two of the boxes labeled Monday at morning and noon had approximately 14 pills still present.</p> <p>During interview on 06/27/18 and 06/28/18 the Licensee revealed:</p> <ul style="list-style-type: none"> -She had taken FC #7 out of the goodness out of her heart. -The guardian of FC #7 had called and begged her to take him because she did not have anywhere else for him to go. -She knew she was going to be over capacity when she took FC #7. -FC #7's medication was prepackaged in a pill box for him every week by the Veteran's hospital. -FC #7 was only at the facility for Respite until the guardian could find somewhere else for him to reside. -She did not know the date FC #7 was admitted and would have to call the guardian for the information. -FC #7's behaviors were more than she expected and she took him to the hospital. -She had given the guardian a verbal notification for discharge. 	V 113		

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V 113	Continued From page 6 -FC #7 received his medication daily.	V 113		
V 138	<p>27G .0404 (A-E) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year.</p> <p>(b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises.</p> <p>(c) For 24-hour facilities, the license shall be available for review upon request.</p> <p>(d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility.</p> <p>(e) A facility shall accept no more clients than the number for which it is licensed.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are:</p> <p>Review on 06/27/18 of the facility's license issued by the Division of Health Service Regulation was valid through 12/31/2018 revealed: - Capacity 6.</p>	V 138		

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V 138	<p>Continued From page 7</p> <p>Review on 06/27/18 of the Client Census form completed by staff #1 revealed:</p> <ul style="list-style-type: none"> - Six current clients resided at the facility. - Former Client (FC) #7 had been discharged in the past 6 months. <p>Interview on 06/28/18 client #1 revealed:</p> <ul style="list-style-type: none"> - There were currently 6 clients at the facility. - There was seven clients at the facility prior to FC #7 being discharged. <p>Interview on 06/28/18 client #2 revealed:</p> <ul style="list-style-type: none"> -She remembered FC #7 living at the facility. -FC #7 lived downstairs. <p>During interview on 06/27/18 and 06/28/18 the Licensee revealed:</p> <ul style="list-style-type: none"> -She had taken FC #7 out of the goodness out of her heart. -The guardian of FC #7 had called and begged her to take him because she did not have anywhere else for him to go. -She knew she was going to be over capacity when she took FC #7. -FC #7's medication was prepackaged in a pill box for him every week by the Veteran's hospital. -FC #7 was only at the facility for Respite until the guardian could find somewhere else for him to reside. -She did not know the date FC #7 was admitted and would have to call the guardian for the information. -FC #7's behaviors were more than she expected and she took him to the hospital. -She had given the guardian a verbal notification for discharge. -FC #7 received his medication daily. 	V 138		

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V 290	Continued From page 8	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting one of four audited current clients (#6). The findings are:</p> <p>Review on 06/27/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> - 53 year old male. - Diagnoses of Schizophrenia, Anxiety and Depression. - No assessment client could be left unsupervised in the community for specified amounts of time. <p>Review on 06/27/18 of client #6's Person-Centered Plan (PCP) dated 07/03/17 revealed:</p> <ul style="list-style-type: none"> - Client needed to return to the facility by 7pm. - PCP did not contain documentation for unsupervised time in the community. - PCP indicated client #6 needed 24 hour supervision. <p>Interview on 06/27/18 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #6 could sign himself out and be unsupervised in the community. 	V 290		

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V 290	Continued From page 10 - Client #6 could sign himself out and be unsupervised in the community. - Client #6 had unsupervised time in his treatment plan. Interview on 06/27/18 the Licensee stated: - She thought the previous Qualified Professional had included unsupervised time in client #6's PCP. - She would ensure the PCP contained specified unsupervised time for client #6.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility in an attractive and safe manner. The findings are: Observation on 06/27/18 at approximately 10:00am revealed the following: - A car in the driveway with a plastic bag covering the rear driver's side window. - The wall near the bottom of the stairs revealed a softball sized unpainted patched area. - Client #3 and client #5's bedroom revealed a cord stretched across the floor near the door way. - Client #4 and client #6's bedroom revealed the smoke detector had been pulled away from the ceiling exposing the wires.	V 736		

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V 736	<p>Continued From page 11</p> <ul style="list-style-type: none"> - The downstairs ½ bathroom revealed an extension cord which stretched approximately 25 feet along the floor through the washer/dryer area, down the full length of the lower hallway and was connected to the air conditioning unit in client #1 and client #2's bedroom. - The smoke detector from the lower level hallway had been removed from the ceiling and exposed the wires. - The light bulb in the washer/dryer area did not work. - A light bulb in client #1 and client #2's bedroom did not work. - A second client bedroom downstairs revealed a light bulb which did not work. <p>Interview on 06/27/18 and 06/28/18 the Licensee stated:</p> <ul style="list-style-type: none"> - The smoke detector downstairs was supposed to be repaired. - She would follow up on identified issues during survey. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 762	<p>27G .0304(d)(1) Client Bedrooms</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square</p>	V 762		

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V 762	<p>Continued From page 12</p> <p>feet when two clients occupy the bedroom.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, client bedrooms failed to meet the 160 square foot minimum for double occupancy rooms. The findings are:</p> <p>Review on 06/28/18 of Division of Health Service Regulation records revealed the facility was licensed for a capacity of 1 client in each upper floor bedroom and 2 clients in each lower bedroom.</p> <p>Observation on 06/28/18 at approximately 10:15am of the facility revealed: -A split level house with two client bedrooms on upper floor and two bedrooms on the lower floor. -Client #3 and client #5 occupied one bedroom on the upper floor. -Client #4 and client #6 occupied the second bedroom on the second floor.</p> <p>Interview on 06/28/18 the staff #1 stated: -One upper level bedroom was shared between clients #3 and #5. -A second upper level bedroom was shared between clients #4 and #6</p> <p>Interview on 06/28/18 the Licensee stated: -She was aware the facility was licensed for 6 clients. -She understood only one client could occupy each bedroom on the upper floor.</p>	V 762		
V 780	<p>27G .0304(d)10) Required Bathrooms</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	V 780		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2018
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NAME OF PROVIDER OR SUPPLIER SUNRISE RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5227 OLD RAILROAD WAY HOPE MILLS, NC 28348
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V 780	<p>Continued From page 13</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(10) At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure at least one full bathroom for each five or fewer persons including staff of the facility. The findings are:</p> <p>Review on 6/27/18 of the facility census revealed six clients were currently being served at the facility.</p> <p>Observation on 6/27/18 between 10am and 11am of the facility revealed: -A 2 story house with one full sized bathroom on the second floor and a half bath on the first floor hallway available for the clients usage.</p> <p>Interview on 6/28/18 client #2 stated: -Her bedroom was on the first floor of the facility. -She was able to use the 1/2 bathroom in the first floor hallway. -She had to use the second floor bathroom to take showers.</p> <p>Interview on 6/27/18 the Licensee stated: -The second floor bathroom was for all of the clients. -The hallway bathroom was for clients, staff, and</p>	V 780		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2018
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NAME OF PROVIDER OR SUPPLIER SUNRISE RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5227 OLD RAILROAD WAY HOPE MILLS, NC 28348
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V 780	Continued From page 14 visitors. -She would make changes so that the downstairs bathroom (full) was available for clients. This deficiency constitutes a recited deficiency and should be corrected within 30 days.	V 780		