

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2018
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NAME OF PROVIDER OR SUPPLIER SUNNY ACRES GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 23, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105	<p><i>See attachment</i></p> <p>DHSR - Mental Health</p> <p>SEP 20 2018</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Tiffany [Signature] **BSOP**

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) requirements. The findings are:</p> <p>Review on 8/23/18 of client #1's record revealed: -67 year old female admitted 3/31/14. -Diagnoses included Moderate Intellectual Developmental Disabilities; Depressive Disorder; Hypertension; Fish Allergy, and Diabetes. -Order dated 4/24/18 for fingerstick blood glucose (FSBS) monitoring twice daily.</p> <p>Review on 8/23/18 of client #4's record revealed: -42 year old male admitted 9/14/00. -Diagnoses included Autism Spectrum Disorder; Schizophrenia; Mild Mental Retardation; Diabetes Type 2; Dyslipidemia. -Order dated 4/25/18 for fingerstick blood glucose (FSBS) monitoring twice daily.</p> <p>Observations on 8/23/18 at approximately 11:00 am revealed: -2 identical glucometers stored in identical zippered cases on top of medication cart inside the medication storage closet. -No name or other identifying information marked on either glucometer. The lancing devices were stored inside the cases of each glucometer.</p> <p>Review of policies and procedures revealed: -Policy, "Procedure on Infection Control" dated 12/2011 did not include instructions on cleaning or disinfecting glucometer. -No policies specific for the use of glucometer or the cleaning, or disinfecting of glucometers.</p> <p>Telephone interview on 8/23/18 Staff #1 stated: -She had worked in the facility a little more than a year. -She worked from 12:00 am - 8:00 am.</p>	V 105		

Division of Health Service Regulation

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V 105	Continued From page 3 -She administered the morning medications and performed the FSBS monitoring for clients #1 and #4. -She knew which glucometer to use because they were stored inside the client's "tray." The "tray" was the drawer used to store a client's medications. Only one client's medications are in a single drawer. -She never used the same glucometer on more than the client. -There were no procedures for cleaning the meters. Interview on 8/23/18 the Qualified Professional stated: -She knew which of the glucometers belonged to each client because she was present when the meter for client #1 was purchased. -She spoke to the Group Home Manager and he stated the staff knew the glucometer specific to each client because each client's glucometer was stored inside that client's medication drawer. -She had notified him the 2 glucometers were on the top of the medication cart on the morning of 8/23/18. -They would follow up with staff to make sure a system was put in place to make sure the staff knew which glucometer belonged to each client and were only used for that client.	V 105			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 3 of 3 clients audited (Clients #1, #2, #4). The findings are:</p> <p>Finding #1: Review on 8/22/18 and 8/23/18 of client #2's record revealed: -36 year old female admitted 1/15/13. -Diagnoses included Mild Intellectual Disability</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>and Paranoid Schizophrenia.</p> <ul style="list-style-type: none"> -Order dated 3/13/18 for Cetirizine 10 mg (milligrams) daily as need for allergy symptoms. -Order dated 1/23/17 for Flintstone's Complete vitamins, 1 daily. -Order dated 1/23/17 for Ocella .03 mg daily. (Oral contraceptive) -Order dated 1/23/17 for Lisinopril 2.5 mg daily. (Blood pressure control) -Order dated 1/3/18 for Paroxetine 25 mg at bedtime. (Depression, anxiety disorders) -Order dated 1/3/18 for Neudexta 20-10 mg twice daily. (Pseudobulbar affect) -Order dated 1/30/18 for Topiramate 200 mg in the morning and 5:00pm daily. (Seizures, Migraine Headaches) -Order dated 1/30/18 for Fazacio 200 mg daily at 7:00 pm. (Schizophrenia) -Order on Physician Summary dated 2/20/18 for Triamcinolone Topical cream for 14 days. No order on client's record. (Antifungal cream) <p>Review on 8/22/18 and 8/23/18 of client #2's MARs for June, July, and August 2018 revealed:</p> <ul style="list-style-type: none"> -Documentation client #2 received Citirizine on June 1, 2, 5-9, 11-16, 19-23, and 26-30. No times were documented when the medications had been administered. -No documentation client #2 received the following medications on dates listed: <ul style="list-style-type: none"> -Flintstone's vitamins on 6/17/18 and 6/18/18 -Ocella .03 mg on 6/17/18, 6/18/18, 6/28/18 - 6/30/18 -Lisinopril 2.5 mg on 6/17/18 and 6/18/18 -Paroxetine 25 mg on 6/16/18 -Neudexta 20-10 mg, 8 am dose on 6/17/18 and 6/18/18. None documented at 8 pm on 6/1/18 - 6/3/18, 6/11/18, 6/16/18. -Topiramate 200 mg, 8 am dose on 6/17/18 and 6/18/18; 5:00 pm dose on 6/16/18 and 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>6/20/18.</p> <ul style="list-style-type: none"> -Fazacio 200 mg on 6/16/18. -Triamcinolone Topical cream had been transcribed and documented twice daily at 8:00 am and 8:00 pm in June, July and August 2018 with the exception as follows: 8 am dose on 6/17/18 and 6/18/18, and 8:00 pm doses on 6/16/18, 6/23/18, 6/24/18, and 6/30/18. <p>Observations on 8/23/18 at 10:15 am of client #2's medications on hand revealed the label for Triamcinolone cream had been torn. Unable to read complete instructions for frequency.</p> <p>Finding #2: Review on 8/22/18 and 8/23/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> -42 year old male admitted 9/14/00. -Diagnoses included Autism Spectrum Disorder; Schizophrenia; Mild Mental Retardation; Diabetes Type 2; Dyslipidemia. -Orders dated 4/13/18 included: <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg daily. (Blood Pressure control) -Metformin 500 mg twice daily. (Lower Blood Sugar) -Quetiapine Fumarate 200 mg, 1 in the morning and 2 in the afternoon. -Divalproex Sodium 500 mg, 2 at bedtime. (Prevent Seizures) -Metoprolol Tartrate 100 mg twice daily. (Blood Pressure control) -Hydrochlorothiazide 25 mg daily. (Blood Pressure Control) -Lisinopril 40 mg daily. (Blood Pressure Control) -Fish Oil 1,000 mg 3 times daily. (Supplement) -Aspirin 81 mg daily (Heart health, prevent blood clots) 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Orders dated 4/25/18 included: <ul style="list-style-type: none"> -Lorazepam 1 mg twice daily as needed for agitation. -Oxcarbazepine 300 mg twice daily. -Order dated 4/10/18 for Atorvastatin 10 mg daily. (Lowers Cholesterol) <p>Review on 8/22/18 and 8/23/18 of client #4's June, July, and August 2017 MARs revealed:</p> <ul style="list-style-type: none"> -August 2018 MAR transcription read Quetiapine Fumarate 400 mg, 1 in the morning and 2 in the afternoon. (Ordered strength was Quetiapine Fumarate 200 mg). Quetiapine Fumarate 400 mg, 1 at 8:00 am and 2 at 4:00 pm had been documented as administered from 8/1/18 - 8/23/18 (8:00 am). No Quetiapine Fumarate had been documented at the 4:00 pm scheduled dosing time on 8/18/18. -Documentation Lorazepam 1 mg had been administered on 6/25/18, 6/26/18, and 7/15/18. No documentation of the time the medication had been administered. -No documentation client #4 received the following medications on dates listed: <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg on 6/17/18, 6/18/18/, and 6/25/18. -Metformin 500 mg 8:00 am doses on 6/17/18, 6/18/18, and 6/25/18; 8:00 pm doses on 6/16/18, 6/30/18 and 8/1/18. -Quetiapine Fumarate 200 mg, 8:00 am doses on 6/17/18, and 6/18/18; 4 pm doses on 6/16/18 and 6/18/18. -Divalproex Sodium 500 mg on 6/16/18, 6/27/18, and 6/30/18. -Metoprolol Tartrate 100 mg, 8:00 am doses on 6/17/18, 6/18/18, 6/25/18; 8:00 pm doses on 6/16/18 and 6/30/18. -Hydrochlorothiazide 25 mg on 6/17/18, 6/18/18, 6/25/18. -Lisinopril 40 mg on 6/17/18, 6/18/18, 	V 118		

Division of Health Service Regulation

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SUNNY ACRES GROUP HOME **611 COUNTRY CLUB DRIVE**
FAYETTEVILLE, NC 28301

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V 118	<p>Continued From page 8</p> <p>6/25/18.</p> <ul style="list-style-type: none"> -Fish Oil 1,000 mg 8:00 am doses on 6/17/18, 6/18/18, 6/25/18; 12:00 pm doses on 6/16/18, 6/17/18, and 6/30/18; 8:00 pm doses on 6/16/18, and 6/30/18. -Aspirin 81 mg on 6/17/18, 6/18/18, and 6/25/18. -Oxcarbazepine 300 mg 8:00 am doses on 6/17/18, 6/18/18, and 6/25/18; 8:00 pm doses on 6/16/18. -Atorvastatin 10 mg on 6/17/18, 6/18/18, 6/25/18. <p>Observations on 8/23/18 at 11:00 am of client #4's medications on hand revealed the following medications were not on hand:</p> <ul style="list-style-type: none"> -Amlodipine Besylate 10 mg -Divalproex Sodium 500 mg -Atorvastatin 10 mg -Hydrochlorothiazide 25 mg -Lisinopril 40 mg -Oxcarbazepine 300 mg -Aspirin 81 mg <p>Interview on 8/23/18 client #4 stated staff gave him his medications and he always had his medications.</p> <p>Finding #3: Review on 8/23/18 of client #1's record revealed: -67 year old female admitted 3/31/14. -Diagnoses included Moderate Intellectual Developmental Disabilities; Depressive Disorder; Hypertension; fish allergy, and Diabetes. -Medications ordered by FL-2 dated 6/19/18 and scheduled dosing times on MARs included: -Gabapentin 300 milligrams (mg) Take 1 capsule</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 9</p> <p>by mouth once daily (seizure medication) at 8 pm. -Zocor 20 mg: take 1 tablet by mouth at bedtime (reduces cholesterol) at 8 pm. -Cozaar 100 mg: taker 1 tablet by mouth daily (blood pressure medication) at 8 am. -metFormin HCL 500 mg: take 1 tablet twice a day (diabetic medication) at 8 am and 8 pm. -Allegra 180 mg: 1 tablet oral daily as needed (used for allergy symptoms.) -Vitamin D3 1000 Individual Units(IU): take 1 capsule by mouth twice a day (vitamin) at 8 am and 8 pm. -Calcium 600 mg: take 2 tablets by mouth once daily (mineral) at 8 am. -Prilosec 20 mg: take 1 capsule by mouth once daily (treat symptoms of gastroesophageal reflux disease) at 8 am. -Epipen Jr Auto Inject 0.15 mg: Subcutaneous once as needed for anaphylaxis (treat allergic reaction.) -Aldactone 25 mg: take one tablet by mouth twice a day (blood pressure medication) at 8 am and 8 pm. -Risperdal 0.5 mg: take 1 tablet by mouth at bedtime (antipsychotic medicine) at 8 pm.</p> <p>Review on 8/23/18 of client #1's June 2018 MAR revealed: -No documentation the following medications had been administered on 6/16/18: Gabapentin 300 mg at 8 am; Zocor 20 mg at 8 pm; metFormin HCL 500 mg at 8 pm; Vitamin D3 1000IU at 8 pm; Aldactone 25 mg at 8 pm; and Risperdal 0.5 mg at 8 pm. -No documentation the following medications had been administered on 6/17/18 and 6/18/18: Cozaar 100 mg at 8 am; metFormin HCL 500 mg at 8 am; Vitamin D3 1000IU at 8 am; Prilosec 20 mg at 8 am; and Aldactone 25 mg at 8 am.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 10</p> <p>Review on 8/23/18 of client #1's August 2018 MAR revealed: -No documentation the following medications had been administered on 8/19/18: Zocor 20 mg at 8 pm; metFormin HCL 500 at 8 pm; and Vitamin D3 1000 IU at 8 pm.</p> <p>Observation on 8/23/18 at approximately 10:45 am of client #1's medication revealed: -Aldactone 25 mg bubble pack not with medicines. -Hydrochlorothiazide 25 mg (fluid pill) bubble pack located with client #1's medicines and 2 bubbles broken with pills missing.</p> <p>Interview on 8/23/18 client #1 stated: -She received her medicines in the morning and at night. -Staff gave medicines to her and she had not missed taking her medicines.</p> <p>Interview on 8/23/18 the Qualified Professional stated: -She did not handle the medicines, it was the responsibility of the House manager. -The House Manager picked up the medicines from the pharmacy and the nurse for the facility reviewed the medicines periodically.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 121	27G .0209 (F) Medication Requirements	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 11</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drug regimen reviews were completed at least every six months for clients receiving psychotropic drugs, affecting 3 of 3 clients audited (clients #1, #2, #4). The findings are:</p> <p>Finding #1: Review on 8/23/18 of client #1's record revealed: -67 year old female admitted 3/31/14. -Diagnoses included Moderate Intellectual Developmental Disabilities; Depressive Disorder; Hypertension; fish allergy, and Diabetes. -Client #1 received the psychotropic medication, Risperdal 0.5 mg at bedtime. -Drug regimen review dated 8/23/18. -No drug regimen review documented 6 months prior to 8/23/18.</p> <p>Finding #2: Review on 8/22/18 and 8/23/18 of client #2's</p>	V 121		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/23/2018
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NAME OF PROVIDER OR SUPPLIER SUNNY ACRES GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301
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V 121	<p>Continued From page 12</p> <p>record revealed: -36 year old female admitted 1/15/13. -Diagnoses included Mild Intellectual Disability and Paranoid Schizophrenia. -Client #2 received the following psychotropic medications: Paroxetine 25 mg at bedtime; Neudexta 20-10 mg twice daily; Topiramate 200 mg in the morning and 5:00pm daily; Fazacio 200 mg daily at 7:00 pm. -Drug regimen review dated 8/23/18 -No drug regimen review documented 6 months prior to 8/23/18.</p> <p>Finding #3: Review on 8/22/18 and 8/23/18 of client #4's record revealed: -42 year old male admitted 9/14/00. -Diagnoses included Autism Spectrum Disorder; Schizophrenia; Mild Mental Retardation; Diabetes Type 2; Dyslipidemia. -Client #4 received the following psychotropic medications: Quetiapine Fumarate 200 mg, 1 in the morning and 2 in the afternoon; Divalproex Sodium 500 mg, 2 at bedtime; Lorazepam 1 mg twice daily as needed for agitation; Oxcarbazepine 300 mg twice daily. -Drug regimen review dated 8/23/18 -No drug regimen review documented 6 months prior to 8/23/18.</p> <p>Interview on 8/22/18 the Qualified Professional (QP) stated: -The pharmacist would go with the nurse to the home and do the drug regimen reviews every 6 months. -She would contact the nurse to get copies of the last 2 drug regimen reviews.</p> <p>Interview on 8/23/18 the QP stated: -She had the most recent drug regimen reviews.</p>	V 121		
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Division of Health Service Regulation

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V 121	Continued From page 13 (Copies given to surveyors, all dated 8/23/18.) -QP stated she would send via facsimile the drug regimen reviews done prior to the ones dated 8/23/18 by 5:00 pm on 5/24/18. No additional drug regimen reviews were received via facsimile.	V 121			
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the Health Care Personal Registry (HCPR) prior to hiring 1 of 3 staff audited (Staff #6) The findings are: Review on 8/23/18 of Staff #6's personnel record revealed: - Date of Hire was 6/5/18. - Position/Title was Paraprofessional. - HCPR check dated 11/27/17. Interview on 8/23/18 the Facility Deputy Director stated: - Staff #6 had been hired on 6/5/18 and they had	V 131			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/23/2018
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V 131	Continued From page 14 probably run the check previously when they thought he was going to apply. Interview on 8/23/18 the Facility QP stated: - She did not know when the HCPR were conducted. - The facility would follow-up on the issue for new hires.	V 131		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2018
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V 291	<p>Continued From page 15</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate professional services for 1 of 3 clients audited (client #4). The findings are:</p> <p>Review on 8/23/18 of client #4's record revealed: -42 year old male admitted 9/14/00. -Diagnoses included Autism Spectrum Disorder; Schizophrenia; Mild Mental Retardation; Diabetes Type 2; Dyslipidemia. -Order dated 4/25/18 for fingerstick blood glucose (FSBS) monitoring twice daily. -Blood pressure (BP) and heart rate log sheets documenting morning and evening readings for June, July, and August 2018. -No orders or policy for reporting or responding to BP or heart rate results that were higher or lower than client #4's physician would consider acceptable for the client. -No orders or guidelines for responding to blood sugar results that were higher or lower than client #4's physician would consider acceptable for the client. -FSBS result on 8/22/18 at 5:00pm = 236. No documentation FSBS was rechecked.</p> <p>Review of client #4's BP results for June 2018 revealed: -10 blood pressure results with a diastolic reading above 100 as follows: -6/3/18 at 7:15 am = 180/108 -6/3/18 at 7:02 pm = 178/104 -6/6/18 at 5:00 pm = 157/110 -6/7/18 at 4:33 pm = 157/102</p>	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 16</p> <ul style="list-style-type: none"> -6/9/18 at 7:25 pm = 182/113 -6/10/18 at 7:12 am = 178/112 -6/11/18 at 5:00 pm = 154/102 -6/15/18 at 4:43 pm = 176/105 -6/18/18 at 6:24 am = 180/126 -6/27/18 at 4:57 pm = 152/102 -6/25/18 at 7:15 am the BP = 83/37 <p>Review of client #4's BP results for July 2018 revealed:</p> <ul style="list-style-type: none"> -8 blood pressure results with a diastolic reading above 100 as follows: -6/3/18 at 7:15 am = 180/108 -6/3/18 at 7:02 pm = 178/104 -7/15/18 at 7:00 am = 179/117 -7/16/18 at 7:00 am = 168/110 -7/18/18 at 5:08 pm = 145/102 -7/21/18 at 4:43 pm = 176/113 -7/23/18 at 7:00 am = 149/102 -7/26/18 at 4:30pm = 138/101 -7/28/18 at 4:39 pm = 187/113 -7/30/18 at 7:00 am = 155/101 <p>Review of client #4's BP results for August 2018 revealed:</p> <ul style="list-style-type: none"> -8/5/18 at 7:00 am = 180/121 -8/17/18 at 7:30 pm = 88/45. Next BP recorded on 8/20/18 at 5:30 am (135/95). -8/22/18 at 7:00 am = 87/51 and pulse = 25. Next BP and pulse recorded on 8/25/18. -8/25/18 at 7:00 am = 179/135 <p>Interview on 8/23/18 Staff #1 stated:</p> <ul style="list-style-type: none"> -She worked the overnight shift from 12:00 am - 8:00 am. -She gave the morning medications. -She performed clients #1 and #4's FSBS and took their BPs in the morning. -There were no written guidelines for FSBS results that were too high or too low. She 	V 291		

Division of Health Service Regulation

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V 291	Continued From page 17 considered a FSBS of 150 or 200 high and would let the "CAP" worker know so they could notify their supervisor. She checked the FSBS prior to meals and medications. She would wait an hour and re-check. -If the FSBS result was in the 60's or 70's she would have the client drink orange juice or maybe eat some peanut butter with crackers. She would probably recheck it in 30 - 60 minutes. Interview on 8/23/18 the Qualified Professional stated: -She was sure the heart rate of 25 documented for client #4 on 8/22/18 was an error. The client had no symptoms on that day. -She would follow up to make sure staff were adequately trained on taking BPs.	V 291		
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 facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 8/22/18 between 2:00 pm and 3:00 pm revealed: -Exterior observations: -Approximately 8 bricks were missing on the steps leading to the front of the home.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/23/2018
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V 736	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Porch railings were secured to the porch posts on each side of the steps with zip ties. -Wood surface of the porch banister was split and joints separated in multiple places around the porch. -At least 3 posts were missing from the front porch railings. Other posts cracked/splits in wood. -Gutters on the side and rear of the house revealed an overflow of leaves and other debris. -Chirping smoke detector could be heard on entrance to home. -Foyer: <ul style="list-style-type: none"> -A piece of unpainted wood, approximately 24 inches in length had been nailed to wall behind door at level of door knob. -A fist sized indentation present on the wall approximately 3 feet from ceiling. -Wall patch near outlet had not been sanded to match the surrounding smooth wall surface. -Dust accumulation visible by front door, baseboards, and light fixture. -Family Room: <ul style="list-style-type: none"> -Surface of sofa worn exposing fiber filling. -Burn mark in the pattern of an iron present on the area rug. -Ceiling above fireplace missing a section of plastered surface approximately 6 inches in radius. -Kitchen/Dining area: <ul style="list-style-type: none"> -Area rug curling upward, edges frayed with nail protruding from edge. -Floor finish worn away. -Wall paper separated at seams. -Dust/dirt build up visible on baseboards. -No handle on refrigerator. -Piece of wooden molding missing from upper cabinet by refrigerator. -Mouse trap in corner of living room entrance door from kitchen 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 19</p> <ul style="list-style-type: none"> -Client #3's bedroom: <ul style="list-style-type: none"> -Fabric panel secured to wall above window and curtain rod using thumb tacks. -Wall repair by bed unpainted and un-sanded, approximately 12 inches by 3 inches in size. -1 of 4 bi-fold doors partially painted. -Client #3 bathroom: <ul style="list-style-type: none"> -Water standing between toilet and corner of tub approximately 1/2 - 1 inch deep. -When standing next to tub, left corner of tub separated from floor approximately 1/2 inch. Bathroom floor covering rolling up approximately 1 foot at same corner of bathroom tub. -Client #6's room: dust accumulation visible on ceiling fan and blades -Clients #4 and #5's room: <ul style="list-style-type: none"> -15 missing/broken mini blind slats visible from outside the front of the home. -Curtain panels too small to cover the 2 windows on front of the home. -Clients #1 and #2's room: <ul style="list-style-type: none"> -Weather stripping separated from window by bathroom. -Broken mini blind slat. -Top surface of the dresser located by the wall leading to the bathroom was worn away and the side of the dresser was separated from the dresser frame. -Air return vent in hallway discolored, gray. -Dust and dirt buildup visible throughout the home. -Walls smudged and discolored gray throughout the home. <p>Interview on 8/23/18 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -Client #3 painted her own room. -She would follow up of the findings. <p>This deficiency constitutes a re-cited deficiency</p>	V 736			

Division of Health Service Regulation

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V 736	Continued From page 20 and must be corrected within 30 days.	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 8/22/18 at approximately 2:15 pm revealed the following:</p> <ul style="list-style-type: none"> - The hot water temperature at the kitchen sink was 120 degrees Fahrenheit. - The hot water temperature in the hallway bathroom was 120 degrees Fahrenheit. <p>Interview on 8/22/18 the QP stated she would have someone follow up on the hot water temperature at the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		

Sunny Acres Plan of Correction

V105 - The agency has developed and implemented standards that assure operational and programmatic performance for the use of a glucometer. The policy addresses the function of the glucometer and also how to sanitize it. All staff will be trained on the policy on or before September 21, 2018. The QP and agency nurse will ensure each staff is trained on this policy upon hire and annually. The group home manager will observe the glucometers weekly to ensure they are fully functional and are cleaned thoroughly.

V118 - By 9/21/18, all residential staff will be re-trained in medication administration. The home manager and QP will be responsible for ensuring each resident has a current MAR and they are receiving their medications as prescribed. The home manager will observe all medications and MARs twice a week to ensure the physician's orders match with the MAR and they both match the medication label.

V121 - By 10/21/18, all residents will have a drug review completed by the pharmacist. The drug reviews will be given to the prescribing physicians for review. The home manager and QP will review the medication books monthly to ensure each resident has a current drug review. The QP will coordinate with the pharmacy to ensure they are completed every 6 months and as needed.

V131 - The Deputy Director will access the Health Care Personnel Registry prior to hiring new employees. The Deputy Director will review personnel files monthly to ensure all hiring information is complete and accurate.

V291 - By 10/21/18, all staff will be re-trained on the parameters for each resident that has their blood pressure recorded. QP will review the process of taking blood pressure and recording it. QP will review the steps to take if the blood pressure is too low or too high. The agency nurse will also conduct a review of how to properly read and document blood pressure readings. The home manager will review the blood pressure logs twice a week to ensure the parameters are being followed.

V736 - By 9/21/18, the agency will ensure the facility is maintained in a safe, clean, and attractive manner. The home manager will coordinate with a repair person and create a plan to have the facility clean, attractive, and in an orderly manner. All repairs will be fixed and the home will be cleaned thoroughly. The home manager will conduct a weekly walk through of the facility and document all repairs needed.

V752 - The hot water temperature was adjusted at the facility on 9/10/18 and was reading 112 in the kitchen and 110 in the bathrooms. The home manager will check the water temperature weekly to ensure that it remains between 110 and 116 degrees Fahrenheit. The home manager will contact a repair/maintenance person immediately if adjustments need to be made.

Sophia B. Pierce & Associates, Inc.
1422 Murchison Road
PO Box 2813
Fayetteville, NC 28302
Phone (910) 488-8477 Fax (910) 822-1951

September 12, 2018

Dear Betty Godwin & Beth Phillips,

Thank you for your recent visit to our facility on August 23, 2018. We have received the list of deficiencies and have already started making adjustments to comply with state regulations and guidelines. Enclosed you will find our plan of correction for those deficiencies. If you have any questions or concerns please contact our office at (910) 488-8477.

Sincerely,



Tiffany Harrington
Qualified Professional

DHSR - Mental Health

SEP 20 2018

Lic. & Cert. Section