

Division of Health Service Regulation

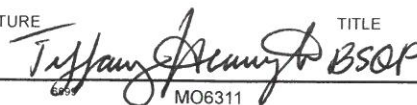
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL026-619</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/24/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNNY ACRES GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>611 COUNTRY CLUB DRIVE<br/>FAYETTEVILLE, NC 28301</b> |
|---|---|

| (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 |
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| V 000 | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 24, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>   | V 000 | <p style="color: blue; font-size: 1.2em;">DHSR-Mental Health</p> <p style="color: red; font-size: 1.2em;">OCT 08 2019</p> <p style="color: blue; font-size: 1.2em;">Lic. &amp; Cert. Section</p>  |  |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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> | V 118 | <p><b>V718 - By October 24, 2019 the QP/Home manager will monitor the medications and MARs bi-weekly to ensure all medications are current and the MARs are kept current. QP will coordinate with the pharmacy and physicians monthly to ensure the MARs are current and match the medication labels. All Sunny Acres staff will be retrained in Medication Administration by 10/24/19.</b></p> |  |

Division of Health Service Regulation  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

  
 TITLE **BSOP**

(X6) DATE

**10-2-19**

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| V 118 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to keep the MARs current affecting one of three audited clients (#1). The findings are:</p> <p>Review on 09/24/19 of client #1's record revealed:<br/>-43 year old male.<br/>-Admission date of 03/01/95.<br/>-Diagnoses of Mild Mental Retardation, Autism, Hypertension and Diabetes.</p> <p>Review on 09/24/19 of client #1's Physician orders revealed:<br/>07/24/19<br/>-Quetiapine 200mg (milligrams) (used to treat schizophrenia) 1 tablet every morning and 2 tablets in the afternoon.<br/>-Oxcarbazepine 300mg (used either alone or with other medicines to treat partial seizures) 1 tablet twice a day.<br/>08/29/19<br/>-Metoprolol Tartrate 10mg (treat angina (chest pain) and hypertension) Take 1 tablet by mouth twice a day.<br/>-Lisinopril 40mg(used to treat high blood pressure) 1 tablet orally daily.<br/>-Amlodipine Besylate (used to treat high blood pressure) 10mg 1 tablet orally daily.<br/>-Atorvastatin Calcium (used to treat high cholesterol) 10mg 1 tablet orally daily.<br/>-Fish Oil 1000mg (used together with diet and exercise to help lower triglyceride levels in the blood) 1 capsule orally 3 times a day.<br/>-Metformin HCL 500mg (used together with diet</p> | V 118 |  |  |
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| V 118 | <p>Continued From page 2</p> <p>and exercise to improve blood sugar control in adults with type 2 diabetes mellitus) 1 tablet orally twice a day.</p> <p>-Aspirin 81mg (used to treat pain, and reduce fever or inflammation) 1 tablet orally daily.</p> <p>Review on 09/24/19 of client #1's September 2019 MAR revealed the following blanks:</p> <p>-Quetiapine 200mg- 09/24/19 at 8am.<br/>-Oxcarbazepine 300mg- 09/24/19 at 8am.<br/>-Metoprolol Tartrate 100mg- 09/24/19 at 8am.<br/>-Lisinopril 40mg- 09/24/19 at 8am.<br/>-Amlodipine Besylate 10mg- 09/24/19 at 8am.<br/>-Atorvastatin Calcium 10mg- 09/24/19 at 8am.<br/>-Fish Oil 1000mg- 09/24/19 at 8am.<br/>-Meformin HCL 500mg- 09/24/19 at 8am.<br/>-Aspirin 81mg- 09/24/19 at 8am.</p> <p>During interview on 09/24/19 client #1 revealed he always received his medication in the morning and at night.</p> <p>During interview on 09/24/19 staff #1 revealed:<br/>-She gave all the clients their medication before they left the facility for day program.<br/>-She forgot to sign off on the MAR that she had administered the medication.</p> <p>During interview on 09/24/19 the Qualified Professional revealed:<br/>-Staff #1 had worked at the facility for the longest.<br/>-It was not like staff #1 to not complete the MAR.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 |  |  |
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**Sophia B. Pierce & Associates, Inc.**  
**1422 Murchison Road**  
**PO Box 2813**  
**Fayetteville, NC 28302**  
**Phone (910) 488-8477 Fax (910) 822-1951**

October 2, 2019

Dear Emily Jones,

Thank you for your recent visit to our facility on September 24, 2019. 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

OCT 08 2019

Lic. & Cert. Section