STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G147	A. BUILDING _____ B. WING _____	10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY HILL II	279 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 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to teach a client to use and make informed choices relative to a hearing aide for 1 of 3 sampled clients (#4). The finding is: Observations in the group home on 10/21/19 from 3:15 PM to 4:45 PM revealed client #4 was not wearing a hearing aide, and was not prompted by staff to apply a hearing aide. Further observations at 4:15 PM revealed staff C standing close to client #4 and repeatedly verbally prompting into the client's ear, to take an item to her room. Continued observations on 10/22/19 at 7:40 AM revealed client #4 to enter the medication room for morning medication administration, and after was observed to return to her room to watch television. Client #4 was not observed wearing a hearing aide. It should be noted, client #4 was sick and was not attending day programming on 10/22/19. Further observations at 7:50 AM revealed the hearing aide was located in the medication room. Interview with staff C at that time revealed client #4 will sometimes choose to keep the hearing aide in the medication room. Further interview with staff C revealed she did not know why the	W 436		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SUNNY HILL II	279 SUNNY HILL DRIVE LINCOLNTON, NC 28092

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W 436	Continued From page 1 client sometimes made the choice to store the hearing aide in the medication room. Review of the record for client #4 on 10/22/19 revealed a person centered plan (PCP) dated 5/14/19. The PCP indicated client #4 had diagnoses which included profound hearing loss and had a prescribed hearing aide for her right ear. The PCP also indicated the hearing aide was being stored in the med closet when not in use. Further review of the record revealed current quarterly physician orders which indicated the hearing aide was kept in the bedroom overnight. Continued review of the PCP did not reveal any training programs related to the use or storage of the hearing aide. The PCP did contain past programing related to hearing aides, but the programs were prescribed, and discontinued at least eight years prior to the survey date because criteria had been met. Interview with the qualified intellectual disabilities professional (QIDP) on 10/22/19 revealed client #4 will sometimes refuse to wear the hearing aide. Continued interview with the QIDP revealed she was not sure why the client sometimes stores the hearing aide in the medication room. Further interview with the QIDP confirmed the PCP did not contain any training programs related to the use of the hearing aide, or for the care and storage of the hearing aide, for client #4.	W 436		