

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
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NAME OF PROVIDER OR SUPPLIER SUNNY HILL II	STREET ADDRESS, CITY, STATE, ZIP CODE 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092
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(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
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W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>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 aid for 1 of 3 sampled clients (#4). The finding is:</p> <p>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</p>	W 436	<p>W 436 RN will implement times to Medication Administration Record to reflect when hearing aid is inserted and removed. Staff will be in-serviced/trained on use, cleaning, and storage of hearing aid. Habilitation Specialist to implement a formal goal to reflect care and storage of hearing aide. Formal goal implementation will be monitored through monthly progress notes and interaction assessments, conducted twice weekly for four weeks.</p> <p>Use of hearing aid will be monitored through daily observations and interaction assessments conducted twice a week for four weeks.</p> <p>In the future, RN and Habilitation Specialist will ensure all direct support staff are trained/in-serviced on implementation of adaptive equipment.</p>	12/20/2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *11/7/19*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 436	<p>Continued From page 1</p> <p>client sometimes made the choice to store the hearing aide in the medication room.</p> <p>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 proگرامing 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.</p> <p>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.</p>	W 436		
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