

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

PRINTED: 05/22/2021
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 05/13/2021
NAME OF PROVIDER OR SUPPLIER SUNNY HILL II			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<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 provide teaching relative to adaptive devices for 2 of non-sampled clients (#4 and #5). The finding is:</p> <p>A. The facility failed to address the adaptive equipment needs of client #4. For example:</p> <p>Observations in the group home on 5/12/21 and 5/13/21 revealed client #4 to wear glasses. Continued observation throughout the 5/12-13/21 survey revealed client #4 to speak in a loud tone, to ask staff to repeat verbal prompts and directives and for staff to communicate with client #4 by getting close to the client and speaking close to the client's ear. Observation of client #4 on 5/12-13/21 revealed no use of a hearing aid during survey observations.</p> <p>Observation in the group home on 5/13/21 throughout the morning routine revealed client #4 to have residue on the lens of her eyeglasses. Continued observation revealed client #4 to hand her eyeglasses to staff for cleaning upon inquiry from the surveyor regarding the clients ability to clean her glasses. Subsequent observation revealed staff to clean client #4's eyeglasses and</p>	W 436			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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>to then hand the adaptive device back to the client.</p> <p>Interview with the facility home manager on 5/12/21 revealed client #4's hearing aid was currently not being worn due to prescribed ear drops the client was receiving during the current week. Continued interview with the HM verified client #4 receives prescribed ear drops for one week every month and during that week the client does not wear her hearing aid. Further interview with the HM revealed client #4 keeps her hearing aid in her bedroom.</p> <p>Review of records for client #4 on 5/13/21 revealed a person centered plan dated 3/16/21 that identified adaptive equipment of glasses and a hearing aid. A review of current training objectives listed in the PCP for client #4 revealed objectives to address utensil use at meals, care for a hearing aid, laundry and household chores. Further review of client #4's PCP revealed the client at times refuses to wear her glasses. Review of a vision consult dated 10/1/19 revealed a diagnosis of myopia, astigmatism, diabetes with complication, early cataracts; glasses full time.</p> <p>Review of current physician orders for client #4 dated 4/8/21 revealed an order for ear drops with the directive to: instill 5 drops twice a day for 1 week of each month for prevention of impaction. Continued review of records for client #4 revealed a hearing aid is offered every AM and removed every PM. Review of an auditory evaluation dated 8/17/20 revealed client #4 to have sensorineural hearing loss. Additional review of records for client #4 revealed no documented need for client #4 to go without her hearing aid while receiving ear drops.</p>	W 436			

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W 436	Continued From page 2 Interview with the facility habilitation specialist and qualified intellectual disabilities professional (QIDP) verified client #4 will at times refuse to wear her glasses. Continued interview with the habilitation specialist verified client #4 had no current program to address eyeglass care or history of any past training relative to her eyeglasses. Interview with the facility nurse verified client #4 should not be going without her hearing aid while getting ear drops. B. The facility failed to provide teaching relative to eyeglasses for client #5. For example: Observations in the group home on 5/12/21 and 5/13/21 revealed client #5 to wear glasses. Observation in the group home on 5/13/21 throughout the morning routine revealed client #5 to have residue on the lens of her eyeglasses. Continued observation revealed client #5 to hand her eyeglasses to staff for cleaning upon inquiry from the surveyor regarding the clients ability to clean her glasses. Subsequent observation revealed staff to clean client #5's eyeglasses and to then hand the adaptive device back to the client. Review of records for client #5 on 5/13/21 revealed a person centered plan dated 1/28/21 that identified adaptive equipment to include glasses. A review of current training objectives listed in the PCP for client #5 revealed objectives to address chores, oral hygiene, make bed and identification of paper currency. Review of a vision consult dated 9/24/19 revealed a diagnosis of myopia and astigmatism; glasses full time. Interview with the facility habilitation specialist on	W 436			

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W 436	Continued From page 3 5/13/21 revealed client #5 is capable of cleaning her eyeglasses with staff assistance. Continued interview with the habilitation specialist verified client #5 had never had a program to address eyeglass care to support independence with caring for her eyeglasses.	W 436			