	-	ID HUMAN SERVICES	FORM APPROVED OMB NO. 0938-0391						
CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G073	B. WING			05/12/2021			
NAME OF PROVIDER OR SUPPLIER SUNNY HILL GROUP HOME #1				STREET ADDRESS, CITY, STATE, ZIP CODE 261 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)			X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.		W	227					
	This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the person centered plan (PCP) failed to have sufficient guidelines or training to meet identified client needs for 1 of 3 sampled clients (#2). The finding is:								
	Observation the group home on 5/11/21 at 5:37 PM revealed staff to verbally prompt client #2 to brush his teeth after the dinner meal. Continued observation revealed client #2 to access his toothbrush from a hallway bathroom and to walk to the office area of the group home. Further observation revealed client #2 to request toothpaste from staff in the office of the group home and to return to the hallway bathroom with toothpaste on his toothbrush.								
	client #2 on 5/11/21 r located in the bathroo	Ilway bathroom used by evealed a hygiene caddy om closet with client #2's of the contents in client #2's ed no toothpaste.							
	keeps his hygiene ite by preference. Conti revealed client #2 kee office by preference a	on 5/11/21 revealed client #2 ms in the bathroom closet nued interview with staff A eps his toothpaste in the and will throw the cap away if A further revealed client #2							

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

TITLE

(X6) DATE

PRINTED: 05/22/2021

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 05/22/2021 MAPPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G073	B. WING			_	05/12/2021	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
SUNNY HILL GROUP HOME #1					81 SUNNY HILL DRIVE	92		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ID PREF TAG	IX	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 227	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 keeps hygiene and other personal items in multiple places throughout the group home. Further interview on 5/12/21 with staff A and B verified client #2 throws lots of various items away to include staff keys if not closely monitored. Review of records for client #2 on 5/12/21 revealed a PCP dated 10/21/20. Review of the 10/2020 PCP revealed a behavior support plan with target behaviors of verbal aggression, physical aggression, tantrum behavior and refusing habilitation activities. Subsequent review of records revealed no training objective or guidelines to address proper storage of hygiene items or throwing inappropriate items away. Interview with the facility qualified intellectual disabilities professional (QIDP) on 5/12/21 revealed he had become aware that client #2 would throw various things away if not monitored. Interview with the habilitation specialist on 5/12/21 revealed she unaware of client #2's behavior related to the storage of hygiene products or throwing things away. Continued interview with the habilitation specialist verified client #2 should have a program to support proper storage of personal items and throwing inappropriate items away as identified by staff.		W	227				

FORM CMS-2567(02-99) Previous Versions Obsolete

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