

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-619</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNNY ACRES GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 24, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 3 staff audited staff (House Manager (HM)). The findings are:</p> <p>Review on 2/24/22 of the HM's personnel record revealed: - Date of hire: 11/21/14. - CPR and First Aid training expired effective 2/19/22.</p> <p>Interview on 02/23/22 client 4 stated: - He attended a local education program. - The HM picked him up on the facility van for transport.</p> <p>Interview on 02/24/22 the HM stated: - He had worked at the facility for several years. - He was scheduled to complete CPR and First Aid training at the office. - He transported client #4 from school to the facility.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 02/23/22 of facility records from January 2021 thru December 2021 revealed:</p> <ul style="list-style-type: none"> <li>- No first shift fire drill was documented for the 3rd quarter of 2021.</li> <li>- No first shift disaster drill was documented for the 3rd and 4th quarter of 2021.</li> </ul> <p>Interview on 02/23/22 and 02/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- The facility had the following shifts.</li> <li>- 1st shift was Monday thru Friday from 8am to 4pm.</li> <li>- 2nd shift was Monday thru Friday from 4pm to 11pm.</li> <li>- 3rd shift was Monday thru Friday from 11pm thru 8am.</li> <li>- Weekend shift was from 8am to 8pm and 8pm</li> </ul>	V 114		
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V 114	Continued From page 3  to 8am. - He understood fire and disaster drills needed to be repeated on each designated shift and repeated quarterly.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#3, #4 and #5). The findings are:</p> <p>Finding #1: Review on 02/23/22 of client #3's record revealed: - 45 year old male. - Admission date of 03/01/95. - Diagnoses of Autism, Mild Intellectual Developmental Disability (IDD), Hypertension, Hyperlipidemia and Type II Diabetes.</p> <p>Review on 02/23/22 of client #3's signed FL-2 dated 01/03/22 revealed the following medication orders: - Hydrochlorothiazide (HCTZ) (treats water retention) 12.5 milligrams (mg) - take once daily. - Amlodipine (treats high blood pressure) 10mg - take once daily. - Fish Oil (lowers triglycerides level) 1,000 - take one capsule three times daily.</p> <p>Review on 02/23/22 of client #3's January 2022 and February 2022 MARs revealed: - HCTZ was transcribed for 25mg - take once daily. - Staff initials to indicate the HCTZ 25mg was administered daily 01/04/22 thru 02/22/22. - No staff initials for Amlodipine 02/21/22 at 8am, and Fish Oil 02/21/22 at 8am.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Interview on 02/23/22 client #3 stated received his medications daily.</p> <p>Finding #2: Review on 02/23/22 of client #4's record revealed: - 33 year old male. - Admission date of 08/02/11. - Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) Combined Type and Autism Spectrum Disorder.</p> <p>Review on 02/23/22 of client #4's signed FL-2 dated 12/22/21 revealed the following medication orders: - Atomoxetine (treats ADHD) 100mg - take once daily. - Ferrous Sulfate (treats iron deficiency) 325mg - take once daily. - Atarax (anti-anxiety) 50mg and 100mg - take one 50mg tablet in morning and 100mg in the evening. - Risperdal (anti-psychotic) 2mg - take twice daily. - Metoprolol (treats high blood pressure) 25mg - take one tablet daily.</p> <p>Review on 02/23/22 of client #4's February 2022 MAR revealed the following blanks: - Atomoxetine - 02/21/22 at 8am. - Ferrous Sulfate - 02/21/22 at 8am. - Atarax - 02/21/22 at 8am. - Risperdal - 02/21/22 at 8am. - Metoprolol - 02/21/22 at 8am.</p> <p>Interview on 02/23/22 client #4 stated he received his medications daily as ordered.</p> <p>Finding #3: Review on 02/23/22 of client #5's record revealed:</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- 39 year old female.</li> <li>- Admission date of 01/15/13.</li> <li>- Diagnoses of Moderate IDD, Schizophrenia and Obsessive Compulsive Disorder.</li> </ul> <p>Review on 02/23/22 of client #5's signed FL-2 dated 12/21/21 revealed the following medication orders:</p> <ul style="list-style-type: none"> <li>- Ocella (birth control) take once daily.</li> <li>- Multivitamins (treats vitamin deficiency) - take once daily.</li> <li>- Nuedexta (treats cough and heart rhythm disorders) 20-10mg - take every 12 hours.</li> <li>- Topamax (treats seizures) 200mg - take twice daily.</li> </ul> <p>Review on 02/23/22 of client #4's February 2022 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Ocella - 02/21/22 at 8am.</li> <li>- Multivitamins - 02/21/22 at 8am.</li> <li>- Nuedexta - 02/21/22 at 8am.</li> <li>- Topamax - 02/21/22 at 8am.</li> </ul> <p>Interview on 02/23/22 client #5 stated:</p> <ul style="list-style-type: none"> <li>- She received her medications daily as ordered.</li> </ul> <p>Interview on 02/23/22 and 02/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- The pharmacy had sent client #3's HCTZ to the facility.</li> <li>- He would follow up on client #3's HCTZ medication order and contact the pharmacy.</li> <li>- Staff may have forgotten to initial the MAR on 02/21/22.</li> <li>- No client had missed medications.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

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V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug</p>	V 290		



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V 290	<p>Continued From page 8</p> <p>withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision affecting one of three audited clients (#4). The findings are:</p> <p>Review on 02/23/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 33 year old male.</li> <li>- Admission date of 08/02/11.</li> <li>- Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) Combined Type and Autism Spectrum Disorder.</li> </ul> <p>Review on 02/23/22 of client #4's Person-Centered Profile (PCP) dated 07/01/21 and updated 12/21/21 revealed:</p> <ul style="list-style-type: none"> <li>- "...[Client #4] requires supervision in the school environment in order to stay focused on his task and refrain to touching items that don't belong to him. [Client #4] needs constant supervision to make sure he is not stealing items from others..."</li> <li>- Client #4 was kicked out of school for the month of December 2021 due to stealing, asking for money and smoking.</li> <li>- No documentation client #4 was able to remain in the community without supervision.</li> </ul>	V 290		

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V 290	<p>Continued From page 9</p> <p>Interview on 02/23/22 client #4 stated:</p> <ul style="list-style-type: none"> <li>- He had lived at the facility for many years.</li> <li>- He was taken by staff to a local education program daily.</li> <li>- No staff from the group home went in the education program with him.</li> </ul> <p>Interview on 02/23/22 and 02/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- Staff would take client #4 and pick him up at approximately 2:30pm.</li> <li>- No staff currently supervised client #4 at the education program.</li> <li>- The education program had prevented visitors due to Covid precautions.</li> <li>- He understood client #4 needed to be assessed and have documentation in his PCP.</li> </ul> <p>Interview on 02/24/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- The education program attended by client #4 had limited additional staff due to Covid restrictions.</li> <li>- She understood the client #4's PCP had no documented unsupervised time.</li> <li>- She would follow up with the education program to determine if staff could accompany client #4.</li> </ul>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 02/23/22 at approximately 11:30am revealed:</p> <ul style="list-style-type: none"> <li>- The walls in the hallway were patched and sanded in preparation for painting.</li> <li>- A smoke detector in the basement area emitted a chirping sound approximately every 35 second.</li> <li>- The dining room ceiling fan had one of three light bulbs that did not work.</li> <li>- The living room carpet had dark stains and appeared soiled..</li> <li>- Client #1 and client #4's bedroom had a missing globe from the ceiling fan light fixture.</li> <li>- The right side hallway bathroom had dark areas in the grout. The floor tiles next to the commode were broken. The floor vent was rusty.</li> <li>- Client #5's bedroom revealed one of three lights not working and a broken dresser drawer.</li> <li>- A repairman was painting the hallway walls.</li> </ul> <p>Interview on 02/23/22 and 02/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- The smoke detector in basement area needed a new battery.</li> <li>- The facility was being remodeled.</li> <li>- The bathroom and kitchen was scheduled for repair as well.</li> <li>- All repair items would be addressed during the remodel of the facility.</li> </ul>	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND	V 752		

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V 752	<p>Continued From page 11</p> <p><b>EQUIPMENT</b></p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 02/23/22 at approximately 11:30am revealed:</p> <ul style="list-style-type: none"> <li>- The water temperature in the kitchen sink was 122 degrees Fahrenheit.</li> <li>- The kitchen sink was used by the clients of the facility.</li> </ul> <p>Interview on 02/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- He was aware the water temperature in the facility was required to be between 100 and 116 degrees Fahrenheit.</li> <li>- He would ensure the water temperature was corrected as per rule.</li> </ul>	V 752		