STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on November 9, 2022. The complaint was unsubstantiated(intake #NC00193114). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 16 and currently has a census of 9. The survey sample consisted of audits of 3 current clients and former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to develop and implement strategies to meet the needs and behaviors affecting two of three audited current clients (#2 and #3) and one of one former client (FC #10). The findings are: a. Review on 11/7/22 of client #2's record revealed: -Admission date of 9/6/22. -Diagnoses of Cannabis Use Disorder, Nicotine Use Disorder, Stimulant Use Disorder, Sedative Hypnotic or Anxiolytic Use Disorder, Anxiety Disorder and Depression -Client #2's Person Centered Plan (PCP) dated 9/6/22 had no strategies to address refusing to take her prescribed medication. Review on 11/8/22 of a physician's order revealed: -Order dated 10/4/22 for Prenatal Vitamin (Supplement for pregnant women for additional vitamins and minerals), one tablet daily. Reviews on 11/7/22 and 11/8/22 of incident reports for client #2 revealed: -Incident reports dated 10/12/22, 10/13/22, 10/14/22, 10/16/22 thru 10/31/22, 11/1/22, 11/2/22, 11/3/22, 11/5/22, 11/6/22 and	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 112	Continued From page 2 11/7/22-Staff wrote client #2 missed/refused dose of medication- The missed/refused medication was the Prenatal Vitamin. Interview on 11/9/22 with client #2 revealed: -She was not taking the Prenatal Vitamin because it made her constipated. -She started taking Magnesium and that helped with the constipation. -She will start back taking her Prenatal Vitamin since constipation was no longer an issue. b. Review on 11/7/22 of client #3's record revealed: -Admission date of 8/4/22. -Diagnoses of Opioid Use Disorder and Cocaine Use Disorder. -Client #3's PCP dated 9/26/22 had no strategies to address refusing to take her prescribed medication. Review on 11/8/22 of physician's orders revealed: -Order dated 10/10/22 for Fluoxetine 20 milligrams (mg) (Depression, take three capsules daily. -Order dated 8/25/22 for Hydroxyzine 25 mg (Anxiety), one tablet three times daily. -Order dated 9/2/22 for Meloxicam 15 mg (Pain and Inflammation, one tablet daily with meals. Reviews on 11/7/22 and 11/8/22 of incident reports for client #3 revealed: -Incident reports dated 9/25/22, 9/26/22, 10/16/22, 10/18/22, 10/19/22, 10/20/22 and 10/21/22. Staff wrote client #3 missed/refused dose of medication. The missed/refused medication was Fluoxetine 20 mg. -Incident reports dated 8/27/22 thru 9/7/22. Staff wrote client #3 missed/refused dose of medication. The missed/refused medication was	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 112	Continued From page 3	V 112		

Hydroxyzine 25 mg.
-Incident report dated 10/16/22. Staff wrote client #3 missed/refused dose of medication. The missed/refused medication was Meloxicam.

Interview on 11/9/22 with client #3 revealed:
-She asked to be taken off of the "mental health" medications.
-She did not feel good with those medications.
-She really didn't want take the "mental health" medications.
-She never ran out of any medications.
-She just stopped taking the Psychotropic medications.
-Initially, she spoke with a staff and they sent an email to the Psychiatrist.
-The Psychiatrist discontinued the Psychotropic medication including the Hydroxyzine.
-That medication was making her fell "too loopy."
-"I didn't like the way it made me feel."
-She felt a lot better and slept better without those medications.

c. Review on 11/7/22 of FC #10's record revealed:
-Admission date of 7/25/22.
-Diagnoses of Alcohol Dependence, Anxiety Disorder and Depressive Disorder.
-Discharge date of 9/23/22.
-FC #10's PCP dated 7/25/22 had no strategies to address refusing to take her prescribed medication.

Review on 11/8/22 of a physician's order revealed:
-Order dated 8/1/22 for Prenatal Vitamin, one tablet daily.

Reviews on 11/7/22 and 11/8/22 of incident reports for FC #10 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 112	Continued From page 4 -Incident reports dated 7/26/22, 7/27/22, 7/31/22, 8/1/22, 8/2/22, 8/4/44, 8/6/22, 8/9/22, 8/15/22, 8/23/22, 8/24/22, 8/25/22, 8/30/22 and 9/1/22-Staff wrote FC #10 missed/refused dose of medication- The missed/refused medication was the Prenatal Vitamin. Interview on 11/7/22 with FC #10 revealed: -She didn't consistently take her Prenatal Vitamin when she lived at the facility. -The Prenatal Vitamins would sometimes make her feel sick on the stomach. -She was tired a lot because she was pregnant with twins and didn't always feel like walking over to the office to get her medication. Interviews on 11/7/22 and 11/8/22 with the Program Manager revealed: -Some of the clients refused their medications. -Their excuses were the medications made them feel sick. -She confirmed clients #2, #3 and FC #10 had no strategies to address taking their prescribed medications.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 114	Continued From page 5 under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 11/7/22 of the facility's fire drill log revealed: -The 3rd quarter of 2022 there were no drills completed for 1st and 3rd shifts. -The 2nd quarter of 2022 there were no drills completed for 1st and 2nd shift. Review on 11/7/22 of the facility's disaster drill log revealed: -The 3rd quarter of 2022 there were no drills completed for 1st, 2nd and 3rd shifts. -The 2nd quarter of 2022 there were no drills completed for 1st and 2nd shift. Interview on 11/9/22 with client #1 revealed: -She had been at the facility for six months. -Staff never did any fire or disaster drills with them. Interview on 11/9/22 with client #2 revealed: -She moved into the facility on 9/6/22. -She did one fire drill with staff about a month ago. Everyone didn't participate during that fire drill. -They never did any disaster drills with staff. Interview on 11/9/22 with client #3 revealed: -She lived at the facility since 8/4/22.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 114	Continued From page 6 -She thought they did a fire drill with staff. -Staff #3 talked to them about the disaster drill, however she didn't do a drill with them. Interview on 11/8/22 with staff #3 revealed: -There are three separate staff shifts. -She normally did the fire and disaster drills for 1st and 2nd shifts. -She had not done those drills consistently because "they were short staffed and they were doing so many other things with the clients." -Staff #1 used to do the 3rd shift drills when she worked that shift. -She wasn't sure why 3rd shift were not doing their drills. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift. Interview on 11/8/22 with the Program Manager revealed: -Staff worked three separate shifts at the facility. -She talked to staff #3 about the fire and disaster drills. -Staff #3 said they had not completed the drills as required. -They had a lot of staff transition over the last few months. -She was taking some time off due to personal reasons. -She didn't realize staff were not consistently doing the fire and disaster drills -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift.	V 114		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and	V 738		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 738	Continued From page 7 rodents. This Rule is not met as evidenced by: Based on observation and interviews the facility staff failed to maintain an insect free environment. The findings are: Observation on 11/8/22 at approximately 9:50 am of the facility revealed: -Client #4's kitchen area-There were approximately 15 gnats flying around. Interview on 11/8/22 with client #4 revealed: -She had been living at the facility for about 7 months. -She had a problem with gnats in her apartment. -She had been seeing those gnats on and off since she lived there. -She tried traps and a dish wash solution. -The gnats would disappear for a little while and return. Interview on 11/8/22 with staff #1 revealed: -She brought it to client #4's attention on 11/4/22 about seeing the gnats in her apartment. -Client #4 had a bunch of rotten bananas in her kitchen. -She told client #4 to call her about getting spray for those gnats. Client #4 never called her. -She confirmed the facility staff failed to maintain an insect free environment. Interviews on 11/8/22 with the Program Manager confirmed: -The facility staff failed to maintain an insect free environment.	V 738		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. This Rule is not met as evidenced by: Based on observation and interviews the facility's water temperature was not maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 11/8/22 of the facility at approximately 9:50 am revealed: -Client #2's kitchen sink water temperature was 120 degrees Fahrenheit. -Client #5's Bathroom #1, Bathroom #2 and the kitchen sink water temperatures were 120 degrees Fahrenheit. Interview on 11/8/22 with client #2 revealed: -She felt like the water was too hot in her apartment. -She had a three year old son and she adjusted the water for him during bathing. -She can regulate the water temperature without staff assisting her. Interview on 11/8/22 with staff #1 revealed: -Clients #2 and #5 didn't say anything to them about the water being too hot in their apartments. -She didn't know the water was hot in their apartments.	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-128	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT UNC HORIZONS	207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599

(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) COMPLETE DATE
V 752	Continued From page 9 -Those clients are capable of adjusting the water temperature during bathing. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. Interview on 11/8/22 with the Program Manager confirmed: -The facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		