

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/10/2023
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NAME OF PROVIDER OR SUPPLIER SUNNY ACRES GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301
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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure medications were administered as ordered and to keep the MARs current for 3 of 3 audited clients (#3, #4 and #5). The findings are:</p> <p>Finding #1 Review on 04/05/23 of client #3's record revealed: -34 year old male. -Admission date of 08/02/11. -Diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD), Combined Type.</p> <p>Review on 04/05/23 of client #3's Physician orders revealed: 12/12/22 -Atomoxetine 100mg (treats ADHD) Take 1 capsule by mouth every morning. -Ferrous Sulfate 325mg (Type of Iron) Take 1 tablet by mouth every day with breakfast. -Metoprolol Tablet 25mg (treats high blood pressure) Take 1 tablet by mouth every day for abnormal EKG. -Hydroxyzine HCL 50mg (treats anxiety) Take 1 tablet by mouth every day. -Risperidone 2mg (treats schizophrenia) Take 1</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>tablet by mouth twice a day 02/27/23 Divalproex 250mg (treats manic depression) Take 1 capsule by mouth twice a day.</p> <p>Review on 04/05/23 of client #3's April 2023 MAR revealed the following areas with no initials to indicate the medication had been administered: -Atomoxetine 100mg-04/02/23, 04/03/23. -Ferrous Sulfate 325mg-04/02/23, 04/03/23. -Metoprolol 25mg-04/02/23, 04/03/23. -Hydroxyzine HCL 50mg-04/02/23, 04/03/23. -Risperidone 2mg-04/02/23, 04/03/23. -Divalproex 250mg-04/01/23-04/04/23 at 8am.</p> <p>During interview on 04/10/23 client #3 revealed: -He took his medication everyday. -He knew what his medication looked like and when he was supposed to take it. -He had not missed any of his medications.</p> <p>Finding #2 Review on 04/05/23 of client #4's record revealed: -41 year old male. -Admission date of 01/15/13. -Diagnoses of Moderate Intellectual Developmental Disability, Schizophrenia, Obsessive Compulsive Disorder.</p> <p>Review on 04/10/23 of client #4's Physician orders revealed: 12/08/22 -Drospir/Ethi Tab 3-0.03mg (Birth Control) Take 1 tablet by mouth every day.</p> <p>Review on 04/05/23 of client #4's April 2023 MAR revealed the following areas with no initials to indicate the medication had been administered:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>-Drospir/Ethi Tab 3-.003mg-04/02/23, 04/03/23.</p> <p>During interview on 04/10/23 client #4 revealed: -She received her medication daily.</p> <p>Finding #3 Review on 04/10/23 of client #5's record revealed: -19 year old female. -Admission date of 01/25/23. -Diagnoses of Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Mood Disorder, Attention Deficit Hyperactivity Disorder and Paralysis in right arm.</p> <p>Review on 04/05/23 of client #5's Physician orders revealed: 03/06/23 -Quetiapine 300mg (treats Schizophrenia) Take II tablets by mouth at bedtime.</p> <p>Review on 04/05/23 of client #5's April 2023 revealed: -The MAR states "Quetiapine 300mg Take 1 tablet by mouth at bedtime.</p> <p>Review on 04/05/23 of the medication label revealed: -Quetiapine 300mg Take 2 tablets (600mg) by mouth at bedtime.</p> <p>Review on 04/05/23 of client #5's April 2023 MAR revealed the following areas with no initials to indicate the medication had been administered: -Quetiapine 300mg-04/01/23, 04/02/23.</p> <p>Interview was attempted with client #5 on 04/10/23 and she stated, "Get out of my face."</p> <p>During interview on 04/05/23 the House Manager</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/10/2023
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V 118	Continued From page 4 revealed: -He would contact the pharmacy and have them correct the MAR. -He would discuss with the staff on ensuring they sign off on the MAR's after each medication was given to the clients. This deficiency constistutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367	QP will conduct a staff in-service training on incident reporting with all staff by 6/9/2023. QP will ensure all Level II/III incidents are reported to the IRIS system in a timely manner.	

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		
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Division of Health Service Regulation

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V 367	<p>Continued From page 6</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a level II incident report was completed for one of three audited clients (#5) restrictive intervention. The findings are:</p> <p>Review on 04/10/23 of client #5's record revealed: -19 year old female. -Admission date of 01/25/23. -Diagnoses of Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Mood Disorder, Attention Deficit Hyperactivity Disorder and Paralysis in right arm.</p> <p>Review on 04/10/23 of a facility "Level I Incident Report" revealed: - Date of incident: 02/13/23. - Time of incident: 2:15 pm.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Client name: Client #5. - "Narrative: As we were leaving the library program, [Client #5] seemed very agitated and fell out in the parking lot. Staff assisted with [Client #5] to get her on her feet, but she constantly threw herself on the ground. Staff eventually was able to get client on the van, but she had to be restrained to prevent self harm. Once we arrived back home, staff helped her to her room until she calmed down. Staff grabbed [Client #5's] hands so she wouldn't hit herself in the place. Supervisor's comments: Supervisor reminded staff to not physically touch the consumer when they are on the ground attempting to harm themselves. Supervisor will address the physical aggressiveness of the consumer with her guardian." <p>Interview was attempted with client #5 on 04/10/23 and client #5 stated, "Get out my face."</p> <p>During interview on 04/10/23 staff #3 revealed:</p> <ul style="list-style-type: none"> -The incident at the library client #5 threw herself on the ground. -Staff was trying to get her up. -She had to use a wrap and client #5 had a coat on. -She some how had her legs crossed over client #5 and she had her in a wrap. <p>Interview on 04/10/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She understood all restrictive interventions needed to be documented. - She would ensure all restraints were documented properly as required. -She was not aware client #5 was being placed in restrictive interventions. -She would ensure a Level II was completed if a 	V 367		
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Division of Health Service Regulation

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V 367	Continued From page 8 restrictive intervention had to be used on client #5.	V 367		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if	V 521	Staff will be trained on NCI+ by 6/9/2023. QP will conduct an in-service training on de-escalation techniques by 6/9/2023.	

Division of Health Service Regulation

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V 521	<p>Continued From page 9</p> <p>determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for one of three audited clients (#5). The findings are:</p> <p>Review on 04/10/23 of client #5's record revealed: -19 year old female. -Admission date of 01/25/23. -Diagnoses of Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Mood Disorder, Attention Deficit Hyperactivity Disorder and Paralysis in right arm.</p> <p>Review on 04/10/23 of a facility "Level I Incident Report" revealed: - Date of incident: 02/13/23. - Time of incident: 2:15 pm. - Client name: Client #5. - "Narrative: As we were leaving the library program, [Client #5] seemed very agitated and fell out in the parking lot. Staff assisted with [Client #5] to get her on her feet, but she constantly threw herself on the ground. Staff eventually was able to get client on the van, but she had to be restrained to prevent self harm. Once we arrived back home, staff helped her to her room until she calmed down. Staff grabbed [Client #5's] hands so she wouldn't hit herself in the place. Supervisor's comments: Supervisor reminded</p>	V 521		
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Division of Health Service Regulation

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V 521	Continued From page 10 staff to not physically touch the consumer when they are on the ground attempting to harm themselves. Supervisor will address the physical aggressiveness of the consumer with her guardian." Interview was attempted with client #5 on 04/10/23 and client #5 stated, "Get out my face." During interview on 04/10/23 staff #3 revealed: -The incident at the library client #5 threw herself on the ground. -Staff was trying to get her up. -She had to use a wrap and client #5 had a coat on. -She some how had her legs crossed over client #5 and she had her in a wrap. Interview on 04/10/23 the Qualified Professional stated: - She understood all restrictive interventions needed to be documented. - She would ensure all restraints were documented properly as required. -She was not aware client #5 was being placed in restrictive interventions.	V 521		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.	V 736	Home Manager will conduct weekly walk throughs of the facility to identify any areas of repair. All needed repairs will be completed before 5/10/2023.	

Division of Health Service Regulation

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V 736	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 04/05/23 at approximately 10:10am revealed:</p> <ul style="list-style-type: none"> -The linoleum floor was damaged and worn under the single chair in the kitchen. -The front porch railing was sagging and unstable and peeling paint on several areas of the wood. -The wall in the tv/sitting area had a large red stained area. -The ceiling in the tv/sitting area was dirty and dusty around the fan. -Client #3's bedroom had torn carpet and the ceiling was dusty and dirty near the fan. -A hole was in the wall upon the front entrance of the facility. -The hall bathroom had loose pieces of tile on the floor. -The laundry room in the hallway had a whole next to electrical plug -A smoke detector emitted a chirping sound approximately every 35 second. -The carpet had dark stains and appeared soiled throughout facility. -Client #5's closet door was damaged. -The window next to client #5's bed did not have a curtain or blind. -The bathroom door knob was broken in client #4 and client #5's bedroom. -The sink was clogged and had standing water in client #4 and client #5's bathroom sink. -The area where the dining table was located the rugs under the table were folding up causing a fall/trip hazard. 	V 736		

Division of Health Service Regulation

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V 736	Continued From page 12 During interview on 04/05/23 the House Manager revealed: -The hole in the hallway was caused by him trying to move an appliance into the facility. -The damage in client #4 and client #5's bedroom was done by client #5 during one of her behaviors. -He would ensure the other areas of the facility would be repaired. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
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 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: Observation on 04/05/23 at approximately 10:10am revealed: - The water temperature in the kitchen sink was 122 degrees Fahrenheit.	V 752	Group Home Manager will conduct weekly water temperature checks. Home Manager will make adjustments to water temperature as needed. Water temperature will be adjusted before 5/10/2023.	

Division of Health Service Regulation

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V 752	<p>Continued From page 13</p> <ul style="list-style-type: none"> - The kitchen sink was used by the clients of the facility. -The water temperature in the hall bathroom was 123 degrees Fahrenheit. <p>Interview on 04/10/23 the House Manager stated:</p> <ul style="list-style-type: none"> - He was aware the water temperature in the facility was required to be between 100 and 116 degrees Fahrenheit. - He would ensure the water temperature was corrected as per rule. <p>This deficiency constistutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		

Sophia B. Pierce & Associates, Inc.
1422 Murchison Road
PO Box 2813
Fayetteville, NC 28302
Phone (910) 488-8477 Fax (910) 822-1951

April 27, 2023

Dear Emily Jones,

Thank you for your recent visit to Sunny Acres on April 10, 2023. We have received the deficiencies and have already made the adjustment to comply with state regulations and guidelines. Enclosed you will find our plan of correction for that deficiency. If you have any questions or concerns, please contact our office at (910) 488-8477.

Sincerely,

A handwritten signature in black ink that reads "Nathaniel Rhone, QP". The signature is written in a cursive style with a large, stylized initial "N".

Nathaniel Rhone
Qualified Professional

