

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2023
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 004	<p>Continued From page 1</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the emergency preparedness plan (EPP) was reviewed and updated at least every two years. The finding is:</p> <p>Review of the facility EPP manual on 7/10/23 revealed a facility EPP manual dated 3/24/20. Continued review of the facility EPP manual revealed outdated client specific information for 6 of 6 clients (#1, #2, #3, #4, #5, #6). Review of the EPP manual also revealed expired client specific plans ranging from 1/7/19 to 11/1/19.</p> <p>Subsequent review of the facility EPP manual did not reveal evidence of updated in-service training, mock drills or tabletop exercises. Continued review of the EPP manual revealed a facility mock drill dated 10/1/20.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/11/23 revealed that staff were provided in-service training during staff meetings however evidence of the in-service training was not available during the survey. Continued interview with the QIDP also revealed that evidence of current facility mock drills and tabletop exercises could not be located during the survey. Further interview with the QIDP revealed that client specific information in the EPP manual should be updated every two years or as needed.</p>	E 004	<p>(E004) Emergency Operations Plan has been updated for Sunny Hill 1 on 7/19/2023 and QP will update every two years.</p> <p>(E004) QP updated Emergency Operations Plan updated on 7/19/2023 with all current PCP'S for all six current residents.</p> <p>(E004) IDT, Safety Committee Person, Behavioral Analysis, and Qualified Professional will conduct Tabletop exercises on a monthly basis for the next three months during our monthly house meetings.</p>	7/19/2023 7/19/2023 8/16/2023	

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W 104	Continued From page 3 with the QIDP revealed that maintenance staff had planned to discard the recliner and was not aware that the recliner was still on the facility grounds. Further interview with the QIDP revealed that maintenance should place all trash items to the street for city trash pickup.	W 104	(W104): The recliner has been removed from off of the porch of Sunny Hill One Group Home on July 14, 2023.	7/14/2023
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to include opportunities for client choice and self-management for 4 of 6 clients (#2, #3, #4, and #5) relative to coming out of their rooms and access to the kitchen area. The finding is: Observation in the group home on 7/11/23 at 6:40 AM - 7:00 AM revealed all clients in their rooms. Further observations revealed client #5 to enter the kitchen and staff C to redirect him back to his room stating "you will have to stay in your room until first shift comes in". Continued observations revealed staff C to enter client #2's bedroom and remind him to remain in his bedroom until first shift staff comes in. Further observations revealed staff C to contact another staff to confirm whether he is scheduled to work at 6:30 AM but was told he is scheduled to report to work at 7:00 AM. Additional observations and confirmation during an interview with staff C revealed all clients are to remain in the bedrooms until first shift arrives. Staff C also stated "one staff is always scheduled to come in at 6:30 AM and another at 7:00 AM".	W 247	(W247): In-Service will be done during our House Meeting August 16, 2023 regarding clients rights.	8/16/2023 3

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

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W 247	<p>Continued From page 5</p> <p>review of all clients behavior support plans (BSP's) did not address restrictions to the kitchen, refrigerator or pantry area.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) on 7/11/23 revealed all clients BSP's are current. Continued interview verified all clients should not be restricted from any areas of their homes unless identified in their BSP's. Further interview with the QIDP revealed clients should be provided the choice or opportunity to exit their bedrooms or enter any areas of their home.</p>	W 247	<p>(W247): IDT will meet to discuss any changes that will be implement in the Behavioral Support Plans during our house meeting August 16, 2023</p>	8/16/2023
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