

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

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 07/11/2024
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	
W 255	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the behavior support plan (BSP) for 2 of 6 clients (#2 and #4) was reviewed and revised as needed after completion of an objective. The findings are:</p> <p>A. Review on 7/10/24 of client #2's clinical record revealed a BSP dated 10/19/20 with an objective for client #2's rate of disruptive behaviors will decrease to zero episodes per month, for 6 consecutive months by 11/1/21. Further review revealed target behaviors of physical aggression, verbal aggression, tantrum behavior, and refusal. No current BSP could be located.</p> <p>Interview on 7/11/24 with the qualified intellectual disabilities professional (QIDP) confirmed the most current BSP for client #2's had been completed on 10/19/20.</p> <p>B. Review on 7/10/24 of client #4's clinical record revealed a BSP dated 7/21/16 with an objective for client #4's rate of disruptive behaviors will decrease to zero episodes per month for 6 consecutive months by 9/1/17. Further review revealed target behaviors of verbal disruption, property disruption, AWOL, SIB, Inappropriate sexual behavior. No current BSP could be located.</p>	W 255			

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

TITLE

(X6) DATE

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.

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

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 07/11/2024
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	
W 255	Continued From page 1 Interview on 7/11/24 with the QIDP confirmed the most current BSP for client #4 had been completed on 7/21/16.	W 255			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Observations in the home throughout 7/10/24 and 7/11/24 revealed locks on the pantry doors. A. Review on 7/11/24 of client #2's clinical record revealed no written HRC consent for locks on the pantry doors. B. Review on 7/11/24 of client #4's clinical record revealed no written HRC consent for locks on the pantry doors. C. Review on 7/11/24 of client #5's clinical record revealed no written HRC consent for locks on the pantry doors. Interview on 7/11/24 with the qualified intellectual disabilities professional (QIDP) revealed that none of the three clients reviewed had HRC consent for locked pantry doors. The QIDP confirmed that the facility should have obtained HRC consent for all of the clients in the home.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed	W 263			

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 07/11/2024
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	
W 263	<p>Continued From page 2</p> <p>consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 out of 3 audit clients (#2, #4 and #5). The findings are:</p> <p>Observations in the home throughout 7/10/24 and 7/11/24 revealed locks on the pantry doors.</p> <p>A. Review on 7/11/24 of client #2's clinical record revealed no written informed consent of a legal guardian for locked pantry doors.</p> <p>B. Review on 7/11/24 of client #4's clinical record revealed no written informed consent of a legal guardian for locked pantry doors.</p> <p>C. Review on 7/11/24 of client #5's clinical record revealed no written informed consent of a legal guardian for locked pantry doors.</p> <p>Interview on 7/11/24 with the qualified intellectual disabilities professional (QIDP) revealed that none of the three clients reviewed had written consent for the locked pantry doors. The QIDP confirmed that the facility should have obtained written informed consent for all of the clients in the home.</p>	W 263			
W 474	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by:</p>	W 474			

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

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 07/11/2024
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	
W 474	<p>Continued From page 3</p> <p>Based on observation, record review and interview, the facility failed to assure food consistency was served in a form according to the developmental level of 3 of 6 clients (#1, #3, #6). The findings are:</p> <p>Observations on 7/11/24 at 7:10AM revealed client #3 to wash his hands and assist with meal preparation in the kitchen with staff. Continued observations revealed client #3 to be prompted to set the table and make his plate for the breakfast meal. The breakfast meal consisted of 2 sausage patties, 2 slices of toast, tangerine slices, orange juice, water, and milk. Further observations revealed client #3 to eat his breakfast in whole form with the sausage patties cut in half pieces. At no point during the breakfast meal observations did staff assist client #3 in cutting his menu items according to his diet consistency as prescribed.</p> <p>Subsequent observations at 7:25AM revealed client #6 to enter the kitchen to prepare his breakfast with staff assistance. Continued observation revealed client #6 to set his place setting in preparation for the breakfast meal. Further observation revealed client #6 to consume large pieces of toast during the breakfast meal. At no point during the observation did staff assist client #6 with cutting his toast into 1/4" pieces.</p> <p>Additional observations at 7:45AM revealed client #1 to sit at the dining table and participate in the breakfast meal. Continued observation revealed client #1 to consume his toast in large pieces. Observations did not reveal staff to assist client #1 in cutting his toast into 1/4" pieces.</p>	W 474			

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

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 07/11/2024
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	
W 474	<p>Continued From page 4</p> <p>Review of the record for client #3 revealed a person centered plan (PCP) dated 6/12/24. Continued review of the record revealed a physician's order dated 7/11/24 indicated client #3 has the following diet: heart healthy, no grapefruit, no caffeine, ½" consistency, Ensure one time daily, and double portions as needed. Review of the record for client #3 did not reveal any changes in the client's diet order.</p> <p>Review of the record for client #6 revealed a PCP dated 6/13/24 and a physician's order dated 4/4/24 which indicated that the client has the following diet order: heart healthy, no grapefruit, double portions, heart healthy, no grapefruit, double portions, Boost 4 times a day, ¼" consistency with nectar thickened liquids. Review of the physician's order for client #6 did not indicate changes in the client's diet consistency.</p> <p>Review of the record for client #1 revealed a PCP dated 2/1/24 and a physician's order dated 4/4/24 indicated that the client has the following diet order: heart healthy, low sodium, Activia yogurt BID, double portions, ¼" cut pieces and thin liquids. Review of the prescribed diet order did not indicate any changes to client #1's diet consistency.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/11/24 revealed all staff have been trained to follow the clients' diet orders as prescribed. Continued interview with the QIDP revealed that staff have access to a portions chart and meal preparation guidelines to ensure the accuracy of the clients' diet orders.</p>	W 474			