

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2024
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NAME OF PROVIDER OR SUPPLIER SUNRISE AT UNC HORIZONS	STREET ADDRESS, CITY, STATE, ZIP CODE 207, 209 & 211 CONNOR DRIVE CHAPEL HILL, NC 27599
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(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
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V 000 INITIAL COMMENTS

An annual survey was completed on 10/7/24. 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 30 and has a current census of 19. The survey sample consisted of audits of 3 current clients and 1 former client.

V 000

V 105 27G .0201 (A) (1-7) Governing Body Policies

10A NCAC 27G .0201 GOVERNING BODY POLICIES

(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:

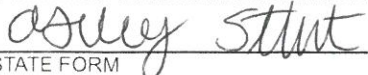
- (1) delegation of management authority for the operation of the facility and services;
- (2) criteria for admission;
- (3) criteria for discharge;
- (4) admission assessments, including:
 - (A) who will perform the assessment; and
 - (B) time frames for completing assessment.
- (5) client record management, including:
 - (A) persons authorized to document;
 - (B) transporting records;
 - (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;
 - (D) assurance of record accessibility to authorized users at all times; and
 - (E) assurance of confidentiality of records.
- (6) screenings, which shall include:
 - (A) an assessment of the individual's presenting problem or need;
 - (B) an assessment of whether or not the facility can provide services to address the individual's

V 105

RECEIVED

OCT 18 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Clinical Compliance Officer	(X6) DATE 10-16-2024
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October 16, 2024

RECEIVED

OCT 18 2024

DHSR-MH Licensure Sect

Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Corrective Action for Sunrise at UNC Horizons Program, MHL # 068-128
Annual and Follow Up Survey completed October 7, 2024

This letter and the attached documentation serve as our corrective action in response to the concerns identified during your review on the 7th of October.

- What measures will be put into place to correct the deficient area of practice;
- What measures will be put in place to prevent the problem from occurring again;
- Who will monitor the situation to ensure it will not occur again;
- How often will this monitoring take place?

Tag V 105 :

27G .0201 (A) (1-7) Governing Body Policies

Facility failed to have a current CLIA waiver in order to complete urine drug screens
(Certificate of Wavier (Clinical Laboratory) expired on June 6, 2024)

Corrective Actions:

CLIA laboratory recertification forms have been submitted to DHHS 10/15/24. Also, Horizons Clinical Compliance Officer has ensured that the new CLIA certificates will be updated to reflect the correct information, as we have experienced a change to our laboratory director since the last CLIA certificates were issued. The Clinical Compliance Officer will add reminders for CLIA renewal to our yearly organizational checklist and calendar to ensure we stay in compliance with our CLIA certificates in the future. The Horizons Business Officer will assist with payment submission for our updated CLIA certificates as soon as the invoice is received.

Tag V 108:

27G .0202 (F-I) Personnel Requirements

Two staff members were out of compliance and had no documentation of current training in CPR and FA.

Corrective Actions:

The Horizons Clinical Compliance Officer is scheduling a group CPR/FA training for Horizons staff members in November 2024. Training will be provided on site via CPR

Consultants group from Raleigh, NC. Staff members needing immediate renewal of CPR certification will be scheduled for individual training in order to ensure certification is renewed as soon as possible. Any other individuals needing renewal of CPR certification for 2024 who are not able to attend the group training, will be scheduled for individual CPR/FA training before the date of their certification expiration.

Tag V 114:

27G .0207 Emergency Plans and Supplies

The facility failed to conduct fire and disaster drills quarterly on each shift.

Corrective Actions:

The Horizons Residential Program Manager will ensure staff on all shifts are properly trained in fire and disaster drills and that these are conducted on a quarterly basis.

Tag V 118:

27G .0209 (C) Medication Requirements

The facility failed to adhere to all of the requirements pertaining to medication.

Corrective Actions:

The Horizons Director has created and immediately implemented a new medication administration log sheet, which includes a sheet of codes/abbreviated terms that will help staff with documentation of missed medications. The LPN nurse for Horizons will travel to the residence to check MAR's bi-monthly to ensure accuracy in medication administration and documentation and will have staff members correct any missing or incorrectly documented information at the time of review. Case Managers will ensure that clients are adhering to goals and that medications are being taken as prescribed, when they meet with clients monthly to update clients' Person-Centered Plans.

Tag V 752:

27G .0304(b)(4) Hot Water Temperatures

The facility failed to maintain the facility water temperature between 100-116 degrees

Corrective Actions:

A work order has been submitted by Horizons Residential Program Manager for Sunstone Apartments maintenance technicians to correct the water temperature issues in the affected apartments. A check will be done monthly by Horizons Facilities Services Coordinator to ensure water temperature in all apartments stays within the complaint temperature range.

Sincerely,

Ashley Stuart

Ashley Stuart
Clinical Compliance Officer
UNC Horizons Program