

Division of Health Service Regulation

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| 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 03/14/2025 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNNY ACRES GROUP HOME

**611 COUNTRY CLUB DRIVE
FAYETTEVILLE, NC 28301**

| (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 and follow up survey was completed on March 14, 2025. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans 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 under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. | V 114 | By April 1st, 2025 QP will conduct a training with all staff on the completion of fire drills in the home. At least one fire drill will be conducted on each shift every 90 days. | |

RECEIVED

APR 02 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

UFGC11

If continuation sheet 1 of 5

Division of Health Service Regulation

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| V 114 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are:</p> <p>Review on 3/13/25 of the facility's fire drill log from February 2024 to February 2025 revealed: -There was no documentation fire drills were conducted for the 4th quarter (October, November and December) of 2024 for 2nd shift. -There was no documentation fire drills were conducted for the 3rd quarter (July, August and September) of 2024 for 3rd shift. -There was no documentation fire drills were conducted for the 1st quarter (January, February and March) of 2024 for 1st shift.</p> <p>Review on 3/13/25 of the facility's disaster drill log from January 2024 to December 2024 revealed: -There was no documentation disaster drills were conducted for the 4th quarter (October, November and December) of 2024 for 3rd shift. -There was no documentation disaster drills were conducted for the 3rd quarter (July, August and September) of 2024 for 1st shift. -There was no documentation disaster drills were conducted for the 2nd quarter (April, May, June) of 2024 for 2nd shift. -There was no documentation disaster drills were conducted for the 1st quarter (January, February and March of 2024) for 1st and 3rd quarter.</p> <p>Attempted interview on 3/14/25 with client #2 revealed: -He would repeat the statement said by the surveyor.</p> <p>Attempted interview on 3/14/25 with client #3 revealed:</p> | V 114 | | | |

Division of Health Service Regulation

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| V 114 | Continued From page 2 -She would repeat the statement said by the surveyor. Interview on 3/14/25 with the Group Home revealed: -The shifts for the drills were first shift 8am-4pm, second shift 4pm-12am and third shift 12am-8am for the weekday. -The weekend shifts were 12-hour shifts of 8am-8pm and 8pm-8am. -Staff were to complete a drill each month during their shift. -He confirmed the facility failed to conduct fire and disaster drills quarterly on each shift. | V 114 | | |
| 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 3/14/25 at approximately 11:50am revealed: -The carpet at the door entrance was stained. -The attic door insulation was hanging out around the opening. -Cobwebs and dust were hanging around the attic door. -Dust and lint lined the wall of the washer and dryer. | V 736 | By April 1st, 2025 QP will conduct a training with all staff on properly cleaning the facility. Each shift will be responsible for ensuring all areas are cleaned and clear of dust, spider, and cobwebs. | |

Division of Health Service Regulation

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| V 736 | Continued From page 3 Interview on 3/14/25 with the Group Home Manager revealed: -Clients were responsible for maintaining their rooms. -Staff were to assist clients with keeping common areas clean. -Acknowledged the home needed a spring cleaning. 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 failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 3/14/25 approximately 11:50am of the facility's hot water temperature revealed: -The hallway bathroom water temperature was 120 degrees. -The kitchen sink water temperature was 118 degrees. | V 752 | By April 1st, 2025 the water tempature in the home will be adjusted to meet the standard temperture and will be monitored monthly by home manager. | |

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| V 752 | Continued From page 4 Interview on 3/14/25 with the House Manager revealed: -He adjusted the temperature and thought the temperature was in the range. -He would ensure the water temperature was adjusted between 110-116 degrees Fahrenheit. | V 752 | | | |