STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G147	A. BUILDING _____ B. WING _____	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY HILL II	279 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 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: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the human rights committee (HRC). This affected 6 out of 6 sampled clients (#1, #2, #3, #4, #5 and #6). The findings are: Observations in the home throughout the recertification survey on 7/8/25 and 7/9/25 revealed alarms to sound off on all exit doors when clients, staff and surveyors entered or exited the home. Further observations revealed a locked padlock on the kitchen drawer where all sharp objects are kept. Continued observations revealed door alarms on clients #2 and #6 bedroom doors to sound when the doors are opened. A. Review on 7/9/25 of client #1's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. B. Review on 7/9/25 of client #2's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for	W 262	(W262) The QP will be in-serviced by the program manager on ensuring consents are kept in date and completed at the appropriate frequency for maintained continuity of care. QP will ensure consents are updated as needed per expiration date or any changes that may require an updated consent.	07.25.2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Admin 7/25/25

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.

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W 262	Continued From page 1 sharp objects. D. Review on 7/9/25 of client #4's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. E. Review on 7/9/25 of client #5's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. F. Review on 7/9/25 of client #6's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door. Interview with the facility Program Manager (PM) on 7/9/25 revealed that HRC consents could not be located for review relative to exit door alarms, bedroom chimes for clients #2 and #6 and a locked kitchen cabinet. Further interview with the PM confirmed that the facility should have obtained annual HRC consents for all clients.	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 consent of the client, parents (if the client is a minor) or legal guardian. 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 6 sampled clients (#2, #5 and #6). The findings are:	W 263	(W263) The QP will be in-serviced by the program manager on ensuring consents are kept in date and completed at the appropriate frequency for maintained continuity of care. QP will ensure consents are updated as needed per expiration date or any changes that may require an updated consent.	07.25.2025

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W 263	Continued From page 2 Observations in the home throughout the recertification survey on 7/8/25 and 7/9/25 revealed alarms to sound on all exit doors when clients, staff and surveyors entered or exited the home. Further observations revealed a locked padlock on the kitchen drawer where all sharp objects are kept. Continued observations revealed door alarms on clients #2 and #6 bedroom doors to sound when the doors are opened. A. Review on 7/9/25 of client #2's clinical record revealed no written guardian consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimes on bedroom door. B. Review on 7/9/25 of client #5's clinical record revealed no written guardian consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. C. Review on 7/9/25 of client #6's clinical record revealed no written guardian consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimes on bedroom door. Interview with the facility Program Manager (PM) on 7/9/25 revealed that guardian consents could not be located for review relative to exit door alarms, bedroom chimes for client's #2 and #6 and a locked kitchen cabinet. Further interview with the PM confirmed that the facility should have obtained annual guardian consents for all clients.	W 263		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382		

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W 382	Continued From page 3 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audit clients (#1). The finding is: Observations in the group home from 7/8/25-7/9/25 revealed a prescription labeled Nystatin powder 100,000 units/gm for client #1 sitting on a dresser next to her bed. Interview with the facility nurse on 7/9/25 confirmed client #1's prescribed medicated powder. Further interview with the facility nurse revealed that the client's medicated powder should be kept secured in the medication room when not being administered.	W 382	(W382) Staff will be in serviced by the QP on ensuring medications are stored properly in the designated areas.	07.25.2025
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 6 of 6 sampled clients (#1, #2, #3, #4, #5, #6) received their specially prescribed diet as ordered by the interdisciplinary team. The findings are: A. The facility failed to ensure the prescribed diet for client #1. For example: Observation during the evening meal on 7/8/25 revealed the meal to be 2 tacos consisting of	W 463	(W463) The clinical team will be in-serviced by the QP to ensure all diets are followed as outlined per physician orders and training to be completed by the home manager to staff on ensuring diets are followed as outlined. Three mealtimes assessments will be completed monthly for the next three months by the clinical team to ensure this standard is being followed.	07.25.2025

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W 463	Continued From page 4 ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice, pinto beans, water and sweet tea. Continued observation revealed that client #1 was served all of the menu items above, including a second serving of rice and a slice of cake with frosting. Further observation revealed client #1 to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #1 dated 11/22/24 indicating the client's diet order to be 1800 calories, low fat, low cholesterol, chopped 1" consistency. Continued record review revealed the 7/8/25 dinner menu for the 1800 calorie diet to be 2 ground beef tacos (2 oz meat and 6" tortilla each), tomatoes, lettuce, salsa, ½ cup green salad with lite dressing, ½ cup black beans, 16 oz water. Interview with the facility Program Manager (PM) on 7/9/25 confirmed that client #1 should not have been served rice or cake during the dinner meal and, instead, should have been served a green salad with lite dressing. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. B. The facility failed to ensure the prescribed diet for client #2. For example: Observation during the morning meal on 7/9/25 revealed the meal to consist of cheese grits, sausage links, peaches, milk, water and regular coffee. Continued observation revealed client #2 to be served all of the above items and to consume the entire meal. Record review on 7/9/25 revealed a nutritional	W 463		

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W 463	Continued From page 5 evaluation for client #2 dated 3/19/25 indicating the client's diet order to be Heart Healthy, no grapefruit or caffeine. Interview with the facility PM on 7/9/25 confirmed that client #2 should not have been served regular coffee. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. C. The facility failed to ensure the prescribed diet for client #3. For example: Observation during the morning meal on 7/9/25 revealed the meal to consist of cheese grits, sausage links, peaches, milk, water and regular coffee. Continued observation revealed client #3 to be served all of the above items, but no orange juice, and to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #3 dated 4/24/24 indicating the client's diet order to be Regular, double portions, ½" consistency with thin liquids (may grind food if client #3 prefers) no grapefruit. Ensure plus every morning. Continued record review revealed the regular diet breakfast menu to include 8 oz of orange juice. Interview with the facility PM on 7/9/25 confirmed that client #3 should have been served 8 oz of orange juice with breakfast. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. D. The facility failed to ensure the prescribed diet for client #4. For example Observation during the evening meal on 7/8/25	W 463		

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W 463	Continued From page 6 revealed the meal to be 2 tacos consisting of ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice, pinto beans, water and sweet tea. Continued observation revealed that client #4 was served all of the menu items above, including a second serving of rice and a slice of cake with frosting. Further observation revealed client #4 to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #4 dated 3/12/25 indicating the client's diet order to be Diabetic, no grapefruit, no caffeine, no fluids after 8pm. Continued record review revealed the 7/8/25 dinner menu for the diabetic diet to be 2 ground beef tacos (2 oz meat and 6" tortilla each), tomatoes, lettuce, salsa, ½ cup green salad with lite dressing, ½ cup black beans, 16 oz water. Interview with the facility PM on 7/9/25 confirmed that client #4 should not have been served rice or cake during the dinner meal and, instead, should have been served a green salad with lite dressing. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. E. The facility failed to ensure the prescribed diet for client #5. For example: Observation during the morning meal on 7/9/25 revealed the meal to consist of cheese grits, sausage links, peaches, milk, water and regular coffee. Continued observation revealed client #5 to be served all of the above items, but no orange juice, and to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #5 dated 11/26/24 indicating	W 463		

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W 463	Continued From page 7 the client's diet order to be Regular diet, double portions, regular snacks. 1" consistency, thin liquids. Continued record review revealed the regular diet breakfast menu to include 8 oz of orange juice. Interview with the facility PM on 7/9/25 confirmed that client #5 should have been served 8 oz of orange juice with breakfast. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. F. The facility failed to ensure the prescribed diet for client #6. For example: Observation during the evening meal on 7/8/25 revealed the meal to be 2 tacos consisting of ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice, pinto beans, water and sweet tea. Continued observation revealed that client #6 was served all of the menu items above, including a second serving of rice and a slice of cake with frosting. Further observation revealed client #6 to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #6 dated 7/11/24 indicating the client's diet order to be Diabetic, no concentrated sweets, low sodium, seconds of non-starchy veggies only, no caffeine. Continued record review revealed the 7/8/25 dinner menu for the diabetic diet to be 2 ground beef tacos (2 oz meat and 6" tortilla each), tomatoes, lettuce, salsa, ½ cup green salad with lite dressing, ½ cup black beans, 16 oz water. Interview with the facility PM on 7/9/25 confirmed that client #6 should not have been served rice or cake during the dinner meal and, instead, should	W 463		

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W 463	Continued From page 8 have been served a green salad with lite dressing. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal.	W 463		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 3 of 6 sampled clients (#1, #3, #5). The findings are: A. The facility failed to ensure the prescribed diet for client #1. For example: Observation during the evening meal on 7/8/25 revealed the meal to consist of 2 ground beef tacos consisting of ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice pinto beans, water and sweet tea. Continued observation revealed staff to serve client #1 a flour tortilla which was cut into pieces approximately 1-2" in length. Record review on 7/9/25 revealed a nutritional evaluation for client #1 dated 11/22/24 indicating the client's diet order to be 1800 calories, low fat, low cholesterol, chopped ¼" consistency, ½ portions of dessert. Interview with the program manager (PM) on 7/9/25 confirmed that client #1's diet order is current and that staff should have assisted them to modify their food to ¼" consistency.	W 474	(W474) Staff will be in-serviced by the home manager to ensure appropriate diet consistencies are followed per physician orders to maintain the continued health and safety of all individuals in the home. Three mealtimes assessments will be completed monthly for the next three months by the clinical team to ensure this standard is being followed.	07.14.2025

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W 474	Continued From page 9 B. The facility failed to ensure the prescribed diet for client #3. For example: Observation during the evening meal on 7/8/25 revealed the meal to consist of 2 ground beef tacos consisting of ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice pinto beans, water and sweet tea. Continued observation revealed staff to serve client #1 a flour tortilla which was cut into pieces approximately 1-2" in length. Record review on 7/9/25 revealed a nutritional evaluation for client #3 dated 4/24/24 indicating the client's diet order to be Regular, double portions, ½" consistency with thin liquids (may grind food if client #3 prefers) no grapefruit. Ensure plus every morning. Interview with the PM on 7/9/25 confirmed that client #3's diet order is current and that staff should have assisted them to modify their food to ½" consistency. C. The facility failed to ensure the prescribed diet for client #5. For example: Observation during the evening meal on 7/8/25 revealed the meal to consist of 2 ground beef tacos consisting of ground beef, tomatoes, sour cream, salsa and flour tortilla, Mexican rice pinto beans, water and sweet tea. Continued observation revealed staff to serve client #5 a flour tortilla which was cut into pieces approximately 1-2" in length. Record review on 7/9/25 revealed a nutritional evaluation for client #5 dated 11/26/24 indicating	W 474		

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W 474	Continued From page 10 the client's diet order to be Regular diet, double portions, regular snacks. 1" consistency, thin liquids. Interview with the PM on 7/9/25 confirmed that client #5's diet order is current and that staff should have assisted them to modify their food to 1" consistency.	W 474		