Division of Health Service Regulation

51 SPRII			10/2	26/2018
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		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
	V 000			
5600C Supervised				
Requirements	V 118			
V 118 27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation				
	oription drugs shall ient on the written d by law to prescribe f-administered by d in writing by the operations, shall be ed persons, or by by a registered nurse, qualified person and drainister medications. It on Record (MAR) of ich client must be kept stered shall be administration. The oring:  antity of the drug; ering the drug; s administering the cation changes or and kept with the MAR	decided.  It is following service of 5600C Supervised Disability Groups.  Requirements V 118  INCATION  In: In: In: In: In: In: In: In: In: In	et following service 56600C Supervised Disability Groups.  Requirements  V 118  VICATION  n: cription drugs shall ient on the written d by law to prescribe  f-administered by d in writing by the njections, shall be ed persons, or by by a registered nurse, qualified person and dminister medications. tion Record (MAR) of ich client must be kept stered shall be administration. The ring: antity of the drug; ering the drug; s administering the cation changes or nd kept with the MAR	ed.  le following service 5600C Supervised Disability Groups.  Requirements  V 118  PICATION  In: cription drugs shall lient on the written Id by law to prescribe  f-administered by Id in writing by the spications, shall be add persons, or by by a registered nurse, qualified person and dminister medications. Ition Record (MAR) of ch client must be kept stered shall be administration. The ring: antity of the drug; ering the drug; s administered; and in administering the cation changes or ind kept with the MAR

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

(X6) DATE TITLE

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL059-076	B. WING		10	/26/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SPRING S	STREET HOME		NG STREET I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	: 1	V 118			
	This Rule is not met a Based on record revie interviews, the facility medications were adr	ews, observation and failed to ensure				
	written order of a pers medications and the N Records (MARs) were	son authorized to prescribe Medication Administration Experient affecting 2 of and #2). The findings are:				
	Disability; Borderline Enuresis, not due to r	Intellectual Developmental Intellectual Functioning; nedical conditions; s Disorder and Encopresis				
	p.m. of Client #1's cui Nystatin Cream 100,0 area 3 times a day	/18 at approximately 2:30 rent medications revealed: 100 U/G - apply to affected				
	area 3 times a day	350 ml - one capful once				
	day as needed	mg - one tablet three times a m - apply to affected area 3 d				
	Review on 10/25/18 a	and 10/26/18 of Client #1's				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MIII 050 070		B. WING			
		MHL059-076			10/26/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA <b>G STREET</b>	TE, ZIP CODE		
SPRING S	STREET HOME		NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE	
V 118	V 118 Continued From page 2  revealed: -Nystatin Cream, Triamcinolone Cream and Polyethylene Glycol had handwritten "PRN" - there were no initials to indicate these medications were given -Nystatin Powder and Ondansetron ODT were not		V 118			
	Review on 10/26/18 orders (various dates	•				
	medications: Nystatin Cream 100,0 area 3 times a day	000 U/G - apply to affected  1 0.1% - apply to affected				
	daily	3350 ml - one capful once mg - one tablet three times a				
	day as needed	m - apply to affected area 3				
	-the Nystatin and Tria Client #1's rash and r breasts and belly fold	with Staff #1 revealed: amcinolone creams were for edness she got under her is id not have any rash in these				
	areas and the medica	ations were not given rool was as needed and the				
	revealed:	with the Medication Tech current orders for Client				
	Review on 10/26/18 of 10/17/18 obtained by revealed:	of the physician orders dated the Medication Tech				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING			
		MHL059-076	B. WING		10/26/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SPRING S	TREET HOME		G STREET NC 28752		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 118	Continued From page	e 3	V 118		
	Polyethylene Glycol,	Triamcinolone Cream, Ondansetron ODT and e not included in the orders.			
	Disability; Post-Traun Bipolar Affective Diso Attention-Deficit Hype combined; Congenita Palsy; Convulsions; N Schizoaffective Type Explosive Behavior; C and Asthma.  Observation on 10/25 p.m. of Client #2's cur	17 llectual Developmental natic Stress Disorder; rder, manic; Enuresis; eractivity Disorder, I Diplegia; Infantile Cerebral			
	one puff two times a of Review on 10/25/18 a MARs from August 20 revealed:	day and 10/26/18 of Client #2's 018 - October 2018 ialed to indicate it had been			
	Review on 10/26/18 orders (various dates -no orders for Floveni				
	revealed: -she would obtain the #2's medications	with the Medication Tech current orders for Client			
	Review on 10/26/18 of 10/16/18 and 10/22/1 Medication Tech reve				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-076	B. WING		10/26/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING S	TREET HOME	51 SPRING MARION, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	Έ
V 118	Continued From page	2 4	V 118			
		18 for Qvar (Beclometasone - one puff two times a day				
V 120	27G .0209 (E) Medica	ation Requirements	V 120			
	120 27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.					
	medications were sto	ew, observation and ailed to ensure all internal red separately from external 2 of 2 clients (Clients #1				
	Review on 10/26/18 of Client #1's record revealed: -admission date: 7/5/18					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-076	B. WING		10/26/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING S	TREET HOME	51 SPRING MARION, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE	
V 120	-diagnoses: Schizoafi severe with psychotic Defiant Disorder; Milo Disability; Borderline Enuresis, not due to restain Post-Traumatic Stres without constipation.  Observation on 10/25 p.m. of Client #1's me-medications for interstored together in a bexternal medications Triamcinolone Cream Review on 10/26/18 or revealed: -admission date: 6/6/-diagnoses: Mild Intel Disability; Post-Traum Bipolar Affective Diso Attention-Deficit Hypecombined; Congenita Palsy; Convulsions; Machizoaffective Type Explosive Behavior; Cand Asthma.  Observation on 10/25 p.m. of Client #2's me-medications for interstored together in a bexternal medications ProAir HFA.  Interview on 10/25/18	fective Disorder, recurrent, a features; Oppositional desired Intellectual Developmental Intellectual Functioning; medical conditions; so Disorder and Encopresis  6/18 at approximately 2:30 edications revealed: mal and external use were lack locked box; so were: Nystatin Cream, and Nystatin Powder.  6/16 Client #2's record  17 16 Icetual Developmental matic Stress Disorder; reder, manic; Enuresis; eractivity Disorder, I Diplegia; Infantile Cerebral Mood Disorder; Schizophrenia; Intermittent Generalized Anxiety Disorder  6/18 at approximately 3:20 edications revealed: mal and external use were lack locked box; so were: Flovent HFA and so with Staff #1 revealed: of separating the internal	V 120			

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