Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL034-366	B. WING		11/01/201	18		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
SPRINGWELL NETWORK, INC-RAVEN RIDGE I 460 RAVEN RIDGE DRIVE KERNERSVILLE, NC 27284								
(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) MPLETE DATE		
V 000	INITIAL COMMENT	rs	V 000					
	An Annual Survey v 1, 2018. A deficien	vas completed on November cy was cited.						
	category:	sed for the following service						
	- 10A NCAC 27 for Developmentally	G .5600C: Supervised Living y Disabled Adults						
V 540	27F .0103 Client Ri Grooming	ghts - Health, Hygiene And	V 540					
	dignity, privacy and of personal health, Such rights shall into to the: (1) opportunit daily, or more often (2) opportunit (3) opportunit barber or a beautici (4) provision paper and soap for individual personal indigent client. Such not limited to toothp napkins, tampons, sutensil. (b) Bathtubs or sho individual privacy story and soap for individual personal indigent client. Such not limited to toothp napkins, tampons, sutensil. (c) Adequate toilets	Il be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited by for a shower or tub bath as needed; ty to shave at least daily; ty to obtain the services of a san; and of linens and towels, toilet each client and other hygiene articles for each other articles include but are easte, toothbrush, sanitary shaving cream and shaving owers and toilets which ensure hall be available.						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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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	
		MHL034-366		B. WING		11/0	01/2018	
	PROVIDER OR SUPPLIER	C-RAVEN RIDGE I	460 RAVE	DRESS, CITY, SEN RIDGE DR				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 540	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to ensure linens, towels, toilet paper, soap and other individual personal hygiene articles included but not limited to; toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensils were provided for each client. The findings are: Observation at approximately 3:10 to 3:25 pm on 11-1-18 revealed: - client #1 and client #2 had toiletry baskets in their rooms - their baskets contained shampoo, deodorant and other items - items in each client 's baskets were different Interview on 11-1-18 with the Qualified			V 540				
	hygiene items - these purchas own money - if clients are for store and select the client 's money and based on the client - sometimes, "is big tub of laundry do (between the client if everybody agrees)	see their own toiletry ses are made with the eeling well enough the ese items, staff will und make purchases for a preferences for a staff finds a good of etergent, they 'll splants a susing their personation on the brand (of de	o go to a use the or them, products deal on a lit the cost al money), etergent)."					
	Review on 11-1-18	of client #1 and clie	nt #2 ' s					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY	
		MHL034-366		B. WING		11/0	01/2018	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SPRINGWELL NETWORK, INC-RAVEN RIDGE I 460 RAVEN I KERNERSVI								
(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 C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	DN SHOULD BE COMPLETE IE APPROPRIATE DATE		
V 540	Record" revealed e	nt Personal Working each sheet had: ach client Transaction Date," "Tount IN," "Amount out "Recording Staff Sig client #1 purchased, client #2 purchased, client #2 purchased, client #1 and client #2 onal items" were thir hampoo, etc. as their own personal cts ties was to take client toiletry and hygiene rchase, "whatever the ted, "I just talked to a old them he needed s)" 8 with the Qualified ations Director (QP/C) a purchase hygiene as sees were made with the ware this was not stand the rule area from the control of the rule area from the cont	Type of t," nature" "personal "personal "r/House 2 ' s ngs like I toiletry nts to retail products eir budget n guardian new DD) and toiletry their own ndard	V 540				
	- the rule area	was provided						

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PRINTED: 11/02/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ B. WING _ MHL034-366 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **460 RAVEN RIDGE DRIVE** SPRINGWELL NETWORK, INC-RAVEN RIDGE I KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY)

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