	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SU	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL059-076	B. WING		10/26	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY, ST.	ATE ZIP CODE		
77,4112 01 1	NOTIBELLO IN COLUMNIA DE LA CALLACACIÓN DE LA CA	51 SPRING				
SPRING S	TREET HOME	MARION, I				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	SCIDENTIFTING INFORMATION)	TAG	DEFICIENCY)	1/12	57.11.2
		A SAME SERVICE SERVICES			1	
V 000	INITIAL COMMENTS		V 000	- We will address requirer	nents	
	An applied curvey was	completed an October 26		on 10A. NCAC 276. U209		
	2018. Deficiencies we	s completed on October 26,		ON 10H . NCAC 219. 0209	VIIO	
	2010. Delicicitores we	re otted.				
	The facility is licensed	for the following service		A La l'a stration	и	
	category: 10A NCAC	27G.5600C Supervised		- Medication administration		
	Living for Individuals	of All Disability Groups.		by requiring AFC partici	sate 1	
V 118	27G .0209 (C) Medica	ation Requirements	V 118	in follow up medication	1	11/16/18
	CONTRACTOR	20000000000		advisal the desires	:H	
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS			administration training u	1.	
	(c) Medication administration:			ap and appropriate docur	nentation	1
	Anna Calendaria de la Calendaria de Calendar	n-prescription drugs shall				
		to a client on the written		training		
		orized by law to prescribe				
	drugs.			- AFC staff will complete monitoring laudit of recommonthly with QP.	2	
		be self-administered by		THE STATE WITH		11/14/18
		norized in writing by the		monitoring laudit of recor	rds'	1.1.
	client's physician. (3) Medications, included	ding injections, shall be		manthly ish DP		
		icensed persons, or by		morning with at.		
	and the first of the second se	ained by a registered nurse,				
		gally qualified person and		0	0	
		and administer medications.		- AFC will show proof a)+	
	A There's consists a constitution of the first for the constitution of the constitutio	nistration Record (MAR) of	V120	assisting P. margariat	0	1.11.2
	current. Medications a	I to each client must be kept	, ,	- AFC will show proof a correction for appropriat		11/14/18
8		after administration. The		Medication storage by		
	MAR is to include the			Now with and		
	(A) client's name;			NOV. 17 , 8018.		
		nd quantity of the drug;				
	(C) instructions for ad			all I a shile in a la	orders	
		drug is administered; and person administering the		- Attached physician's (client #1)	0,000.0	
	drug.	person administering the	VII8	(client #1)		
	•	medication changes or	V 1, V			
		ded and kept with the MAR				
		pointment or consultation				
	with a physician.					
ivision of Hea	Ith Service Regulation					10 11 11 11 11 11

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

DHSR - Mental Health

(X6) DATE

STATE FORM

868 V111 3 2018

If continuation sheet 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED			
MHL059-076			B. WING		10/2	26/2018
NAME OF PROVID	ER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
SPRING STREE	ET HOME		IG STREET NC 28752			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118 Cor	ntinued From page	1	V 118			
Bas inte med writt med Red 2 di Rev reve -adr -dia sevi Defi Disa Enu Pos with Obs p.m Nys area Tria area Poly daily Ond day Nys time	rviews, the facility dications were adnoten order of a persodications and the Moords (MARs) were ents (Clients #1 a iew on 10/26/18 of caled: mission date: 7/5/1 gnoses: Schizoaffere with psychotic ant Disorder; Mild ability; Borderline I resis, not due to not-Traumatic Stress out constipation. Servation on 10/25, of Client #1's curtatin Cream 100,0 a 3 times a day wethylene Glycol 3 yr as needed tatin Powder 30 gress a day as needed iew on 10/25/18 a	ews, observation and failed to ensure ininistered only on the son authorized to prescribe Medication Administration experiment affecting 2 of and #2). The findings are: If Client #1's record Is ective Disorder, recurrent, features; Oppositional Intellectual Developmental Intellectual Functioning; and conditions; is Disorder and Encopresis Is at approximately 2:30 rent medications revealed: 00 U/G - apply to affected 0.1% - apply to affected 350 ml - one capful once apply to affected area 3				

Division of Health Service Regulation

MHL059-076 B. WING		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 51 SPRING STREET MARION, NC 28752 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES: ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECIEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG V 118 Continued From page 2 V 118 V 118 Continued From page 2 V 118 Continued From page 2 Prevaled: -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 listed on the MAR Review on 10/26/18 of Client #1's physician orders (various dates) revealed: -no current or past orders for the following medications: Nystatin Cream 100,000 U/G - apply to affected area 3 times a day Polyethylene Glycol 3350 ml - one capful once daily Ondansetron ODT 4 mg - one tablet three times a day as needed Nystatin Powder 30 gm - apply to affected area 3 times a day as needed Interview on 10/25/18 with Staff #1 revealed: -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belty flots	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 51 SPRING STREET MARION, NC 28752 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES: ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECIEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG V 118 Continued From page 2 V 118 V 118 Continued From page 2 V 118 Continued From page 2 Prevaled: -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 listed on the MAR Review on 10/26/18 of Client #1's physician orders (various dates) revealed: -no current or past orders for the following medications: Nystatin Cream 100,000 U/G - apply to affected area 3 times a day Polyethylene Glycol 3350 ml - one capful once daily Ondansetron ODT 4 mg - one tablet three times a day as needed Nystatin Powder 30 gm - apply to affected area 3 times a day as needed Interview on 10/25/18 with Staff #1 revealed: -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belty flots							
SPRING STREET HOME SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY PULL (REGULATIONY OR LISC IDENTIFYING INFORMATION) 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 listed on the MAR Review on 10/26/18 of Client #1's physician orders (various dates) revealed: -no current or past orders for the following medications: Nystatin Cream 100,000 U/G - apply to affected area 3 times a day Triamcinolone Cream 0.1% - apply to affected area 3 times a day Polyethylene Glycol 3350 ml - one capful once daily Ondansetron ODT 4 mg - one tablet three times a day as needed Nystatin Powder 30 gm - apply to affected area 3 times a day as needed Interview on 10/25/18 with Staff #1 revealed: -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belly folds	MHL059-076			B. WING		10/2	26/2018
SPRING STREET HOME SUMMARY STATEMENT OF DEFICIENCIES	NAME OF PR	ROVIDER OR SUPPLIER	STREETADD	RESS, CITY, ST	ATE, ZIP CODE		
MARION, NC 29762 MARION, NC	SBDING ST	TREET HOME	51 SPRING	STREET			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) 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 listed on the MAR Review on 10/26/18 of Client #1's physician orders (various dates) revealed: -no current or past orders for the following medications: Nystatin Cream 100,000 U/G - apply to affected area 3 times a day Triamcinolone Cream 0.1% - apply to affected area 3 times a day Polyethylene Glycol 3350 ml - one capful once daily Ondansetron ODT 4 mg - one tablet three times a day as needed Interview on 10/25/18 with Staff #1 revealed: -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belly folds	SPRING ST	TREETHOME	MARION, N	IC 28752			
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 listed on the MAR Review on 10/26/18 of Client #1's physician orders (various dates) revealed: -no current or past orders for the following medications: Nystatin Cream 100,000 U/G - apply to affected area 3 times a day Triamcinolone Cream 0.1% - apply to affected area 3 times a day Polyethylene Glycol 3350 ml - one capful once daily Ondansetron ODT 4 mg - one tablet three times a day as needed Nystatin Powder 30 gm - apply to affected area 3 times a day as needed Interview on 10/25/18 with Staff #1 revealed: -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belly folds	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
areas and the medications were not given -the Polyethylene Glycol was as needed and the client refused it most of the time. Interview on 10/26/18 with the Medication Tech revealed: -she would obtain the current orders for Client #1's medications Review on 10/26/18 of the physician orders dated 10/17/18 obtained by the Medication Tech		revealed: -Nystatin Cream, Tria Polyethylene Glycol h there were no initials: medications were give -Nystatin Powder and listed on the MAR Review on 10/26/18 o orders (various dates) -no current or past ore medications: Nystatin Cream 100,0 area 3 times a day Triamcinolone Cream area 3 times a day Polyethylene Glycol 3 daily Ondansetron ODT 4 r day as needed Nystatin Powder 30 gi times a day as needed Interview on 10/25/18 -the Nystatin and Trian Client #1's rash and re breasts and belly folds -the client currently dic areas and the medicar -the Polyethylene Glyco client refused it most of Interview on 10/26/18 revealed: -she would obtain the #1's medications Review on 10/26/18 or	mcinolone Cream and had handwritten "PRN" - to indicate these en I Ondansetron ODT were not of Client #1's physician prevealed: ders for the following to U/G - apply to affected the one capful once of apply to affected area and apply to affected and the apply to affect and apply to affect area and apply to affect an	V 118			

Division of Health Service Regulation

S68U11

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHL059-076			B. WING		10/	26/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETADE	DRESS, CITY, ST.	ATE, ZIP CODE		
SDDING S	TREET HOME	51 SPRING	STREET			
SPRINGS	TREETHOME	MARION, I	NC 28752			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	3	V 118			
V 110	Continued From page	; 3	V 110			
	-the Nystatin Cream,	Triamcinolone Cream,				
	Polyethylene Glycol,	Ondansetron ODT and				
	Nystatin Powder were	not included in the orders.				
	Review on 10/26/18 of	of Client #2's record				
	revealed:					
	-admission date: 6/6/					
	-diagnoses: Mild Intellectual Developmental Disability; Post-Traumatic Stress Disorder; Bipolar Affective Disorder, manic; Enuresis; Attention-Deficit Hyperactivity Disorder,					
		Diplegia; Infantile Cerebral				
	Palsy; Convulsions; N	to the first the control of the cont				
		Schizophrenia; Intermittent				
		Seneralized Anxiety Disorder				
	and Asthma.					
	Observation on 10/05	(18 at an arraying at al. 2:20				
	Observation on 10/25/18 at approximately 3:20 p.m. of Client #2's current medications revealed: -Flovent HFA (Fluticasone Propionate) 110 mcg - one puff two times a day					
	one pull two times a day					
	Review on 10/25/18 and 10/26/18 of Client #2's MARs from August 2018 - October 2018 revealed: -Flovent HFA was initialed to indicate it had been given according to the pharmacy label Review on 10/26/18 of Client #2's physician					
	orders (various dates)					
	-no orders for Flovent	HFA				
		with the Medication Tech				
	revealed:					ı
		current orders for Client				1
	#2's medications					l
		the physician orders dated				I
	10/16/18 and 10/22/18					
	Medication Tech revea	iled:				1

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	No.	COMPLETED	
MHL059-076		B. WING		40/00/0040		
					10/2	26/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE	180	
SPRING S	TREET HOME	51 SPRING MARION, N				
	OLIMAN DV OT		1	DDOUBTRO DI ALI OS CODOSCITIO		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	4	V 118			
	-an order dated 7/13/	18 for Qvar (Beclometasone				
		- one puff two times a day				
V 120	27G .0209 (E) Medica	ation Requirements	V 120			
	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					
	degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment					
	or container;	arate, locked compartment				
	(C) separately for each	h client:			1	
	(D) separately for exte					
		r if approved by a physician				
	for a client to self-med					
	(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.					
	This Rule is not met a	as evidenced by:				
	Based on record revie					
		iled to ensure all internal				
		ed separately from external				
		2 of 2 clients (Clients #1				
	and #2). The findings	are:				
	Review on 10/26/18 of	f Client #1's record				
	revealed:					
	-admission date: 7/5/1	8				
	adiffission date. 113/10				1	

Division of Health Service Regulation

S68U11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE		
AND FEAR OF CORRECTION IDENTIFICATION NUMBER.		IDENTIFICATION NOWBER.	A. BUILDING:		COMPLETED	
MHL059-076		B, WING		10/26/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SPRING S	TREET HOME	51 SPRING				
		MARION, N	IC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 120	Continued From page	5	V 120			
V 120	-diagnoses: Schizoaff severe with psychotic Defiant Disorder; Mild Disability; Borderline I Enuresis, not due to n Post-Traumatic Stress without constipation. Observation on 10/25, p.m. of Client #1's me-medications for interrestored together in a bl	fective Disorder, recurrent, features; Oppositional Intellectual Developmental Intellectual Functioning; nedical conditions; s Disorder and Encopresis Intellectual Functioning; nedical conditions; s Disorder and Encopresis Intellectual Encopresion Intel	V 120			
	Bipolar Affective Disor Attention-Deficit Hyper combined; Congenital Palsy; Convulsions; M Schizoaffective Type S Explosive Behavior; G and Asthma.	der, manic; Enuresis; ractivity Disorder, Diplegia; Infantile Cerebral ood Disorder; Schizophrenia; Intermittent teneralized Anxiety Disorder				
	p.m. of Client #2's med-medications for intern stored together in a bla-external medications of ProAir HFA.	al and external use were ack locked box; were: Flovent HFA and with Staff #1 revealed: of separating the internal				

Division of Health Service Regulation

MARION

PAGE 01

Rx Nbr: 06688151

Rx Tracer #:a3e1e3e8-26a3-4630-a02f-b0dfa5 Prescriber#: CERN4617421089.S7276653647001

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: Birth: Gender:

Supervisor: Kinninger , Adam J Prescriber: Rowe , Nancy A

Agent Name:

DEA #:

LIC:

NPI #: 1396292017

Sender ID: 7276653647001

Address: 339 Nebo School Road

Phone: (828) 652-6326

Nebo, NC 28761

Electronically Signed By: Nancy Rowe Written: 12/06/2017 Effe

Effective:

Sent:

12/06/2017 11:55am Intended Phy: MARION PHARMACY INC

Drug:

NYSTATIN TOPICAL 100000 U/GM POWDER

Notes:

Diagnosis:

Qty:

30

Refills: 0

DAW: 0

GRAM

PUC: SIG:

1 appltn Topical TID

Free Text:

Prescribed by: WILLIAM MORTIMER FOWLKES IV, MD, MD NPI #: 1265592430
ATTENTION: THIS RX NOT VALID FOR CONTROLLED SUBSTANCES
TOTAL MEDICATIONS: 12

DISPENSE AS WRITTEN

X SUBSTITUTION PERMITTED

Rx Tracer #:68e27fdd-fa35-41e6-bf86-b29034 Rx Nbr: 06719069 Prescriber#: CERN5028185073.S6711625874010

Electronic Information For New Prescription From The Prescriber

Patient:

Phone: Birth: Gender

Supervisor: Mull , Courtney D Prescriber: Barden , Victoria H

Agent Name:

DEA #:

LIC:

Sender ID: 6711625874010

Address:

NPI #: 1437580800 472 Rankin Dr

Phone: (828) 652-1400

Marion, NC 287526568 Electronically Signed By: Victoria Barden

Written:

05/14/2018

Effective:

05/14/2018 12:40pm Intended Phy: MARION PHARMACY INC

NYSTATIN TOPICAL 100000 U/GM CREAM

Drug:

Sent:

Notes:

Diagnosis:

Qty:

30

Refills: 0

DAW: 0

PUC:

GRAM

SIG: 1 appltn Topical TID

Free Text:

kx Tracer #:8aectec7-73c4-42dc-9eef-85be50 Rx Nbr: 06696682 Prescriber#:CERN4935473239.S6177326181004

Response Information for Rx# 06696682 reassigned to new RX# 06712338

Patient:

Phone: Birth: Gender:

Prescriber: KINNINGER , ADAM J

Agent Name:

DEA #: FK1672270

LIC:

NPI #: 1235387820 Sender ID: 6177326181004 339 NEBO SCHOOL RD

Phone: (828) 652-6326

NEBO, NC 287616848

Electronically Signed By: ADAM KINNINGER

Written: Sent:

Address:

04/09/2018

Effective:

04/09/2018 07:55am

Intended Phy: MARION PHARMACY, INC

Drug:

MiraLax oral powder for reconstitution

DAW:

Of Fills: 1

Diagnosis:

Qty:

527

PUC: SIG:

Titrate up to 1 cap daily for Constipation

Response Type: Approved

Rx Tracer #:afaf8325-3d63-4bce-92b5-e37a22 Rx Nbr: 06719068

Prescriber#:CERN5028186015.S6711625874010

Electronic Information For New Prescription From The Prescriber

Patient:

Phone: Birth: Gender:

Supervisor: Mull , Courtney D Prescriber: Barden , Victoria H

Agent Name:

DEA #:

LIC:

NPI #: 1437580800 Sender ID: 6711625874010

Address: 472 Rankin Dr

Phone: (828) 652-1400

Marion, NC 287526568

Electronically Signed By: Victoria Barden Written: 05/14/2018 Effective:

Sent:

05/14/2018 12:40pm Intended Phy: MARION PHARMACY INC

Drug: TRIAMCINOLONE TOPICAL 0.1% CREAM

Notes:

Diagnosis:

Qty: 30

Refills: 0

DAW: 0

PUC: GRAM

PUC: GRA

SIG: 1 appltn Topical TID

Free Text: