

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2018
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NAME OF PROVIDER OR SUPPLIER
SPRING STREET HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**51 SPRING STREET
MARION, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on October 26, 2018. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Individuals of All Disability Groups.	V 000	- We will address requirements on 10A NCAC 27G.0209 v118	
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 with a physician.	V 118	- Medication administration by requiring AFC participate in follow up medication administration training with QP and appropriate documentation training - AFC staff will complete monitoring / audit of records monthly with QP. - AFC will show proof of correction for appropriate medication storage by Nov. 14th, 2018.	11/16/18 11/16/18
		V120		11/14/18
		V118	- Attached physician's orders (client #1)	

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

Daniel M. H. H.

DHSR - Mental Health

VP

(X6) DATE

11/9/18

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure medications were administered only on the written order of a person authorized to prescribe medications and the Medication Administration Records (MARs) were kept current affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 10/26/18 of Client #1's record revealed: -admission date: 7/5/18 -diagnoses: Schizoaffective Disorder, recurrent, severe with psychotic features; Oppositional Defiant Disorder; Mild Intellectual Developmental Disability; Borderline Intellectual Functioning; Enuresis, not due to medical conditions; Post-Traumatic Stress Disorder and Encopresis without constipation.</p> <p>Observation on 10/25/18 at approximately 2:30 p.m. of Client #1's current medications revealed: 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</p> <p>Review on 10/25/18 and 10/26/18 of Client #1's MARs from August 2018 - October 2018</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -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 <p>Review on 10/26/18 of Client #1's physician orders (various dates) revealed:</p> <ul style="list-style-type: none"> -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 <p>Interview on 10/25/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -the Nystatin and Triamcinolone creams were for Client #1's rash and redness she got under her breasts and belly folds -the client currently did not have any rash in these areas and the medications were not given -the Polyethylene Glycol was as needed and the client refused it most of the time. <p>Interview on 10/26/18 with the Medication Tech revealed:</p> <ul style="list-style-type: none"> -she would obtain the current orders for Client #1's medications <p>Review on 10/26/18 of the physician orders dated 10/17/18 obtained by the Medication Tech revealed:</p>	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>-the Nystatin Cream, Triamcinolone Cream, Polyethylene Glycol, Ondansetron ODT and Nystatin Powder were not included in the orders.</p> <p>Review on 10/26/18 of Client #2's record revealed: -admission date: 6/6/17 -diagnoses: Mild Intellectual Developmental Disability; Post-Traumatic Stress Disorder; Bipolar Affective Disorder, manic; Enuresis; Attention-Deficit Hyperactivity Disorder, combined; Congenital Diplegia; Infantile Cerebral Palsy; Convulsions; Mood Disorder; Schizoaffective Type Schizophrenia; Intermittent Explosive Behavior; Generalized Anxiety Disorder and Asthma.</p> <p>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</p> <p>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</p> <p>Review on 10/26/18 of Client #2's physician orders (various dates) revealed: -no orders for Flovent HFA</p> <p>Interview on 10/26/18 with the Medication Tech revealed: -she would obtain the current orders for Client #2's medications</p> <p>Review on 10/26/18 of the physician orders dated 10/16/18 and 10/22/18 obtained by the Medication Tech revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 4 -an order dated 7/13/18 for Qvar (Beclometasone dipropionate) 40 mcg - one puff two times a day	V 118		
V 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. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure all internal medications were stored separately from external medications affecting 2 of 2 clients (Clients #1 and #2). The findings are: Review on 10/26/18 of Client #1's record revealed: -admission date: 7/5/18	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 5</p> <p>-diagnoses: Schizoaffective Disorder, recurrent, severe with psychotic features; Oppositional Defiant Disorder; Mild Intellectual Developmental Disability; Borderline Intellectual Functioning; Enuresis, not due to medical conditions; Post-Traumatic Stress Disorder and Encopresis without constipation.</p> <p>Observation on 10/25/18 at approximately 2:30 p.m. of Client #1's medications revealed: -medications for internal and external use were stored together in a black locked box; -external medications were: Nystatin Cream, Triamcinolone Cream and Nystatin Powder.</p> <p>Review on 10/26/18 of Client #2's record revealed: -admission date: 6/6/17 -diagnoses: Mild Intellectual Developmental Disability; Post-Traumatic Stress Disorder; Bipolar Affective Disorder, manic; Enuresis; Attention-Deficit Hyperactivity Disorder, combined; Congenital Diplegia; Infantile Cerebral Palsy; Convulsions; Mood Disorder; Schizoaffective Type Schizophrenia; Intermittent Explosive Behavior; Generalized Anxiety Disorder and Asthma.</p> <p>Observation on 10/25/18 at approximately 3:20 p.m. of Client #2's medications revealed: -medications for internal and external use were stored together in a black locked box; -external medications were: Flovent HFA and ProAir HFA.</p> <p>Interview on 10/25/18 with Staff #1 revealed: -she would take care of separating the internal and external medications.</p>	V 120			

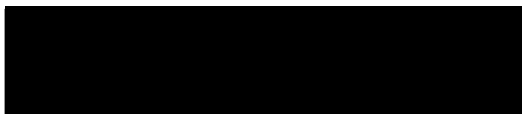
Rx Tracer #:a3e1e3e8-26a3-4630-a02f-b0dfa5

Rx Nbr: 06688151

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
Nebo, NC 28761

Phone: (828) 652-6326

Electronically Signed By: Nancy Rowe

Written: 12/06/2017 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

PUC: GRAM

SIG: 1 appltn Topical TID



Free Text:

Adventist Health System
Park Ridge Health
100 Hospital Drive, Hendersonville, NC 28792
(828) 684-8501

COPY

Patient Name: [REDACTED]

Birthdate: [REDACTED]

Age: [REDACTED]

Sex: [REDACTED]

MRN: [REDACTED]

Patient Address: [REDACTED]

Home Phone: [REDACTED]
Work Phone: [REDACTED]

Prescription Details:

Date Issued: June 23, 2017

Rx: Zofran ODT 4 mg oral tablet, disintegrating
SIG: 1 TAB PO TID (3 times a day) for 30 day
PRN Nausea/Vomiting
Dispense/Supply: <90 (ninety) TAB>
Refill: <0 (zero)>
Indications: Nausea/Vomiting

Start Date: June 23, 2017

Rx: pantoprazole 40 mg oral delayed release tablet
SIG: 1 TAB PO Daily for 30 day
Dispense/Supply: <30 (thirty) TAB>
Refill: <0 (zero)>
Indications: Heartburn

Start Date: June 23, 2017

COPY

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

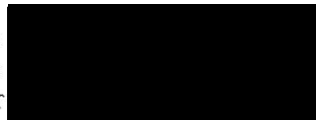
Patient:



Phone:

Birth:

Gender:



Supervisor: Mull , Courtney D

Prescriber: Barden , Victoria H

Agent Name:

DEA #:

LIC:

NPI #: 1437580800

Sender ID: 6711625874010

Address: 472 Rankin Dr

Phone: (828) 652-1400

Marion, NC 287526568

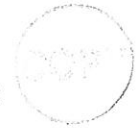
Electronically Signed By: Victoria Barden

Written: 05/14/2018 Effective:

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

Drug: NYSTATIN TOPICAL 100000 U/GM CREAM

Notes:



Diagnosis:

Qty: 30

Refills: 0

DAW: 0

PUC: GRAM

SIG: 1 appltn Topical TID

Free Text:

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

Rx Nbr: 06696682

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

Address: 339 NEBO SCHOOL RD
NEBO, NC 287616848

Phone: (828) 652-6326

Electronically Signed By: ADAM KINNINGER

Written: 04/09/2018

Effective:

Sent: 04/09/2018 07:55am Intended Phy: MARION PHARMACY, INC



Drug: MiraLax oral powder for reconstitution

DAW: 0 # 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

SIG: 1 appltn Topical TID

Free Text: