

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018	
NAME OF PROVIDER OR SUPPLIER SPRINGWELL NETWORK, INC-RAVEN RIDGE I		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed on November 1, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p>	V 000		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p>	V 540	<p>V540 27 F .0103 Client Rights- Health and GV 540rooming</p> <p>10A NCAC 2F .0103 Health, Hygiene and Grooming.</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the :</p> <p>(1) Opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) Opportunity to shave at least daily;</p> <p>(3) Opportunity to obtain the services of a barber or a beautician and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>DHSR - Mental Health</p> <p>NOV 20 2018</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

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

Renata Rallo BSQP

TITLE

Operations Director

(X6) DATE

11/15/18

Division of Health Service Regulation

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V 540	<p>Continued From page 1</p> <p>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:</p> <p>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</p> <p>Interview on 11-1-18 with the Qualified Professional revealed: - clients purchase their own toiletry and hygiene items - these purchases are made with the client ' s own money - if clients are feeling well enough to go to a store and select these items, staff will use the client ' s money and make purchases for them, based on the client ' s preferences for products - sometimes, "if staff finds a good deal on a big tub of laundry detergent, they ' ll split the cost (between the clients using their personal money), if everybody agrees on the brand (of detergent)."</p> <p>Review on 11-1-18 of client #1 and client #2 ' s</p>	V 540	<p>V540 continued. Based on this rule and compliance with this deficiency.</p> <p>Effective November 1, 2018 Springwell Network, Inc. does purchase and provide all toiletry items such as paper towels and toiletpaper, laundry soap etc to each consumer / resident in all facilities. Springwell Network , Inc. will provide basic hygiene articles such as toothpaste, toothbrush, feminine products, shaving cream and shaving utensils for each person in all facilities.</p> <p>Items requiring medical prescriptions--will be registered with contracted pharmacy (Southern Pharmacy).Items will be delivered based on allotment of prescription refills. All other products based on preference of the consumer/guardian/ family member will be supplied by the consumer/guardian/family member according to those preferences.</p> <p>Supervisor and/or House Managers will ensure that the corrections to this standard is maintained and followed on a monthly basis or as needed.</p> <p>QP will monitor on a monthly basis when site visits are conducted and provide documentation for quarterly reporting or as needed.</p> <p>Responsible Staff: Renita Rolle, Operations Directions, 336-661-7788 ext 304 rrolle@grphms.com Jane Ferguson, Qualified Professional. 336-661-7788 ext 314 jferguson@grphms.com Kenithia Harris, Group Home Supervisor, 336-722-3649 kharris@grphms.com</p>	

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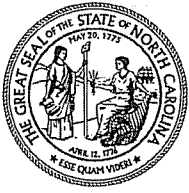
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V 540	<p>Continued From page 2</p> <p>individual, "Resident Personal Working Funds Record" revealed each sheet had:</p> <ul style="list-style-type: none"> - a ledger for each client - columns for "Transaction Date," "Type of Transaction," "Amount IN," "Amount out," "Current Balance," "Recording Staff Signature" - on 10-24-18 client #1 purchased, "personal items" - on 10-24-18 client #2 purchased, "personal items" <p>Interview on 11-1-18 with the Supervisor/House Manager (S/HM) revealed:</p> <ul style="list-style-type: none"> - on 10-24-18 client #1 and client #2 ' s purchases of "personal items" were things like soap, deodorant, shampoo, etc. - each client has their own personal toiletry and hygiene products - one of her duties was to take clients to retail stores to purchase toiletry and hygiene products - the clients purchase, "whatever their budget allows" - the S/HM stated, "I just talked to a guardian the other day and told them he needed new bedding (bed linens)" <p>Interview on 11-1-18 with the Qualified Professional/Operations Director (QP/OD) revealed:</p> <ul style="list-style-type: none"> - the clients did purchase hygiene and toiletry products - these purchases were made with their own personal funds - she was unaware this was not standard practice - she requested the rule area from the State of North Carolina General Statutes - the rule area was provided 	V 540		

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 5, 2018

Charlene Warren
Springwell Network, Inc.
3820 North Patterson Avenue
Winston-Salem, North Carolina, 27105

Re: Annual Survey Completed November 1, 2018
Springwell Network, Inc.-Raven Ridge Road Group Home, 460 Raven Ridge Rd. Kernersville,
NC. 27284
MHL# 034-366
E-mail Address: cwarren@grphms.com
rolle@grphms.com

DHSR - Mental Health
NOV 20 2018
Lic. & Cert. Section

Dear Ms. Warren:

Thank you for the cooperation and courtesy extended during the Annual Survey Completed November 1, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited was a standard level deficiency.

Time Frames for Compliance

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is December 31, 2018.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC. 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

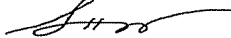
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Scott M. Walton, LCSW, C/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
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