Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:					
		MHL034-364		B. WING			२ 06/2018
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	WELL NETWORK, INC	C-PRESSMAN DR		SSMAN DRI I-SALEM, NO			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIE		-	PROVIDER'S PLAN OF C	OPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS		V 000			
		ow-Up Survey was c 118. Deficiencies wer					
	This facility is licens category:	sed for the following	service				
	- 10A NCAC 27 for Developmental	7G .5600C: Supervis y Disabled Adults	sed Living				
V 114	27G .0207 Emerge	ncy Plans and Suppl	lies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each se under conditions the	an for each facility an plan shall be developed the appropriate located and routes are drills in a 24-hour fast quarterly and shall shift. Drills shall be coat simulate fire emerall have basic first aid	ald ped and cal all staff shall be facility I be onducted rgencies.				
	staff failed to hold f quarterly, and repe	et as evidenced by: and record review, t ire and disaster drills ated on each shift, u ulate an emergency.	s at least nder				

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

TITLE (X6) DATE Division of Health Service Regulation

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V 114	4 Continued From page 1		V 114				
	the drill logs reveal - a form used to information that incomplete information that incomplete information that incomplete information the some drill some were "announce the survey - there was nomed in the survey - there was nomed information information in the survey - there was nomed in the survey in the su	by the facility with drill cluded: and and third shifts delineating what hourill shift lls were "unannounce" ced" drills were not in fire drill held: of the first quarter of the first, second, 018 disaster drill held: of the third or fourth a of the first, second, of the third or fourth a of the first, second,	II ed" and cluded in 2018 third or				
	Interview on 12-4-18 with client #1, client #2 and client #3 revealed each remembered participating in drills, but could not remember when the last drill was held. Interview on 12-5-18 with the Group Home Manager/Supervisor (GHM/S) revealed: - she was responsible for insuring drills were held - she was unsure what time constituted third shift for holding drills - "I normally designate staff, but it's my responsibility"						
	Interview on 12-6-18 with the Qualified						

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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		
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MHL034-364		B. WING		12/06/2018		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SPRING	WELL NETWORK, INC	C-PRESSMAN DR	SSMAN DRI I-SALEM, NO			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 114	Continued From page 2		V 114			
	Professional (QP) revealed: - he was responsible for making sure each facility completed required drills - "They (GHM/S) all turn them (drill logs) in to me" - "I didn't look for what shift they were done, or the time" - "Now I know to ask them and record what shift" - "I'll have to add to my (Quality Assurance) report to capture all shifts; first, second and third" Interview on 12-6-18 with the Residential Director/Qualified Professional (RD/QP) revealed: - "we'll put the shift times on the forms, that's an easy fix" - "It's definitely the GHM/S's responsibility to make sure the drills are held" - "they should wirte it on the calendar -on the wall or the electronic communication." - "And the QP, when they go in for their site visits, that should be on their forms to insure that gets done during monthly monitoring."					
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	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					

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V 118	administered only bunicensed persons pharmacist or othe privileged to prepar (4) A Medication Acall drugs administe current. Medication recorded immediat MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be recorded.	by licensed persons, or by a trained by a registered nurse, regally qualified person and re and administer medications. Idministration Record (MAR) of red to each client must be kept as administered shall be ely after administration. The	V 118			
	Based on interview staff failed to ensur non-prescription dr client on the writter (client #1) of three The findings are: Review on 12-3-18 revealed he was: - admitted 2-8 34 years old - diagnosed with	ugs were administered to a n order of a physician, for one clients surveyed. of client #1 's facility record 14 th: tal Retardation				

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V 118	Continued From page 4		V 118			
	- Dysarthric Speech - last seen by his primary care physician 2-28 -18 - prescribed the following medications according to his Medication Administration Record (MAR): - loratadine, 10 milligrams (mg), take one, daily - multi-vitamin, take one, daily - vitamin D3, 1,000 mg. take one daily Further review of client #1's facility record failed to reveal a physician's order for the loratadine, multi-vitamin or vitamin D3. Interview on 12-5-18 with the Group Home Manager/Supervisor (GHM/S) revealed: - she usually took clients to their doctor's appointments - the physician's orders were supposed to be in their MAR books - she was unsure why client #1's orders were not in his book - she would put some process or form in place that would insure all physician's orders were secured and placed in the client's books for reference in the future Interview on 12-6-18 with the Qualified Professional (QP) revealed: - the GHM/S is the only staff transporting clients to their doctor's appointments - there used to be a protocol in place, to make sure a prescription was obtained, but he did not indicate why the protocol was unsuccessful - going forward, "I'll follow up and makes sure there's a current script (prescription) for each client." - "starting immediately, before we leave the					

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V 118	Continued From pa	ige 5	V 118			
	doctor 's office, we a script."	e' Il just make sure we request				
	doctor 's office, we 'll just make sure we request					

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