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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILDING				
	MHL034-361		B. WING		10/2	5/2019	
IDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NETWORK INC.ER	EDT STREET GROU	3830 EBER	T STREET				
L NETWORK, INC-EB	EKT STREET GROC	WINSTON-	SALEM, NC 2	7127			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE DATE	
IITIAL COMMENTS			V 000				
		2019.					
This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.							
7G .0209 (C) Medica	ation Requirements		V 118				
EQUIREMENTS ) Medication admini ) Prescription or nor ally be administered der of a person author ugs. ) Medications shall tents only when author tent's physician. ) Medications, incluid dentifications, incluid dentifications of the recorded persons transmacist or other legivileged to prepare and the person of the person o	stration: n-prescription drugs sh to a client on the writte norized by law to presc be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered regally qualified person a and administer medica inistration Record (MA d to each client must be administered shall be refler administration. T following:  Ind quantity of the drug; ministering the drug; drug is administered; a person administering the medication changes of ded and kept with the N	n ribe  / e  / e  / urse, and tions. R) of e kept he  he  and he					
	SUMMARY STI (EACH DEFICIENCY REGULATORY OR LE  SUMMARY STI (EACH DEFICIENCY REGULATORY OR LE  SITIAL COMMENTS In annual survey was deficiency was cited at the steep of the st	MHL034-361  IDER OR SUPPLIER  L NETWORK, INC-EBERT STREET GROU  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUR REGULATORY OR LSC IDENTIFYING INFORMATION of Light of	MHL034-361  IDER OR SUPPLIER  INTERVORK, INC-EBERT STREET GROU  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INTIAL COMMENTS  In annual survey was completed on 10/25/2019. deficiency was cited.  In affacility is licensed for the following service attegory: 10A NCAC 27G .5600C Supervised ving for Adults with Developmental Disabilities.  INTIAL COMMENTS  IN ANCAC 27G .0209 MEDICATION EQUIREMENTS  IN Medication administration:  In Prescription or non-prescription drugs shall have be administered to a client on the written der of a person authorized by law to prescribe ugs.  In Medications shall be self-administered by ents only when authorized in writing by the ient's physician.  In Medications, including injections, shall be deministered only by licensed persons, or by milicensed persons trained by a registered nurse, narmacist or other legally qualified person and ivileged to prepare and administer medications.  In A Medication Administration Record (MAR) of a drugs administered to each client must be kept urrent. Medications administered shall be corded immediately after administration. The AR is to include the following:  In Interview of the drug;  Interview of the drug is administered; and the drug is name, strength, and quantity of the drug;  In interview of the drug is administering the drug;  Interview of the drug is administered; and the drug is administered; and the drug is administering the drug;  Interview of the drug is administering the drug;  In interview of the drug is administered; and the drug is administered; and the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In interview of the drug is administering the drug;  In inter	IDENTIFICATION NUMBER:  MHL034-361  STREET ADDRESS, CITY, STA 3830 EBERT STREET WINSTON-SALEM, NC 2  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  IN annual survey was completed on 10/25/2019. deficiency was cited.  In is facility is licensed for the following service tregory: 10A NCAC 27G .5600C Supervised ving for Adults with Developmental Disabilities.  IN ANCAC 27G .0209 MEDICATION EQUIREMENTS  IN ANCAC 27G .0209 MEDICATION EQUIREMENTS  IN ANCAC annual be self-administered by dents only when authorized by law to prescribe ugs.  In Medications shall be self-administered by dents only when authorized in writing by the lent's physician.  In Medications, including injections, shall be diministered only by licensed persons, or by deficiented only by licensed persons, or by deficiented only by licensed persons and ivileged to prepare and administer medications.  In A Medication Administration Record (MAR) of a drugs administered to each client must be kept urrent. Medications administered shall be corded immediately after administration. The ARR is to include the following:  In client's name;  In annual survey was completed on 10/25/2019.  In annual survey	IDENTIFICATION NUMBER:  MHL034-361  IDEN OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3830 EBERT STREET WINSTON-SALEM, NC 27127  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ITIAL COMMENTS  I annual survey was completed on 10/25/2019. deficiency was cited.  Inis facility is licensed for the following service ategory: 10A NCAC 27G .5600C Supervised wing for Adults with Developmental Disabilities.  I'G .0209 (C) Medication Requirements  I'A NCAC 27G .0209 MEDICATION EQUIREMENTS  I) Prescription or non-prescription drugs shall high be administered to a client on the written der of a person authorized in writing by the eni's physician.  I) Medications, including injections, shall be ministered only by licensed persons, or by licensed persons trained by a registered nurse, narmacist or other legally qualified person and vivileged to prepare and administered by leministered only by licensed persons trained by a registered nurse, narmacist or other legally qualified person and vivileged to prepare and administer medications.  I) A Medications administered shall be corded immediately after administering the drug;  I) client's name;  I) name, strength, and quantity of the drug;  I) olient's name;  III olient's name;  III olient's name;  III olient's name;  III olient's	IDER OR SUPPLIER  STREET ADDRESS, CITY, STATE_ZIP CODE  330 BEBERT STREET WINSTON-SALEM, NC 27127  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION)  ITTAL COMMENTS  INTITAL COMMENTS  ITTAL COMMENTS  ITTAL COMMENTS  ITTAL COMMENTS  ITTAL COMMENTS  ITTAL COMMENTS  ITTAL COMMENTS  INDIFFERENT  INDIFFER	

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/C IDENTIFICATION NUMBI			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-361		B. WING		10/2	5/2019
NAME OF P	ROVIDER OR SUPPLIER	5	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRINGW	ELL NETWORK, INC-EB	ERT STREET GROU		T STREET SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 118	118 Continued From page 1			V 118			
	affecting 1 of 3 audite are:  Review on 10/23/2019 revealed: - Admission date: 10/- Diagnoses: Severe Educational Problem; Disorder; Unspecified Related Disorder; - Physicians orders for Vitamin A&D ointmedated 2/1/2019; - SSD 1% cream, app 3/1/2016.  Review on 10/23/2019 8/1/2019 to 10/23/2019 Vitamin A&D ointmedocumented as having every day.  Observation at approx 10/24/2019 of client in the company of the control ointment or SSD 1% of the control ointment or SSD 1% of the control of the contro	ews, observations, nd failed to administer ed by a qualified person d clients (#1). The finding of client #1's record 13/1993 antellectual Disabilities; Intermittent Explosive Obsessive-Compulsive of the following medication of the following medications revealed in the following medication of the follow	ns: ), ed ere ed				

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-361	B. WING		10	0/25/2019
	ROVIDER OR SUPPLIER	3830 EE	ADDRESS, CITY, STATE BERT STREET DN-SALEM, NC 271:			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Interview on 10/24/20 - Client #1's speech winderstand; - Client #1 was only a asked about his med Interview on 10/24/20 revealed: - The Supervisor could client #1's Vitamin A8 cream; - The Supervisor beliant 2% cream that had be client #1 was administed of SSD 1% counterview on 10/24/20 Professional/Operation of the counterview on 10/24/20 Professional/Operation revealed: - Documentation of the was entered into an experiment of the former Superviabout client #1's medications to ensure The Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medications to ensure The QP/OD did not been administered processional instead of Supervisor was medicational instead of Supervisor was	2019 with client #1 revealed: was often difficult to able to respond "pill" when ication. 2019 with the Supervisor ald not locate containers of aD ointment or SSD 1%  eved that the Ketoconazole een previously ordered for stered instead of Vitamin fucerin cream was applied ream. 2019 with the Qualified ons Director (QP/OD)  medication administration electronic medication record; sor had entered information dications into the electronic ere initially ordered; sor had left the facility in a responsible for checking e accuracy; realize that client #1 had	V 118			

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