

PRINTED: 11/08/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2019
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NAME OF PROVIDER OR SUPPLIER SPRINGWELL NETWORK, INC-EBERT STREET GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 EBERT STREET WINSTON-SALEM, NC 27127
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(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 10/25/2019. A deficiency was cited.	V 000	An annual survey was completed on 10/25/19 which is a licensed for 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities.	
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	V118 27G .0209 (C) 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 to by law to prescribe drugs. (All facilities will have written orders from a client's physician or by an authorized person before being administered to a client whether it is a medication prescription or non-prescription drug and will be kept current. Before such medications is administered all staff will follow the medication procedures outlined in Springwell Network Policy and Procedures. Section VI page 10. These six rights of medication administration is a method that will be used during medication administration to safeguard all clients before administering the medication. If there is uncertainty of any medication staff that is authorized is to routinely preform the following: 1) Review the client's record for any changes in dosages or regimen or medications.	

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

Benta Rella **Operations Director** 11/18/19

TITLE

(X8) DATE

STATE FORM

ARR

OT9U11

If continuation sheet 1 of 3

RECEIVED

By DHRS-Mental Health Licensure at 4:24 pm, Nov 20, 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2019
NAME OF PROVIDER OR SUPPLIER SPRINGWELL NETWORK, INC-EBERT STREET GROU		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 EBERT STREET WINSTON-SALEM, NC 27127		
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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observations, nd interviews, the facility failed to administer medications as ordered by a qualified person affecting 1 of 3 audited clients (#1). The findings are: Review on 10/23/2019 of client #1's record revealed: - Admission date: 10/13/1993 - Diagnoses: Severe Intellectual Disabilities; Educational Problem; Intermittent Explosive Disorder; Unspecified Obsessive-Compulsive Related Disorder; - Physicians orders for the following medications: - Vitamin A&D ointment, apply twice daily (BID), dated 2/1/2019; - SSD 1% cream, apply every day (QD), dated 3/1/2016. Review on 10/23/2019 of client #1's MARs dated 8/1/2019 to 10/23/2019 revealed: - Vitamin A&D ointment and SSD 1% cream were documented as having been applied as ordered every day. Observation at approximately 11:48AM on 10/24/2019 of client #1's medications revealed: - There were no containers of Vitamin A&D ointment or SSD 1% cream present; - There was a partially used tube of Ketoconazole 2% cream and a container of Eucerin cream present.	V 118	2) maintain familiarity with the physicians instruction, including side effects and possible adverse reactions. 3) maintain familiarity with the pharmacist labels, including any cautionary ancillary labels. 4) administer medications only as prescribed. 5) document each dose administered and compare that to the orders prescribed. Client #1 was seen on October 28, 2019 at Wake Forest Baptist Health by primary physician to ensure that correct and updated prescriptions was ordered and such scripts were current. Orders for some medications was discontinued and/or added to report of health services medical report. All orders will be documented in the electronic system for recording medications and compared to the MAR before it is administered. Staff will be required to retake MAR training by a licensed or authorized personnel.	10/28/19 12/10/19

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Interview on 10/24/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> - Client #1's speech was often difficult to understand; - Client #1 was only able to respond "pill" when asked about his medication. <p>Interview on 10/24/2019 with the Supervisor revealed:</p> <ul style="list-style-type: none"> - The Supervisor could not locate containers of client #1's Vitamin A&D ointment or SSD 1% cream; - The Supervisor believed that the Ketoconazole 2% cream that had been previously ordered for client #1 was administered instead of Vitamin A&D ointment, and Eucerin cream was applied instead of SSD 1% cream. <p>Interview on 10/24/2019 with the Qualified Professional/Operations Director (QP/OD) revealed:</p> <ul style="list-style-type: none"> - Documentation of medication administration was entered into an electronic medication record; - The former Supervisor had entered information about client #1's medications into the electronic system when they were initially ordered; - The former Supervisor had left the facility in February of 2019; - The Supervisor was responsible for checking medications to ensure accuracy; - The QP/OD did not realize that client #1 had been administered previously ordered Ketoconazole instead of Vitamin A&D ointment and Eucerin cream instead of SSD 1% cream. 	V 118		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 12, 2019

Charlene Warren, Executive Director
Springwell Network, Inc.
3820 North Patterson Avenue
Winston-Salem, NC 27105

Re: Annual Completed October 25, 2019
Springwell Network, Inc.-Ebert Street Group Home, 3830 Ebert Street, Winston-
Salem, NC 27127
MHL# 034-361
E-mail Address: cwarren@grphms.com

Dear Ms. Warren:

Thank you for the cooperation and courtesy extended during the annual survey completed October 25, 2019.

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 is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is December 24, 2019.

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.

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/dhss • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 12, 2019
Charlene Warren
Springwell Network, Inc.

- 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.

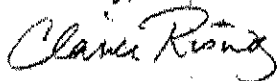
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant

3820 North Patterson Ave
Winston-Salem, NC 27105
336-831-1300
336-831-1314



Fax

To: Mental Health Licensure + Cert. Sect **From:** R. Rolle
Fax: (336) (919) 715-8078 **Pages:** 6
Phone: (919) 855-3795 **Date:** 11/19/2019
Re: / **cc:**

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

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