

PRINTED: 11/08/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGWELL NETWORK, INC-STOCKTON STREET G</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 STOCKTON STREET WINSTON-SALEM, NC 27127</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 10/25/2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain hot water temperatures between 100-116 degrees Fahrenheit (F) in areas where clients were exposed to hot water. The findings are:</p> <p>Observations from approximately 3:40PM to 3:55PM on 10/22/2019 revealed:</p> <ul style="list-style-type: none"> <li>- The hot water temperature at the kitchen sink and bath #1 sink were 92 degrees F;</li> <li>- The hot water temperature at bath #1 shower was 90 degrees F;</li> <li>- The hot water temperatures at bathroom #2's sink and shower were 84 degrees F.</li> </ul> <p>Interview on 10/22/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- The hot water temperature was "cold."</li> </ul>	V 752	<p>An annual survey was completed on 10/25/19 in which the following service category 10A NCAC 27G. 5600 C Supervised Living for Adults with Developmental Disabilities</p> <p><b>V752 27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 Facility Design and Equipment</b></p> <p>(b) Safety: Each facility shall be designed constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>Freedle Plumbing will do an assessment on 11/20/19 to determine if the water valve need to be adjusted or replaced. A work order will be submitted once a decision is made.</p> <p>Staff will be required to check and document the water temperature everyday for 3 consecutive months.</p>	<p>11/20/19</p> <p>11/25/19</p>

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

*Benita Kelle*

TITLE

*Operations Director*

(X6) DATE

STATE FORM

5LS311

If continuation sheet 1 of 2



PRINTED: 11/08/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGWELL NETWORK, INC-STOCKTON STREET G</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 STOCKTON STREET WINSTON-SALEM, NC 27127</b>		
(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 752	Continued From page 1  Interview on 10/23/2019 with client #3 revealed; - The hot water temperature had been "a little cool and not getting too hot ... It's like lukewarm."  Interview on 10/23/2019 with staff #1 revealed; - The hot water in the showers would eventually warm up when the taps were turned on, but the hot water at the kitchen sink would not.  Interview on 10/23/2019 with the House Manager revealed; - Facility staff were not allowed to adjust the thermostat on the water heater; - When the hot water faucets were turned on, the water was slow to warm up.  Interview on 10/25/2019 with the Qualified Professional revealed: - The Licensee did not own the home; - the Owner of the facility would not allow facility staff to adjust the water heater thermostat; - A plumber would be contacted to check the thermostat.	V 752		

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



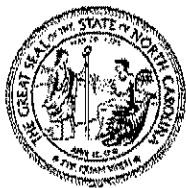
# Fax

<b>To:</b> Mental Health Licensure + Cert Sect	<b>From:</b> R. Rolle
<b>Fax:</b> <del>(336)</del> (919) 715-8078	<b>Pages:</b> 5
<b>Phone:</b> (919) 855-3795	<b>Date:</b> 11/19/2019
<b>Re:</b>	<b>cc:</b>

Urgent 
  For Review 
  Please Comment 
  Please Reply 
  Please Recycle

Comments:

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance & Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



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.-Stockton Street Group Home, 3250 Stockton Street, \\  
Winston-Salem, NC 27127  
MHL# 034-367  
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/dhsr • 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.

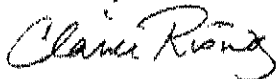
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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