

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/02/2022
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NAME OF PROVIDER OR SUPPLIER SPRING HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 154 HUFFINE STREET GIBSONVILLE, NC 27249
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on March 2, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct quarterly fire drills for each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 3/2/22 of the facility's fire drill log revealed:</p>	V 114	<p>Plan of Correction</p> <ul style="list-style-type: none"> Staff will be required to fax in fire and disaster drills when they are completed every month. QP will document drills monthly to ensure proper rotation of the quarterly requirement is being fulfilled. 	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
<i>Sharon McMillan</i>	Dir.	3/24/22


STATE FORM 0000 X7N411 If continuation sheet 1 of 10

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL001-094	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/2/2022	Y3
NAME OF FACILITY SPRING HILL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 154 HUFFINE STREET GIBSONVILLE, NC 27249		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>V0108</u>	Correction	ID Prefix <u>V0110</u>	Correction	ID Prefix _____	Correction
Reg. # <u>27G .0202 (F-I)</u>	Completed	Reg. # <u>27G .0204</u>	Completed	Reg. # _____	Completed
LSC _____	03/02/2022	LSC _____	03/02/2022	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 3/2/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/12/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -2/28/22- 3rd shift. -2/21/22-1st shift. -2/28/22-3rd shift. -12/2/21- 2nd shift. -12/27/21- 3rd shift. -11/17/21- 1st shift. -11/7/21- 2nd shift. -11/21/21- 3rd shift. -10/18/21- 2nd shift. -10/20/21-1st shift. -10/22/21- 3rd shift. -There were no fire drills for 1st, 2nd and 3rd shift in the second quarter of 2021. -There were no fire drills for 1st, 2nd and 3rd shift in the third quarter of 2021. <p>Review on 3/2/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -12/31/21- 2nd shift. -11/16/21- 3rd shift. -There were no disaster drill for 1st, 2nd and 3rd shift in the second quarter of 2021. -There were no disaster drill for 1st, 2nd and 3rd shift in the third quarter of 2021. -There were no disaster drill for 1st shift in the forth quarter of 2021. <p>Interview on 3/2/22 with the Vice President over Residential Services revealed:</p> <ul style="list-style-type: none"> -Agency had stopped making the fire and disaster drills in 2021. -They had resumed doing the drills in October of 2021 after being cited at another facility. -He confirmed the facility failed to conduct fire drills for each shift and for each quarter. 	V 114		
V 118	27G .0209 (C) Medication Requirements	V 118		
	10A NCAC 27G .0209 MEDICATION			

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V 118	<p>Continued From page 2</p> <p>REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on records review, observations, and interviews the facility failed to: A) Have updated physician orders for administered medications</p>	V 118	<ul style="list-style-type: none"> VP and Director retrained Springhill staff on proper documentation of MAR. MAR's will be checked on a weekly basis and gradually move to a monthly basis as improvement occurs. QP's will ensure all updated orders are in med book. 	

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V 118	<p>Continued From page 3</p> <p>affecting three of three audited clients (#1, #2 and #3); and B) Ensure the medication administration record (MAR) was current for two of three audited clients (#1 and #3). The findings are</p> <p>Review on 3/2/22 of Client #1's record revealed: -Admission date of 7/8/92. -Diagnoses of Schizophrenia, Unspecified; Intellectual Disability, Mild; Hypertension; COPD; Constipation; Dementia; Hyperprolactinemia; Benign Neoplasm of Pituitary gland; Metabolic Syndrome; Emphysema, unspecified; Acromegaly and pituitary gigantism.</p> <p>Review on 3/2/22 of Client #1's physician's orders revealed: -Order dated 4/29/20: -Ventolin HFA, inhale two puffs every 6 hours as needed. -Order dated 6/9/20: -Calcium +D 600/400, take 1 tablet twice daily. -Order dated 7/23/20: -Robafen DM liquid, drink two teaspoonful (10 ml) every 6 hours as needed for cough. -Order dated 2/9/21: -Cogentin 0.5 mg, 1 tablet daily in the morning for drooling. -Order dated 12/16/21: -Discontinue Vitamin E. -There were no orders for Vitamin B-12 Microlozenges, dissolve 1 tablet under the tongue- Three times a week (Saturday, Monday, Thursday.) -Physician orders in Client #1's record for Ventolin HFA, Calcium +D 600/400, Robafen DM liquid and Cogentin 0.5 mg had expired.</p> <p>Observation on 3/2/22 at of Client #1's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Ventolin HFA was available. -Calcium +D 600/400 was packed and available. -Robafen DM liquid was available. -Cogentin 0.5 mg was packed and available. -Vitamin E was not available <p>Review on 3/2/22 of Client #1's MAR for January 2022 through March 2, 2022 revealed:</p> <ul style="list-style-type: none"> -Ventolin HFA was listed and marked as given from January 2022 through March 2, 2022. -Calcium +D 600/400 was listed and marked as given from January 2022 through March 2, 2022. -Robafen DM liquid was listed and marked as given from January 2022 through March 2, 2022. -Cogentin 0.5 mg was listed and marked as given from January 2022 through March 2, 2022. -Vitamin E was listed and marked as given from January 2022 through March 2, 2022. -Vitamin E was marked as given from January through March 2, 2022, but had been discontinued on 12/16/21. <p>Review on 3/2/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/12/2000. -Diagnoses of Major Depression Disorder; Obsessive Compulsive Disorder; Disruptive Mood Dysregulation Disorder; Unspecified Dementia with behavior disturbance; Seizure Disorder; Profound Intellectual Disabilities; Gastro-esophageal reflux disease without esophagitis; Anemia, Unspecified; Other Allergic Rhinitis; Unspecified Viral Hepatitis B without hepatic coma; Stage 3 Chronic Kidney Disease; Hyperlipidemia; Nonrheumatic aortic (valve) insufficiency; Trisomy 21, mosaicism; Tremor; Sleep Disorder. <p>Review on 3/2/22 of Client #2's physician's orders revealed:</p> <ul style="list-style-type: none"> -Order dated 7/22/20: 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Scopolamine 1 mg, apply one patch topically every third day. -Order dated 10/27/20: <ul style="list-style-type: none"> -Fluticasone Spray 50 mcg, instill two sprays in each nostril daily. -Tea Tree Oil, instill one drop in both ears at bedtime. -Order dated 12/15/20: <ul style="list-style-type: none"> -Donepezil 10 mg, take one tablet once daily. -Seroquel 25 mg, take one tablet daily at bedtime. -Order dated 2/10/21: <ul style="list-style-type: none"> -Duloxetine 60 mg, take one capsule daily with Duloxetine 30 mg for total of 90 mg. -Duloxetine 30 mg, take one capsule daily with Duloxetine 60 mg for total of 90 mg. -Memantine 28 mg, take one capsule daily. -Order dated 2/15/21: <ul style="list-style-type: none"> -Docusate Sodium 100 mg, take one capsule daily. -Order dated 2/17/21: <ul style="list-style-type: none"> -Omeprazole 20 mg, take one capsule daily in the morning. -Order dated 2/19/21: <ul style="list-style-type: none"> -Vitamin D 1000 iu, take one tablet daily. -Vitamin E 200 unit, take one capsule daily. -Fiber-Lax 625 mg, take one tablet daily in the morning. -Rosuvastatin 10 mg, take one tablet daily at bedtime. -No physician orders were available for: <ul style="list-style-type: none"> -Vitamin C 500 mg, take one table once daily. -Zinc Sulfate 220 mg, take one tablet once daily. -Physician orders in Client #2's record for Scopolamine 1 mg, Fluticasone Spray 50 mcg, Tea Tree Oil, Donepezil 20 mg, Seroquel 25 mg, Duloxetine 60 mg, Duloxetine 30 mg, Memantine 28 mg, Docusate Sodium 100 mg, Omeprazole 20 mg, Vitamin D 1000 iu, Vitamin E 200 unit, 	V 118		

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V 118	<p>Continued From page 6</p> <p>Fiber-Lax 625 mg, Rosuvastatin 10 mg had expired.</p> <p>-There were no orders available for Vitamin C 500 mg, Zinc Sulfate 220 mg.</p> <p>Observation on 3/2/22 at of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Scopolamine 1 mg was available. -Fluticasone Spray 50 mcg was available. -Tea Tree Oil was available. -Donepezil 20 mg was available. -Seroquel 25 mg was available. -Duloxetine 60 mg was available. -Duloxetine 30 mg was available. -Memantine 28 mg was available. -Docusate Sodium 100 mg was available. -Omeprazole 20 mg was available. -Vitamin D 1000 iu was available. -Vitamin E 200 unit was available. -Fiber-Lax 625 mg was available. -Rosuvastatin 10 mg was available <p>Review on 3/2/22 of Client #2's MAR for January 2022 through March 2, 2022 revealed:</p> <ul style="list-style-type: none"> -Scopolamine 1 mg was listed and marked as given from January 2022 through March 2, 2022. -Fluticasone Spray 50 mcg was listed and marked as given from January 2022 through March 2, 2022. -Tea Tree Oil was listed and marked as given from January 2022 through March 2, 2022. -Donepezil 20 mg was listed and marked as given from January 2022 through March 2, 2022. -Seroquel 25 mg was listed and marked as given from January 2022 through March 2, 2022. -Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022. -Duloxetine 30 mg was listed and marked as given from January 2022 through March 2, 2022. -Memantine 28 mg was listed and marked as 	V 118		

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V 118	<p>Continued From page 7</p> <p>given from January 2022 through March 2, 2022.</p> <ul style="list-style-type: none"> -Docusate Sodium 100 mg was listed and marked as given from January 2022 through March 2, 2022. -Omeprazole 20 mg was listed and marked as given from January 2022 through March 2, 2022. -Vitamin D 1000 iu was listed and marked as given from January 2022 through March 2, 2022. -Vitamin E 200 unit was listed and marked as given from January 2022 through March 2, 2022. -Fiber-Lax 625 mg was listed and marked as given from January 2022 through March 2, 2022. -Rosuvastatin 10 mg was listed and marked as given from January 2022 through March 2, 2022. <p>Review on 3/2/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/5/04. -Diagnoses of Moderate Intellectual Disability; Hypertensive Heart Disease without heart failure; Type 2 diabetes mellitus without complication, without long term current use of insulin; Other Psoriasis. <p>Review on 3/2/22 of Client #3's physician's orders revealed:</p> <ul style="list-style-type: none"> -Order dated 9/2/20: <ul style="list-style-type: none"> -Terbinafine Cream 1%, apply to affected area twice daily until clear, -Orders dated 10/27/20: <ul style="list-style-type: none"> -Fluticasone Spray 50 mcg, instill two sprays in each nostril daily. -Miralax Powder, take one capful (17 gm) daily. -Montelukast 10 mg, take one tablet daily at bedtime. -Zeasorb-AF Powder 2%, apply topically daily. -Triamcinolone Cream 0.1 %, apply topically to affected area twice daily. -Order dated 1/14/21: 	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Loratadine 10 mg, take one tablet daily. <p>Order dated 1/20/22:</p> <ul style="list-style-type: none"> -Azithromycin 250 mg, take two tablets on day 1, then one tablet on days 2-5. -Physician orders in Client #3's record for Terbinafine Cream 1%, Fluticasone Spray 50 mcg, Miralax Powder, Montelukast 10 mg, Zeasorb Powder, Triamcinolone Cream 0.1%, Loratadine 10 mg had expired. <p>Observation on 3/2/22 at 11:40 am of Client #3's medications revealed:</p> <ul style="list-style-type: none"> -Terbinafine Cream 1% was available. -Fluticasone Spray 50 mcg was available. -Miralax Powder was available. -Montelukast 10 mg was available. -Zeasorb-AF Powder 2% was available. -Triamcinolone Cream 0.1 % was available. -Loratadine 10 mg was available. -Azithromycin 250 mg was not available. <p>Review on 3/2/22 of Client #1's MAR for January 2022 through March 2, 2022 revealed:</p> <ul style="list-style-type: none"> -Terbinafine Cream 1% was listed and marked as given from January 2022 through March 2, 2022. -Fluticasone Spray 50 mcg was listed and marked as given from January 2022 through March 2, 2022. -Miralax Powder was listed and marked as given from January 2022 through March 2, 2022. -Montelukast 10 mg was listed and marked as given from January 2022 through March 2, 2022. -Zeasorb-AF Powder 2% was listed and marked as given from January 2022 through March 2, 2022. -Triamcinolone Cream 0.1 % was listed and marked as given from January 2022 through March 2, 2022. -Loratadine 10 mg was listed and marked as given from January 2022 through March 2, 2022. 	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Azithromycin 250 mg was listed and marked as given from January 20-24, 2022 and from February through March 2, 2022. -Azithromycin 250 mg was marked as given from February through March 2, 2022, but had been discontinued on January 24, 2022. <p>Interview on 10/10/19 with the Owner revealed:</p> <ul style="list-style-type: none"> -Agency relied on the pharmacy to give them a copy of the client's physician orders. -Physicians were not giving them the client's prescriptions, but instead were sending the orders electronically to the pharmacy. -Pharmacist would call the client's physician to renew their medications. -Staff may had continued to mark the discontinued medications as given by error. -He was aware that Client #1's Vitamin E had been discontinued and that it had not been administered to her. -He was aware that Client #3's Azithromycin had been discontinued and that it had not been administered to her. -He confirmed some of the physician orders on record for Clients #1, #2 and #3 had expired. -He confirmed staff continued to mark client's discontinued medications as given on the MARs. -He confirmed that client's medication was available at the house. -Program Coordinator was responsible for reviewing the MAR monthly. -He confirmed that the facility failed to have physician orders for administered medications. -He confirmed the facility failed to ensure the medication administration record (MAR) was current for Clients #1 and #3. 	V 118		



RALPH SCOTT LIFESERVICES, INC.

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By cvhicks at 3:18 pm, Mar 24, 2022

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- Urgent
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