PRINTED: 03/03/2022 FORM APPROVED

Division o	of Health Service Re	egulation	/Y2) MINTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	
CHAMPEN !	च्चार अवशेषकार्यक्र रूपार्थ्याम् विकासस्य स	•			R	
		MHL001-094	B, WING		03/02/2022	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, S			
			INE STREET		ļ	
SPRING	HILL GROUP HOME		/ILLE, NC 27		A11	
(X4) ID PREFIX TAG	CACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE	
V 000	INITIAL COMMEN	TS	V 000		vontannos da mere deservir	
	An annual and folk on March 2, 2022.	ow-up survey was completed Deficiencies were cited.		•		
	This facility is licen	sed for the following service			****	
	category: 10A NC/	AC 27G .5600C Supervised	·			
	Living for Adults Wi	Ith Developmental Disabilities.		Plan of Correction	, water	
	The survey sample	e consisted of audits of 3				
	current clients.			 Staff will be required 	to	
V 114	27G .0207 Emerge	ency Plans and Supplies	Plane and Supplies V 114 fax in fire and disaster			
1				drills when they are . completed every mon	. · · ·	
	10A NCAC 27G .0 AND SUPPLIES	207 EMERGENCY PLANS		QP will document drill	tn.	
	(a) A written fire pl	an for each facility and		monthly to ensure pro		
	area-wide disaster	r plan ehall be developed and		rotation of the quarter	rly	
	shall be approved authority.	by the appropriate local		requirement is being		
•	(b) The plan shall	be made available to all staff		; fulfilled.	***************************************	
	and evacuation pr	ocedures and routes shall be		. *	, 1	
	posted in the facili	ity. er drills in a 24-hour facility		-		
	shall be held at lea	ast quarterly and shall be		`		
	repeated for each	shift. Drills shall be conducted				
	under conditions t	hat simulate fire emergencies.				
 	accessible for use	nall have basic first ald supplies				
	accession to use	••				
Į.						
	This Rule is not n	net as evidenced by:				
1	Based on record reviews and interviews the facility failed to conduct quarterly fire drills for each shift under conditions that simulate			Marine,		
,						
	each shift under of emergencies. The	a findings are:				
	revealed:	of the facility's fire drill log				
Division of	leaith Service Regulation	on VIDER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE ,	(X6) DATE	

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STATE FORM: REVISIT REPORT DATE OF REVISIT MULTIPLE CONSTRUCTION PROVIDER / SUPPLIER / CLIA / A. Building IDENTIFICATION NUMBER 3/2/2022 YΒ 8. Wing MHL001-094 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF FACILITY **154 HUFFINE STREET** SPRING HILL GROUP HOME 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). DATE ITEM DATE DATE TEM ITEM **Y4** Y5 Y5 Y5 **Y4 Y4** ID Prefix Correction Correction Correction ID Prefix V0110 ID Profix V9108 27G .0204 27G .0202 (F-I) Reg.# Completed Reg.# Completed Completed Reg. # 03/02/2022 LSC 03/02/2022 LSC LSC ID Prefix Correction Correction Correction **ID Prefix ID Prefix** Completed Reg. # Completed Reg. # Completed Reg. # LSC LSC LSC Correction **ID Prefix** Correction ID Prefix Correction **ID Prefix** Completed Completed Reg. # Reg. # Completed Reg. # LSC LSC LSC **ID Prefix** Correction Correction Correction ID Prefix ID Prefix Completed Reg. # Completed Reg.# Completed Reg. # **LSC** LSC LSC **ID Prefix** Correction **ID Prefix** Correction Correction ID Prefix Reg. # Completed Completed Completed Reg. # Reg. # LSC LSC LSC SIGNATURE OF SURVEYOR DATE DATE **REVIEWED BY** REVIEWED BY (INITIALS) 3/2/22 STATE AGENCY DATE DATE REVIEWED BY **REVIEWED BY** (INITIALS) CMS RO CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF POLIMIPUTTO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO 12/12/2019 EVENT ID: 081512 Page 1 of 1

STATE FORM: REVISIT REPORT (11/06)

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STATEMEN	of Health Service Rent of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	CONSTRUCTION	X3) DATE SURVEY COMPLETED R 03/02/2022
	***************************************	MHL001-094			
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
SPRING	HILL GROUP HOME		INE STREET ILLE, NC 27		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 114	Continued From pa	ige 1	V 114		
	in the second quarter. There were no fire in the third quarter. Review on 3/2/22 or revealed: -12/31/21- 2nd shift-11/16/21- 3rd shift-11/16/21- 3rd shift-There were no dis shift in the second. There were no dis shift in the third quarter of 20/2 interviews of 20/2 Residential Service. Agency had stopp drills in 2021They had resume 2021 after being continued the	t. drills for 1st, 2nd and 3rd shift ter of 2021. drills for 1st, 2nd and 3rd shift of 2021. of the facility's disaster drill log it. drills for 1st, 2nd and 3rd quarter of 2021. drills for 1st, 2nd and 3rd quarter of 2021. drills for 1st, 2nd and 3rd arter of 2021. drills for 1st shift in the 21.			
V 118	27G .0209 (C) Me	dication Requirements	V 118		
1	10A NCAC 27G .0	209 MEDICATION			Vannessee .

Division of Health Service Regulation

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PRINTED: 03/03/2022 FORM APPROVED

Division	of Health Service Re	gulation			I AVE CAPITE S	HOVEY	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	(Pilmak i Hulewali tenia saestamone	A. BUILDING:				
•					R		
		MHL001-094	B. WING		03/02	2/2022	
		OTDELT AN	SPESS CITY S	TATE, ZIP CODE		1	
NAME OF F	ROVIDER OR SUPPLIER		INE STREET				
SPRING	HILL GROUP HOME		ILLE, NC 27			į	
, , , , , , , , , , , , , , , , , , ,				PROVIDER'S PLAN OF CORRECT	MON	~~	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	PREFIX	(EACH CORPE CONTROL SHOU	LDBE	(XA) COMPLETE	
PREFIX	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG	CROSS-REPERSON THE APPR	OPRIATE	DATE .	
TAG	1 (margage to contract to the m	Name of the last o		DEFICIENCY)			
			V 118				
V 118	Continued From pa	age 2	À 110			1	
	REQUIREMENTS			·			
	(c) Medication adm						
		non-prescription drugs shall			1		
	only be administer	ed to a client on the written		 VP and Director retrain 	 mad	. 1	
	order of a person a	authorized by law to prescribe				, ,	
,	drugs.	ver X		Springhill staff on pro		4	
•	(2) Medications sh	all be self-administered by		documentation of MA		Į Į	
	clients only when a	authorized in writing by the		MAR's will be checked	on ·		
	client's physician.	" -		a weekly basis and			
		cluding injections, shall be		gradually move to a	,	, 1	
	administered only	by licensed persons, or by		monthly basis as			
:	unlicensed person	s trained by a registered nurse,		improvement occurs.	∩n'+		
	pharmacist or othe	r legally qualified person and		will ensure all updated		4	
	privileged to prepa	re and administer medications.					
	(4) A Medication A	dministration Record (MAR) of		orders are in med bool	t.		
	all drugs administe	ered to each client must be kept					
,		ns administered shall be			:		
	recorded immediate	tely after administration. The					
	MAR is to include t	the following:		-			
	(A) client's name;					-	
	(B) name, strength	n, and quantity of the drug;		**************************************			
	(C) instructions for	administering the drug;				-	
	(D) date and time	the drug is administered; and					
	(E) name or initials	s of person administering the		V			
	drug.			Since the since			
1	(5) Client requests	for medication changes or		***************************************		1	
	checks shall be re	corded and kept with the MAR	,	50-00-00-00-00-00-00-00-00-00-00-00-00-0			
		appointment or consultation		,		Į.	
	with a physician.			S			
				400			
]			**************************************			
1				Approximate the second			
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•	}						
[was built for a star						
1	I his kule is not n	net as evidenced by:					
1	Based on records	review, observations, and				native statement of the	
ļ	interviews the faci	ility failed to: A) Have updated					
		or administered medications				1	
	lealth Service Regulation	n	5800	armittete	lf continue	tion sheet 3 of 16	
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Division of Health Service Regulation							
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R		
		MHL001-094	B. WING		03/02	/2022	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, ST	ATE, ZIP CODE			
			INE STREET				
SPRING	HILL GROUP HOME		ILLE, NC 272				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX ' TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE	
V 118	Continued From pa	ige 3	V 118		-		
	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			•			
	Review on 3/2/22 of Client #1's record revealed: -Admission date of 7/8/92Diagnoses of Schizophrenia, Unspecified; Intellectual Disability, Mild; Hypertension; COPD; Constipation; Dementia; Hyperprolactinemia; Benign Neoplasm of Pitultary gland; Metabolic Syndrome; Emphysema, unspecified; Acromegaly and pituitary gigantism.						
,a ,	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		,		And the second s		
	as neededOrder dated 6/9/20: -Calcium +D 600/400, take 1 tablet twice daily.						
	-Order dated 7/23/20: -Robafen DM llquid, drink two teaspoonful (10 ml) every 6 hours as needed for coughOrder dated 2/9/21: -Cogentin 0.5 mg, 1 tablet daily in the morning for drooling.						
	-Order dated 12/10 -Discontinue \ -There were no or	5/21:					
	tongue- Three time Thursday.) -Physician orders	es a week (Saturday, Monday, in Client #1's record for Ventolir 600/400, Robafen DM liquid					
	Observation on 3/	2/22 at of Client #1's aled:				**************************************	

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Division (of Health Service Re	gulation	CONTRACTION E	CONSTRUCTION	(X3) DATE S	URVEY
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	
				R		
		MHL001-094	B, WING		03/02	/2022
MARKE OF T	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
			INE STREET			
SPRING	HILL GROUP HOME	GIBSONV	ILLE, NC 27		,	
(X4) ID PREFIX TAG	(FACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 118	Continued From pa	age 4	V 118			
	-Ventolin HFA was -Calcium +D 600/4 -Robafen DM liquid -Cogentin 0.5 mg v -Vitamin E was not Review on 3/2/22 of 2022 through Marc -Ventolin HFA was from January 2022 -Calcium +D 600/4 given from January -Robafen DM liquid given from January -Cogentin 0.5 mg v from January 2022 -Vitamin E was list January 2022 thro -Vitamin E was mathrough March 2, 2 discontinued on 13	available. 00 was packed and available. I was available. was packed and available. was packed and available. I available of Client #1's MAR for January ch 2, 2022 revealed: listed and marked as given 2 through March 2, 2022. liou was listed and marked as y 2022 through March 2, 2022. I was listed and marked as y 2022 through March 2, 2022. I was listed and marked as y 2022 through March 2, 2022. I was listed and marked as given of through March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022. I was listed and marked as given from ugh March 2, 2022.				
	-Admission date of Diagnoses of May Obsessive Comput Dysregulation Diswith behavior district Profound Intellect Gastro-esophage esophagitis; Anen Rhinitis; Unspecific hepatic coma; Statyperlipidemia; Ninsufficiency; Trisusleep Disorder.	jor Depression Disorder; ulsive Disorder; Disruptive Moor order; Unspecified Dementia urbance; Seizure Disorder; ual Disabilities; al reflux disease without nia, Unspecified; Other Allergic led Viral Hepatitis B without age 3 Chronic Kidney Disease; onrheumatic aortic (valve) omy 21, mosaicism; Tremor;				

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Division of Health Service Regulation							
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE S	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			nge a funitor	
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	'	MHL001-094	B. WING			1/2022	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	ITATE, ZIP CODE			
		154 HUFF	INE STREET	•			
SPRING	HILL GROUP HOME	GIBSONV	ILLE, NC 27	249		1	
	CHAMPVETA	ATEMENT OF DEFICIENCIES	Cai I	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
(X4) ID PREFIX	SUMMART ST	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
			<u> </u>	DEFICIENCY)	,		
V/ 44 Q	Cartinized Error as		V 118		.		
V 118	Continued From pa	age 5	1 113		1		
	-Scopolamine	1 mg, apply one patch topically	1				
i	every third day.	3 . 11 2					
	-Order dated 10/27	7/20:			1		
		pray 50 mcg, instill two sprays					
	in each nostril daily				[
		instill one drop in both ears at					
	bedtime.	•		,	ļ		
	-Order dated 12/15	5/20:			}		
		mg, take one tablet once daily.					
		ng, take one tablet daily at			1		
	bedtime.						
	-Order dated 2/10/21:						
		mg, take one capsule daily	1				
		rng for total of 90 mg.	1				
		mg, take one capsule daily	1				
		mg for total of 90 mg.					
		B mg, take one capsule daily.		-			
	-Order dated 2/15/		1		***************************************		
		dium 100 mg, take one capsule	1				
	daily.	and a super still source and an extension			1		
	-Order dated 2/17/	ツ1・					
		20 mg, take one capsule daily					
,	In the morning.	and the same and t	1	***			
	-Order dated 2/19/	21.		-			
		200 iu, take one tablet daily.		- Andrews			
		unit, take one capsule daily.					
		5 mg, take one tablet daily in		Section 1		•	
•	the morning.	rings mile dire source diring III					
		10 mg, take one tablet daily at	'	Sample of the Control			
	bedtime.	in cidl min his maint smill at	1				
		ers were available for:					
		ons were available for. O mg, take one table once daily.					
		220 mg, take one tablet once	` I				
		LEV HIG, LANG ONG TADIOT OFFICE	1				
	daily.	in Client #2's record for					
		g, Fluticasone Spray 50 mcg,		personal			
1		g, Pidlicasone Spray of mog, spezil 20 mg, Seroquel 26 mg.	<u> </u>				
1			Ţ			No. of the state o	
		Duloxetine 30 mg, Memantine				***************************************	
}		Sodium 100 mg, Omeprazole	1			***************************************	
ł	Zu mg, Vitamin D	1000 iu, Vitamin E 200 unit,	1 .				

Division of Health Service Regulation

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STATEMENT OF DEPICIPACIES AND PLAN OF CORRECTION WILDSTORM PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES OF SIGNATURE. IN C 27249 SUMMARY STATEMENT OF DEFICIENCIES OF SIGNATURE. IN C 27249 PREDIX DEFICIENCY MUST BY STATEMENT OF DEFICIENCIES OF SIGNATURE. IN C 27249 PREDIX DEFICIENCY MUST BY STATEMENT OF DEFICIENCY STATE OF SIGNATURE. IN C 27249 PREDIX DEFICIENCY MUST BY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENC	Division o	of Health Service Re	equiation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 154 HLFFINE STREET SPRING HILL GROUP HOME SUBMARY STATEMENT OF DEPICIENCIES GRACH DEPICIENCY MUST BE PRECEIBED BY PILL REGULATORY OR ISC DENTIFYING INFORMATION) V 118 FIber-Lax 625 mg, Rosuvestatin 10 mg had expired. -Scoplarmine 1 mg was availableFluticasone Spray 50 mcg was availableDuloxetine 80 mg was availableDuloxetine 80 mg was availableDuloxetine 80 mg was availableDuloxetine 20 mg was availableDrocustes Sodium 100 mg was availableTran Tree Off was availableTran Tree Off was availableDrocustes Sodium 100 mg was availableDrocustes Sodium 100 mg was availableTran Tree Off was availableTran Tree Off was availableDrocustes Sodium 100 mg was availableTran Tree Off was availableTran Tran Tran Tran Tran Tran Tran Tran	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTTY, STATE, ZIP CODE 154 HUFFINE STREET GIBSONVILLE, NC 27249 SUMMARY STATEMENT OF DEFICIENCES (CAL) D. GRAND BEIGHT STREET GIBSONVILLE, NC 27249 SUMMARY STATEMENT OF DEFICIENCES (CAL) D. GRAND BEIGHT STATEMENT OF DEFICIENCY (CAL) D. GRAND BEIGHT STATEMENT OF DEFICIENCES (CAL) D. GRAND BEIGHT STATEMENT OF DEF	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE) EW	
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NAME OF PROVIDER OR SUPPLER SPRING HILL GROUP HOME 134 HUFFINE STREET GIBSONVILLE, NC 27249 SUMMARY STATEMENT OF DEFICIENCIANS FREGULATION OR USE DESTRIPTING INFORMATION) V118 Continued From page 6 Fiber-Lax 625 mg, Rosuvestatin 10 mg had expiredThere were no orders available for Vitamin C 500 mg, Zinc Sulfate 220 mg, Observation on 3/2/22 at of Client #2's medications revealed: -Scopolarmine 1 mg was availableDuncetine 20 mg was availableDuncetine 20 mg was availableDuloxetine 30 mg was availableDuloxetine 30 mg was availableUnimin 12 00 unit was availableVitamin 12 00 unit was availableVitamin 12 00 unit was availableFiber-Lax 625 mg was availableVitamin 10 00 mg was availableVitamin 10 mg was available.			1 11111 004 004	B. WING			
SPRING HILL GROUP HOME 154 HUFFINE STREET GIBONVILLE, NC 27249 SUMMARY STATEMENT OF DEFICIENCIES PROPERTIES GRACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX GRACH CORNECTIVIT ACTION SYNCULUS BE GROSS-REFERENCY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 118 Continued From page 6 Fiber-Lax 625 mg, Rosuvastatin 10 mg had expired. -There were no orders available for Vitamin C 500 mg, Zinc Sulfate 220 mg. Observation on 3/2/22 at of Cilent #2's medications revealed: -Scopolarine 1 mg was availablePluticasone Spray 50 mg was availableDuloxetine 60 mg was availableDuloxetine 60 mg was availableDuloxetine 60 mg was availableDuloxetine 60 mg was availableVitamin D 1000 iu was availableVitamin D 1000 iu was availablePiber-Lax 625 mg was availablePiber-Lax 625 mg was availableRosuvastatin 10 mg was availableRosuvastatin 10 mg was availableRosuvastatin 10 mg was availablePiber-Lax 625 mg was availablePiber-Lax 625 mg was availablePitticasone Spray 50 mg was listed and marked as given from January 2022 through March 2, 2022Fitticasone Spray 50 mg was listed and marked as given from January 2022 through March 2, 2022Tea Tree Oil was listed and marked as given from January 2022 through March 2, 2022Donepezil 20 mg was listed and marked as given from January 2022 through March 2, 2022Seroquel 25 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given							
SPRING HILL GROUP HOME 154 HUFFINE STREET GIBSONVILLE, NC 27249 CAPID PREFIX CAPID HOME CAPID HOME	NAME OF F	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REACH DEFICIENCY MIST BE PRECEDED BY PULL REACH DEFICIENCY OR LSC IDENTIFINE MINORMATION) V118 Continued From page 6 Fiber-Lax 625 mg, Rosuvastatin 10 mg had expired. There were no orders available for Vitamin C 500 mg, Zinc Sulfate 220 mg. Observation on 3/2/22 at of Client #2's medications revealed: Scopolamine 1 mg was availableDuloxetine 60 mg was availableDuloxetine 60 mg was availableDucusate Sodum 100 mg was availableDucusate Sodum 100 mg was availableDucusate Sodum 100 mg was availableVitamin D 1000 it was availableVitamin D 1000 it was availableFiber-Lax 625 mg was availableRosuvastatin 10 mg was availableRosuvastatin 10 mg was availableRosuvastatin 10 mg was availableFiber-Lax 625 mg was sisted and marked as given from January 2022 through March 2, 2022Fia trae Oil was fisted and marked as given from January 2022 through March 2, 2022Seroquel 25 mg was listed and marked as given from January 2022 through March 2, 2022Seroquel 25 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from January 2022 through March 2, 2022Duloxetine 60 mg was listed and marked as given from Janu			154 HUFI	INE STREET			
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-Duloxetine 30 mg was listed and marked as given from January 2022 through March 2, 2022.	l.	geren from Januar	ry 2022 through March 2, 2022.			Nation of the Control	
given from January 2022 through March 2, 2022.		-Duloxetine 30 mg	was listed and marked as		-	y-category.	
-Memantine 28 mg was listed and marked as	}	given from Januar	ry 2022 through March 2, 2022.	.			
		-Memantine 28 m	g was listed and marked as				

Division of Health Service Regulation STATE FORM

X7N411

If continuation sheet 7 of 10

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING MHL001-094 03/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **154 HUFFINE STREET** SPRING HILL GROUP HOME GIBSONVILLE, NC 27249 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 7 given from January 2022 through March 2, 2022. -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. Review on 3/2/22 of Client #3's record revealed: -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. Review on 3/2/22 of Client #3's physician's orders revealed: -Order dated 9/2/20: -Terbinafine Cream 1%, apply to affected area twice daily until clear, -Orders dated 10/27/20: 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.

Division of Health Service Regulation

-Order dated 1/14/21:

STATE FORM

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X7N411

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Division of	of Health Service Re	egulation	T		(X3) DATE S	SURVEY	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPL	COMPLETED	
AND PLAN	OF CORRECTION	(DEM 18 (CALLO) A LEGISLES	A BOILDANG.			R	
			B MINIS			2/2022	
		MHL001-094	B. WING		1 00/0	U	
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, S	TATE, ZIP CODE			
		154 HUF	FINE STREET	•			
SPRING	HILL GROUP HOME	GIBSON'	VILLE, NC 27	249			
	CHAMADY ST	ATEMENT OF DEFICIENCIES	aı	PROVIDER'S PLAN OF CORF	ECTION	(705)	
(X4) ID PREFIX	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	COMPLETE	
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
V 118	Continued From pa	age 8	V 118				
		mg, take one tablet daily.					
	Order dated 1/20/2						
		250 mg, take two tablets on	ŀ				
*	day 1, then one tal						
	-Physician orders	n Client #3's record for		WANTED			
	Terhinafine Cream	1%, Fluticasone Spray 50		***************************************			
	mca, Miralax Pow	der, Montelukast 10 mg,	1	and the second			
	Zeasorb Powder,	Triamcinolone Cream 0.1%,					
	Loratadine 10 mg	had expired.	i				
	,		1	Value			
•		2/22 at 11:40 am of Client #3's		***			
	medications revea						
	-Terbinafine Crear	n 1% was available.					
		y 50 mcg was available.	1			***	
	-Miralax Powder w					-	
	-Montelukast 10 m	ig was available.	İ			-	
	-Zeasoro-Ar Pow	der 2% was available. eam 0.1 % was available.					
	-triamcarolorie Ci -Loratadine 10 mg		Ì			***************************************	
	Azitheomycia 250	mg was not available.					
	-AZIGITOTTYCH ZOV	ing and not deputation.	-				
	Review on 3/2/22	of Client #1's MAR for January	,				
		ch 2, 2022 revealed:	ļ	Parkage management of the control of			
	-Terbinafine Crear	m 1% was listed and marked a	s İ	,			
	given from Januar	ry 2022 through March 2, 2022	.				
	-Fluticasone Spra	y 50 mcg was listed and					
i i	marked as given t	from January 2022 through	1			***************************************	
N.	March 2, 2022.	·				NAAA AMININA	
	-Miralax Powder v	vas listed and marked as giver	1			***************************************	
	from January 202	2 through March 2, 2022.				THE . T. C. MARCH.	
	-Montelukast 10 n	ng was listed and marked as	.	A		WWW.	
	given from Janua	ry 2022 through March 2, 2022	•	STATE OF THE STATE		Average Pro-	
	-Zeasorb-Ar Pow	der 2% was listed and marked		and the second s			
}		nuary 2022 through March 2,		Vaccand Market		***	
	2022.	ream 0.1 % was listed and			m1.5		
1		from January 2022 through	•				
ļ	March 2, 2022.	Hott talend from allossi					
1	Jorgtadina 10 m.	g was listed and marked as	· ·				
ŀ	niven from Janua	ry 2022 through March 2, 2022	≥.				
District of	Health Service Regulation			A COMPANY OF THE PROPERTY OF T		ntine chapt 0 of	

X7N411 If continuetion sheet 9 of 10

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		D MING			2022
	MHL001-094	B. WING		U3/VZ	LVLL
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, ST	ATE, ZIP CODE		Į.
SPRING HILL GROUP HOME		NE STREET	140		
		LLE, NC 272	PROVIDER'S PLAN OF CORRECTION	DN NC	(X5)
YEARH DESIGNERACY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	COMPLETE DATE
V 118 Continued From page	e 9	V 118		***************************************	
-Azithromycin 250 mglven from January 2 February through Ma -Azithromycin 250 mg February through Ma discontinued on January Interview on 10/10/19 -Agency relied on the copy of the client's pg -Physicians were not prescriptions, but insorders electronically grammacist would continued medicated to the mass aware that the been discontinued a administered to her. He was aware that the been discontinued a administered to her. He confirmed some record for Clients #1 -He confirmed staff discontinued medicated to the confirmed that continued medicated to the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed that the confirmed the factors are selected to the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that the confirmed that t	g was listed and marked as 20-24, 2022 and from arch 2, 2022. g was marked as given from arch 2, 2022, but had been uary 24, 2022. 9 with the Owner revealed: e pharmacy to give them a shysician orders. It giving them the client's stead were sending the to the pharmacy. It the client's physician to ions. In the client's physician to ions. In the client's Vitamin E had and that it had not been continued to mark the end that it had not been to five and #3 had expired. It is and #3 had expired. It is and #3 had expired. It is and #3 had expired. It is medication was see. It is medication was see. It is medication was administered medications. It is a continued to ensure the tration record (MAR) was				

Division of Health Service Regulation

STATE FORM

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If continuation sheet 10 of 10



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

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