

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-363</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRINGWELL NETWORK, INC-INDEPENDENC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 INDEPENDENCE ROAD WINSTON-SALEM, NC 27106</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 19, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 review and interviews, the facility failed to conduct disaster drills at least quarterly and for each shift. The findings are:</p> <p>Review on 1/17/24 of the facility's disaster drills from January 2023 to January 2024 revealed:</p>	V 114	<p>27G.0207 Emergency Plans and Supplies The agency has developed a procedure for drill completion and schedules. The process will require rotational shifts for all staff to complete different drills to ensure all shifts are done. All drills will be recorded in the electronic system for data collection.</p> <ol style="list-style-type: none"> <li>1. All employees will be trained on each drill.</li> <li>2. Supervisor will review all drills and assist with any corrections to documentation.</li> <li>3. The home will conduct mock drills to ensure the clients know procedures.</li> <li>4. The QP will monitor all employees for quarterly reports.</li> <li>5. At least 2 disaster drills on every shift</li> <li>6. At least 2 fire drills on every shift.</li> </ol> <p>Responsible Staff: Supervisor Qualified Professional Renita Rolle, Operations Director Charlene Warren, Executive Director</p> <p style="text-align: center;"><b>RECEIVED</b> <b>FEB 21 2024</b> DHSR-MH Licensure Sect</p>	Pending Completion 03/16/2024

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

*Charlene Warren*

TITLE

Executive Director

(X6) DATE

02/16/2024

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V 114	<p>Continued From page 1</p> <p>-No documentation of a disaster drill having been conducted from January 2023 through March 2023 for third shift (9:30pm to 9:30am);</p> <p>-No documentation of a disaster drill having been conducted from April 2023 through June 2023 for first (8:00am to 3:00pm) and third shift (9:30pm to 9:30am).</p> <p>Attempted interview on 1/17/24 with client #1 revealed: -She declined to be interviewed.</p> <p>Interview on 1/17/24 with client #2 revealed: -She went into the bathroom for tornado drills.</p> <p>Interview on 1/17/24 with client #3 revealed: -He went into the bathroom for tornado drills.</p> <p>Interview on 1/19/24 with the Supervisor revealed: -She posted the schedule for fire and disaster drills no later than the fifth day of each month; -She checked the electronic system to ensure drills were completed every day or every other day; -She had put out reminders for staff if the drills were not completed.</p> <p>Interview on 1/19/24 with the Interim Qualified Professional revealed: -She checked the electronic system for completed drills once a month.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	Continued From page 2  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.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MARs current affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:  Review on 1/16/24 of client #1's record revealed:	V 118	27G. 0209 (C) Medication Requirement 10A NCAC  All MARS need to be monitored by the Supervisor on a daily basis. She needs to review all entries by staff to ensure medication is given correctly. Also, need to review medication orders to make sure orders match the MAR.  The new process will include the following: 1. Each employee will initial and date the pills given on the pill packet daily. 2. Supervisor will review packets for accurate count. 3. All staff will have to go through Medication Administration training with the nurse in March 2024. 4. The QP will monitor on a weekly basis the MAR to support documentation for prevention of medication errors. 5. Operations Director will monitor QP for all changes and issues monthly.  Responsible Staff: Supervisor Qualified Professional Renita Rolle, Operations Director Charlene Warren, Executive Director	Pending Completion 03/16/2024

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Date of Admission: 7/5/07;</li> <li>-Diagnoses: Intellectual Developmental Disability, Moderate; Schizoaffective Disorder; Psoriasis, and Seizure Disorder;</li> <li>-Physician orders dated 10/23/23 as follows:</li> <li>-Olanzapine (schizophrenia) 5 milligrams (mg), take 1 tablet by mouth once daily;</li> <li>-Hydrochlorothiazide (high blood pressure) 25mgs, take 1 tablet by mouth every morning;</li> <li>-Omeprazole (heartburn) 40 mgs, take 1 capsule by mouth once daily.</li> </ul> <p>Review on 1/17/24 of client #1's MARs for November 2023 revealed:</p> <ul style="list-style-type: none"> <li>-Olanzapine was not documented as having been administered on 11/22/23 through 11/30/23;</li> <li>-Hydrochlorothiazide was not documented as having been administered on 11/10/23;</li> <li>-Omeprazole was not documented as having been administered on 11/26/23.</li> </ul> <p>Review on 1/16/24 and 1/17/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 9/28/90;</li> <li>-Diagnoses: Intellectual Developmental Disability, Moderate; Down Syndrome; Hyperthyroidism; and Heart Condition ;</li> <li>-Physician orders dated 3/5/22 and 1/17/24 for Sodium Fluoride Gel (toothpaste) 1.1%, brush for two minutes twice daily do not rinse or eat.</li> </ul> <p>Review on 1/17/24 of client #2's MARs for November and December 2023 revealed:</p> <ul style="list-style-type: none"> <li>-Sodium Fluoride Gel was not documented as having been administered on both mornings of 11/11/23 and 12/13/23.</li> </ul> <p>Review on 1/16/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 4/1/22;</li> <li>-Diagnoses: Intellectual Developmental Disability,</li> </ul>	V 118		
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V 118	<p>Continued From page 4</p> <p>Moderate; Autism Spectrum Disorder, requiring support; Juvenile Myoclonic Epilepsy; Hypersomnia; and Anxiety, unspecified; -Physician orders dated 12/10/23 as follows: -Fiber-Laxative (laxative) 625 mgs, take 1 tablet by mouth daily; -Montelukast (allergies) 10 mgs, take 1 tablet by mouth daily; -Topiramate (seizures) 25 mgs, take 6 capsules (150) by mouth twice a day; -Vitamin B-12 (supplement) 1,000 micrograms, take 1 tablet by mouth once daily.</p> <p>Review on 1/17/24 of client #3's MARs for November and December 2023 revealed: -Fiber-Laxative was not documented as having been administered on 11/28/23, 12/13/23, and 12/20/23; -Montelukast was not documented as having been administered on 11/21/23, 12/13/23, and 12/20/23; -Topiramate was not documented as having been administered on the mornings of 12/13/23 and 12/20/23; -Vitamin B-12 was not documented as having been administered on 12/13/23 and 12/20/23.</p> <p>Interview on 1/17/24 and 1/19/24 with the Supervisor revealed: -She checked client's medication's and pill counts daily to ensure medications were being administered; -Clients #1, #2, and #3 received their medication, but "staff lacked attention to details about medication administration."</p>	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

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V 131	<p>Continued From page 5</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to the date of hire for 1 of 3 audited staff (#3). The findings are:</p> <p>Review on 1/16/24 of the Supervisor's record revealed: -Date of Hire: 2/28/23; -Date of HCPR check: 6/2/23.</p> <p>Interview on 1/16/24 with the Administrative Assistant revealed: -"I go through employee charts quarterly ... I was missing the original HCPR (check) for [Supervisor] and I submitted another HCPR (check)."</p> <p>Interview on 1/19/24 with the interim Qualified Professional revealed: -The criminal background check and HCPR check were usually submitted at the same time.</p>	V 131	<p>G.S. 131E-256 (D2) HCPR-Prior Employment Verification</p> <p>The agency has implemented a new hiring process that includes the following: * New hires must be screened prior to hire date *The Administrative Assistant is responsible for completing all screening and sharing information with Operations Director before employee will be allowed to participate in orientation.</p> <p>All employees received updated information at agency wide meeting.</p> <p>Responsible Staff: Administrative Assistant Renita Rolle, Operations Director Charlene Warren, Executive Director</p>	Completion February 7, 2024