STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-367	A. BUILDING: _____ B. WING _____	04/04/2025

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SPRINGWELL NETWORK, INC-STOCKTON STREET G	3250 STOCKTON STREET WINSTON-SALEM, NC 27127

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 4, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 of licensed beds and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	RECEIVED APR 14 2025 DHSR-MH Licensure Sect	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop treatment goals and strategies based on assessments within 30 days of admission for 2 of 3 audited clients (Clients #1 and #3). The findings are: Review on 4/3/25 of Client #1's record revealed: -Admission date of 11/7/24. -Diagnoses of Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Infantile Parkinson's Disease with dyskinesia with fluctuations, and Chronic Pain Syndrome. -10/10/24 admission assessment had Client #1 with: -Self-care and activities of daily living due to difficulty using her hands. -Prompts and reminders needed to complete tasks properly. -Assistance needed in washing her hair, grooming, shopping, money management, transportation, simple meal preparation and "some" leisure activities. -No documentation of a treatment plan. Review on 4/3/25 of Client #3's record revealed: -Admission date of 11/7/24. -Diagnoses of Anxiety Disorder, Mild IDD, ADHD-combined type, Infantile Parkinson's dx with dyskinesia with fluctuations, Chronic Pain Syndrome.	V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan The agency has implemented a new process for implementation of treatment plans. Any new client will be required to have a completed plan ready for implementation within 30 days of placement. All parties will be involved in the planning stages of the plan and the QP will be required to share all plans with Operations Director for review and verification of implementation.	Completed 04/10/25

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V 112	Continued From page 2 -10/10/24 admission assessment had Client #3 with: -A history of "running away" or "wandering." -Prompts and reminders needed to complete tasks properly. -Assistance needed in shopping, money management, transportation, simple meal preparation and "some" leisure activities. -No documentation of a treatment plan. Interview on 4/2/25 with Client #1 revealed: -She made up her bed every morning. -She cleans the kitchen on Wednesdays as her chore. Interview on 4/2/25 with Client #3 revealed: -She did not have any goals. Interview on 4/2/25 with Staff #2 revealed: -Clients #1 and #2 did not currently have individual support plans (ISPs). -The Qualified Professional (QP) was working on Clients #1's and #2's plans. -"Right now, I know she (Client #1) has chores as a goal." Interviews on 4/3/25 and 4/4/25 with the Qualified Professional revealed: -She developed the treatment plans and goals for clients not on the Innovations Waiver Program. -Clients #1 and #3 were not on the Innovations Waiver Program. -Neither Client #1 or Client #3 had treatment plans. -"We're working on it. We are figuring out what they can and cannot do because their family did everything for them." -"We're still getting them acclimated into doing things ...simple tasks like laundry and how to do chores."	V 112		

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V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document whether medication was administered and failed to document explanations for held medication administration for 2 of 3 audited clients (Clients #1 and #3). The findings are: Review on 4/3/25 of Client #1's record revealed: -Admission date of 11/7/24. -Diagnoses of Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Infantile Parkinson's Disease with dyskinesia with fluctuations, and Chronic Pain Syndrome. -11/19/24 physician-ordered medications included: -Baclofen 10 milligram (mg) tablet (tab), (muscle relaxer), take 2 tabs every morning. -Levonorgestrel and Ethinyl Estradiol tabs 0.15 mg/0.03 mg, (birth control), take 1 tab daily. -11/20/24 physician-ordered medications	V 123	27G. 0209 (H) Medication Requirements The agency contacted the pharmacy to request updated copies of medication orders. The Supervisor or QP will alert the pharmacy 7 days before cycle medication will be delivered to ensure the medications will be delivered. This is the first occurence however our goal is to prevent mishaps as it relates to medication. QP will monitor medication process for documentation and a meeting was held with all employees to ensure that they understand the process and know how to document any type of errors that relates to medication.	Completed 04/07/2025

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V 123	Continued From page 4 included: -Clonidine 0.1 mg, (Migraine headache prevention), 1 tab 3 times daily. -Lorazepam 1 mg tab, (Anxiety), take 1 tab twice daily. Review on 4/3/25 of Client #3's record revealed: -Admission date of 11/7/24. -Diagnoses of Anxiety Disorder, Mild IDD, ADHD-combined type, Infantile Parkinson's dx with dyskinesia with fluctuations, Chronic Pain Syndrome. -11/19/24 physician-ordered medications included: -Baclofen 10 milligram (mg) tablet (tab), (muscle relaxer), take 2 tabs every morning. -Levonorgestrel and Ethinyl Estradiol tabs 0.15 mg/0.03 mg, (birth control), take 1 tab daily. -Clonidine 0.1 mg, (ADHD), take 1 tab 3 times daily. -Lorazepam 1 mg tab, (Anxiety), take 1 tab twice daily. Review on 4/3/25 of Client #1's MARs for the period January 1, 2025 to March 31, 2025 revealed: -Medication codes at top of each MAR sheet which listed the following: M/R for Missed or Refused, LOA for Leave of Absence, OH for On hold, Black-colored box for Deleted and White-colored box with 3 asterisks inside for User with no initial. -February 2025 MAR had: -Baclofen on 2/1/25 and on 2/2/25 at 8:00 pm dose time was coded OH with no explanation of the reason this medication was on hold. This medication was coded OH on 2/3/25 from 8:00 am dosage time to through 2/5/25 at 8:00 pm dosage time with no explanation of the reason this medication was on hold.	V 123		

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V 123	Continued From page 5 -Clonidine 2/27/25 at 4:00 pm dosage time was blank with no explanation documented on the MAR. -Levonorgestrel and Ethinyl Estradiol at 8:00 pm dosage time on 2/1/25 was coded OH with no explanation of the reason this medication was on hold. On 2/25/25, this medication was blank with no explanation documented on the MAR. -Lorazepam on 2/17/25 at 8:00 pm through 2/20/25 at 8:00 pm dosage times were coded OH with no explanation of the reason this medication was on hold. Review on 4/3/25 of Client #3's MARs for the period January 1, 2025 to March 31, 2025 revealed: -Medication codes at top of each MAR sheet which listed the following: M/R for Missed or Refused, LOA for Leave of Absence, OH for On hold, Black-colored box for Deleted and White-colored box with 3 asterisks inside for User with no initial. -February 2025 MAR had: -Baclofen on 2/1/25 and on 2/2/25 at 8:00 pm dose time was coded OH with no explanation of the reason this medication was on hold. This medication was coded OH on 2/3/25 from 8:00 am dosage time through 2/5/25 at 8:00 pm dosage time with no explanation of the reason this medication was on hold. -Clonidine 2/28/25 at 4:00 pm dosage time was blank with no explanation documented on the MAR. -Levonorgestrel and Ethinyl Estradiol on 2/1/25 at 8:00 pm dosage time was coded OH with no explanation of the reason this medication was on hold. On 2/25/25, this medication was blank with no explanation documented on the MAR. -Lorazepam on 2/18/25 at 8:00 pm through 2/19/25 at 8:00 pm dosage times were coded OH	V 123		

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V 123	Continued From page 6 with no explanation of the reason this medication was on hold. -March 2025 MAR had: -Clonidine coded OH on 3/19/25 with no explanation of the reason this medication was on hold. -Levonorgestrel and Ethinyl Estradiol on 3/29/25 at 8:00 pm dosage time was blank with no explanation documented on the MAR. -Lorazepam on 3/18/25 and 3/19/25 at 8:00 am dosage time was coded OH with no explanation of the reason this medication was on hold. Review on 4/3/25 of incident reports from January 2025 to April 2, 2025 revealed: -No medication incident reports provided for review. Interview on 4/2/25 with Client #1 revealed: -Staff gave her medication every day. Interview on 4/2/25 with Client #3 revealed: -She took medication for "stiffening." -Staff gave her medication and her medications were at the facility every day to take. Interview on 4/2/25 with Staff #2 revealed: -"We (staff) call in (to pharmacy) if we see a medicine in low supply and needs to refilled." Interviews on 4/3/25 and 4/4/25 with the QP revealed: -4/3/25, no medication incident reports. "They would have been done in GER (General Event Report)." -She believed Clients #1 and #3 received their medications on those days their MARs were blank. -She "normally" reviews client MARs 3 to 4 times a week.	V 123		

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V 123	Continued From page 7 -"I have fallen by the wayside by not following up as regularly to review them (MARs). Normally I go through and check and run reports to see if any documentation is missed." -If medication was missed on the MAR, she looked at the medication blister pack which staff initialed when a medication was administered. -The blanks on the MARs were a documentation issue. -The medications coded OH for on-hold occurred when the facility was waiting for the pharmacy to refill the medication. -Staff were to immediately notify her if a client was down to a 5-day supply of medication and not allow the notification to go over into the weekend. -She followed up with the pharmacist if medications were placed on hold to see what possible outcome there might be if the medication was missed. She did not document the information from the pharmacy. -Missed medication would be documented as a medication error in the GER. 4/4/25-The QP provided medication error reports for review. She stated, " I just did them."	V 123		