Division of Health Service Regulation

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 ______	C 09/11/2025

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

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on September 11, 2025. The complaint was substantiated (intake #NC00233125). 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 and has a current census of 5. The survey sample consisted of audits of 3 current clients. A sister facility is identified in this report. The sister facility will be identified as sister facility A.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 109		

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(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.
(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.
(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

This Rule is not met as evidenced by:
Based on record review and interview, 1 of 1 Qualified Professional (QP) failed to demonstrate the knowledge, skills and abilities to meet the needs of clients. The findings are:

Review on 9/10/25 of Client #2's record revealed:
-Admission date of 9/26/08.
-Diagnosis of Moderate Intellectual Developmental Disability.

Interview on 9/10/25 with Client #2 revealed:
-"I have been violent. I hit staff (Staff #2) and some clients (Client #3 and Clients #5). It's been bad about 6 months."
-She attended a clients' rights meeting in August 2025 with her housemates (Clients #1, #3 and #4) and staff along with staff and clients from sister facility A.
-During the clients' rights meeting, the QP asked

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if anyone had any concerns.
-Client #2's housemates voiced concerns about her hitting on them and staff.
-"They (Clients #1, #3 and #4) wanted to talk and [QP] was mad."
-"I didn't actually talk because I knew how bad everyone feels what I did. I was embarrassed. I knew what I did was wrong and I was upset."

Interview on 9/10/25 with Staff #1 revealed:
-Client #2 hit Client #3 and Staff #2 in August 2025.
-Confirmed a meeting in August 2025 at the licensee office with clients and staff in attendance with clients and staff from sister facility. The QP led the meeting.
-At the meeting, Clients #1, #3 and #4 said Client #2 was "bullying, had hit a couple of them (clients), was really mean" and wanted Client #2 to quit these behaviors.
-The QP asked "how can we resolve this because everyone needs to try and get along."
-"She (Client #2) just sat there," and "she (Client #2) then agreed with what they said about her."
-"No [sister facility A] clients said anything."
-"I might have felt a little embarrassed being that open with other people," in response to having been asked what if she had been Client #2 in that meeting.
-"We (staff and the QP) had no idea they (Clients #1, #3 and #4) were going to bring it (issues with Client #2) up at the meeting."

Interview on 9/10/25 with Staff #3 revealed:
-The clients' rights meeting was held at the licensee office on 8/12/25 from 6:15 pm-7:45 pm with the QP having led the meeting.
-At the meeting, Clients #1, #3 and #4 said "they had a problem with one of their housemates."
-The QP asked who the housemate was and the

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three clients identified Client #2.
-Clients #1, #3 and #4 said they were tired of Client #2 "hitting" on them and staff.
-Clients and staff from sister facility A were present at the meeting but did not participate in the conversation.
-"I didn't think it was appropriate because they (Clients #1, #3 and #4) were singling 1 person (Client #2) out. The QP did not stop the meeting as the residents talked."
-"[Client #2] was shaking and seemed to be at loss for words. Her body language said she was upset; she was shaking and she kept looking down constantly."

Interview on 9/10/25 with Staff #4 revealed:
-She was at the August 2025 meeting at the licensee office.
-"Everyone went around the table and said their concerns about [Client #2]."
-"[Client #2] had a frozen look on her face. Her eyes watered and she (Client #2) could have been embarrassed because she turned red."

Interview on 9/10/25 with the QP revealed:
-She led a joint meeting at the licensee office in August 2025 with the clients and staff from the facility and sister facility A because she had been supervising both facilities due to not having group home manager positions filled.
-When she asked if there were any issues or concerns, the clients from Client #2's facility brought up their concerns about Client #2.
-She was not aware prior to the meeting the clients were going to bring up their concerns about Client #2.
-"I probably could have stopped the meeting."
-"I may not have felt great about it" in response to having been asked what if she had been Client #2 in that meeting.

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V 109	Continued From page 4 -"Moving forward, there will not be joint meetings. It will not happen again."	V 109		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (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.	V 118		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure all medications were recorded immediately after administration and failed to ensure each MAR was kept current. The findings are:

Review on 9/10/25 of Client #1's record revealed:
-Admission date of 11/7/24.
-Diagnoses of Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Parkinson's Disease with dyskinesia with fluctuations, and Chronic Pain Syndrome.
-11/25/24 physician-ordered medications:
  -Clonidine 0.1 milligram (mg) (ADHD), 1 tablet (tab) 3 times a day.
  -Lorazepam 1 mg (anxiety) 1 tab twice a day.
  -Levonorgestrel and Ethinyl 0.15 mg/0.03 mg (birth control), 1 tab daily.
-11/26/24 physician-ordered Baclofen 10 mg (muscle relaxer) 1 tab every morning, 2 tabs (20 mg) every evening.
-11/27/24 physician-ordered Multivitamin Tab (supplement) 1 tab once daily.

Review on 9/10/25 of Client #1's July 2025 and September 2025 MARs revealed:
-7/31/25 at 8 pm dosage time, there was no documentation of administration of Clonidine, Lorazepam, Baclofen, and Levonorgestrel and Ethinyl.
-9/9/25 at 8 am dosage time, there was no documentation of administration of the Lorazepam and Multivitamin.

Interview on 9/10/25 with Client #1 revealed:

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-She had not missed any of her medications.

Review on 9/10/25 of Client #2's record revealed:
-Admission date of 9/26/08.
-Diagnosis of Moderate IDD.
-9/23/24 physician-ordered medications:
-Vitamin D3 1000 units (Vitamin D Deficiency), 1 tab daily.
-Levothyroxine 50 mg, 1 tab daily.
-Risperidone 1 mg, 1 tab at 8 pm.
-Omeprazole 20 mg (stomach acid), 1 capsule (cap) daily.
-Vienva 0.1 (birth control), 1 tab daily.
-Fluticasone 50 micrograms (mcg) (allergies), spray 1 or 2 sprays each nostril once daily during allergy season.
-Triamcinolone 0.5% Cream (skin conditions), apply topically twice a day.
-9/27/25 physician-ordered Cetirizine Hydrochloride (allergies) 10 mg.
-4/24/25 physician-ordered Buspirone 30 mg (anxiety), 1 tab twice daily at 8 am and 5:30 pm.

Review on 9/10/25 of Client #2's July 2025 and August 2025 MARs revealed:
-7/31/25 at 8 pm dosage time, there was no documentation of administration of Risperidone and Vienva.
-8/31/25 at 8 am dosage time, there was no documentation of administration of Vitamin D3, Cetirizine, Levothyroxine, Buspirone, Omeprazole, Fluticasone and Triamcinolone.
-8/31/25 at 5:30 pm dosage time, there was no documentation of administration of Buspirone.

Interview on 9/10/25 with Client #2 revealed:
-She took medication for anxiety, allergies, stomach and "other things."
-Her medications were always here for her to take.

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V 118	Continued From page 7 -"I know I take my medicine in the mornings, one in the afternoon and at night. I keep up with that." Review on 9/10/25 of Client #3's record revealed: -Admission date of 11/7/24. -Diagnoses of Anxiety Disorder, Mild IDD, ADHD, Parkinson's Disease with dyskinesia with fluctuations, and Chronic Pain Syndrome. -11/25/24 physician-ordered medications: -Lorazepam 1 mg (anxiety), 1 tab twice daily. -Clonidine 0.1 mg (ADHD), 1 tab 3 times a day. -Levonorgestrel and Ethinyl 0.15 mg/0.03 mg (birth control), 1 tab daily. -11/26/24 physician-ordered Baclofen 10 mg (muscle relaxer) 1 tab every morning, 2 tabs (20 mg) every evening. Review on 9/10/25 of Client #3's July 2025 and September 2025 MARs revealed: -7/31/25 at 8 pm dosage time, there was no documentation of administration of Lorazepam, Clonidine, Baclofen and Levonorgestrel and Ethinyl. -9/8/25 at 8 am dosage time, there was no documentation of administration of Baclofen. Interview on 9/10/25 with Client #3 revealed: -Her medicine was at the facility for her to take every day. -Staff gave her medicines for her to take. Interviews on 9/10/25 and 9/11/25 with the Qualified Professional (QP) revealed: -One of her QP responsibilities was to review the monthly client MARs and follow up on any issues she identified. -She believed Clients #1, #2 and #3 received their medications on 7/31/25 and 8/31/25. -The no documentation of Clients #1, #2 and #3's medications on the 7/31/25 and 8/31/25 dates	V 118		

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V 118	Continued From page 8 were a staff oversight. -She would have the Group Home Manager follow up with all staff to ensure they record medication administration on the MARs immediately after administration.	V 118		
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 immediately report drug administration errors to a physician or pharmacist and failed to record medication errors in the client's drug record. The findings are: Review on 9/10/25 of Client #1's record revealed: -Admission date of 11/7/24. -Diagnoses of Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Parkinson's Disease with dyskinesia with fluctuations, and Chronic Pain Syndrome. -11/25/24 physician-ordered Lorazepam 1 mg	V 123		

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(anxiety) 1 tab twice a day.

Review on 9/10/25 of Client #1's September 2025 MAR revealed:
-9/8/25 at 8 am and 8 pm dosage times, there was no documentation of administration of Lorazepam.
-9/9/25 at the 8 am dosage time, there was no documentation of administration of Lorazepam.

Interview on 9/10/25 with Client #1 revealed:
-She had not missed any of her medications.

Interview on 9/11/25 with the Qualified Professional revealed:
-9/8/25, Client #1 missed her morning (am) and evening (pm) dose of the Lorazepam because the facility was waiting on a physician's prescription for a refill of the medication.
-9/9/25, Client #1 missed the am dose of the Lorazepam because this medication was delivered late in the pm.
-"I called the pharmacist and the doctor about getting the refill of the medication (Lorazepam). I have not put that in (documented her notes)."

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.