

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 LANNING DRIVE</b> <b>FAIRVIEW, NC 28730</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 5/25/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><i>By MH Lic &amp; Cert Section at 3:27 pm, Jun 28, 2018</i></p> </div>	
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all prescription medications available for administration were not expired and contained a current dispensing date for 2 of 3 clients (Clients #1 and #3). The findings are:</p> <p>Record review on 5/24/18 for Client #1 revealed: -Admission date of 9/1/04 with diagnoses of Autism, Obsessive Compulsive Disorder (OCD), Intermittent Explosive Disorder, Mild Intellectual Disability and Seizure Disorder. -Order dated 2/14/18 for Diazepam 5mg 2-3 tabs every 6 hours as needed. -Order dated 2/14/18 for Risperidone 1mg every 6 hours for agitation.</p> <p>Record review on 5/24/18 for Client #3 revealed: -Admission date of 11/1/04 with diagnoses of Autism, OCD, Moderate Intellectual Disability, Stevens - Johnson syndrome, Anxiety Disorder, Seizure Disorder, High Cholesterol and Acid Reflux. Order dated 9/12/16 for Azelastine 137mcg 2 sprays each nostril twice daily. Order dated 2/2/18 for Ammonium Lactate 12 % cream apply to foot twice daily. Order dated 9/12/16 for APAP (acetaminophen) 500mg administer as directed.</p> <p>Observation at 10:30am on 5/24/18 revealed: -Client #1 medication box contained: --1 bubble pack of Diazepam 5mg containing 6 tablets dispensed on 1/4/17 with an expiration</p>	V 117		

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V 117	Continued From page 2  date 1/4/18. --1 bubble pack of Risperidone 1mg containing 52 tablets dispensed on 12/31/16 expiring on 12/31/17. -Client #3 medication box contained: --1 bottle of Azelastine 137mcg with no label with client name, instructions, prescriber, dispense date, or pharmacy information as required. --1 tube of Ammonium Lactate 12% cream with no label with client name, instructions, prescriber, dispense date, or pharmacy information as required. --1 bubble pack of APAP 500mg containing 60 tablets dispensed on 10/9/16 expiring on 10/9/17.	V 117		
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;	V 118		

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V 118	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Record review on 5/24/18 for Client #1 revealed: -Admission date of 9/1/04 with diagnoses of Autism, Obsessive Compulsive Disorder (OCD), Intermittent Explosive Disorder, Mild Intellectual Disability and Seizure Disorder. -Physician ordered medications included: --Benzotropine 1mg (tremors) twice daily. --Celexa 20mg (depression) 1.5 tabs at bedtime. --Divalproex ER 500mg (seizures) 2 tabs at bedtime. --Risperidone (antipsychotic) 2mg at bedtime. Review on 5/24/18 of March-May 2018 MARs revealed: --Benzotropine was not initialed as administered on 4/29/18 am dose and 4/30/18 pm dose. --Celexa 20mg was not initialed as administered on 4/30/18 pm dose. --Divalproex ER was not initialed as administered on 4/30/18 pm dose. --Risperidone was not initialed as administered</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>on 4/30/18 pm dose.</p> <p>Record review on 5/24/18 for Client #2 revealed: -Admission date of 8/17/10 with diagnoses of Autism, OCD, Moderate Intellectual Disability, Depressive Disorder and Anxiety Disorder. -Physician ordered medications included: --Vicks Vapor Rub (fungus) apply to toenails daily. --Lamisil 1% spray (fungus) apply 1 spray to each foot twice daily. Review on 5/24/18 of March-May 2018 MARs revealed: --Vicks Vapor Rub was not initialed as administered on 5/21/18 am dose. --Lamisil was not initialed as administered on 5/21/18 am dose.</p> <p>Record review on 5/24/18 for Client #3 revealed: -Admission date of 11/1/04 with diagnoses of Autism, OCD, Moderate Intellectual Disability, Stevens - Johnson syndrome, Anxiety Disorder, Seizure Disorder, High Cholesterol and Acid Reflux. -Physician ordered medications included: --Azelastine 137mcg (antihistamine) 2 sprays each nostril twice daily. --Ranitidine 150mg (antacid) twice daily. --Phenobarbital 64.8mg (seizures) twice daily. --Ammonium Lactate 12% cream (dry skin) apply to foot twice daily. --Fluorometholone 0.1% (eyes) 1 drop in each eye twice daily. --Caltrate 600 +D (bones) chew twice daily. --Restasis 0.05% (eyes) 1 drop in each eye twice daily. --Risperidone 1mg (antipsychotic) at bedtime. --Systane Eye Drops 0.3/.4 (eyes) 1 drop each eye every 4 hours. --Metamucil (constipation) 1 packet daily. --Risperidone 0.5mg (antipsychotic) 1.5 tabs in</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>the AM was ordered 7/13/16. This 0.5mg was decreased to 1 tab in AM on 2/2/18 and decreased again to 0.25mg once in AM on 5/9/18. Review on 5/24/18 of March-May 2018 MARs revealed:</p> <ul style="list-style-type: none"> <li>--Azelastine was not initialed as administered on 4/30/18 pm dose.</li> <li>--Ranitidine was not initialed as administered on 4/30/18 pm dose.</li> <li>--Phenobarbital was not initialed as administered on 4/30/18 pm dose.</li> <li>--Ammonium Lactate was not initialed as administered on 4/30/18 pm dose.</li> <li>--Fluorometholone was not initialed as administered on 4/30/18 pm dose.</li> <li>--Caltrate was not initialed as administered on 4/30/18 pm dose.</li> <li>--Restasis was not initialed as administered on 4/30/18 pm dose.</li> <li>--Risperidone was not initialed as administered on 4/30/18.</li> <li>--Systane Eye Drops was not initialed as administered on 3/31/18 12pm and 4pm doses, 4/28/18 12pm and 4pm doses; 4/29/18 12pm dose, 4/30/18 8pm dose and 5/20/18 12pm dose.</li> <li>--Metamucil was ordered on 4/25/18 and dispensed on 4/25/18 but was not administered until 5/2/18.</li> <li>--Risperidone 0.25mg was ordered on 5/9/18 and dispensed on 5/9/18 but had not been administered at all.</li> </ul> <p>Attempts to interview the pharmacist were unsuccessful.</p> <p>Interview on 5/24/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-He had already spoken to the primary staff who had forgotten to document administering most of the medications. Staff had passed meds but had</li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <p>just forgotten to document the MAR. -He was responsible for taking clients to doctors' appointments and was aware when medications were changed. -He was responsible for checking to make sure medications matched the MARs weekly. He did not know how this slipped. -Staff checked in meds when they were delivered at night. If a new medication was received it should have been written on the MAR. -He had written on the February MAR for Client #3 the change to decrease the Risperidone from the 1.5 tab to 1 tab in the morning. Staff were leaving the remaining ½ tab in the bubble pack and taping the backside. The QP returned all unused meds to the pharmacy but did not keep a record of what was returned. -The March MAR from the pharmacy still indicated 1.5 tabs of Risperidone and not the lower AM dose and he forgot to change MAR. -The pharmacy kept sending 1.5 tabs of the 0.5 mg Risperidone as well as indicating this amount on the April and May MARs. The QP did not change the MARs or contact the pharmacy regarding the order change. -He tried to contact the psychiatrist to inform him the Risperidone had not been reduced as ordered. He would continue to follow up.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 118		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>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</p>	V 123		

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V 123	<p>Continued From page 7</p> <p>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.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 1 of 3 clients (Client #1). The findings are:</p> <p>Record review on 5/24/18 for Client #1 revealed: -Admission date of 9/1/04 with diagnoses of Autism, Obsessive Compulsive Disorder (OCD), Intermittent Explosive Disorder, Mild Intellectual Disability and Seizure Disorder. -Physician ordered medications included: --Diazepam 5mg (anxiety) 2-3 tabs every 6 hours as needed. --Diazepam 5mg (anxiety) ½ tab twice daily.</p> <p>Review on 5/24/18 of Incident Reports from 1/1/18-5/21/18 revealed: -One- Medication Error/Level 1 incident report for Client #1 on 5/17/18 when he was given the wrong dose of Diazepam. Staff had given Client #1 the PRN dose rather than his daily dose. She had contacted the QP. -No indication pharmacist or physician were notified.</p> <p>Interview on 5/24/18 with the QP revealed: -Staff contacted him on 5/17/18 regarding the wrong dose. He contacted the pharmacist but had not documented this. -No documentation was available to verify</p>	V 123		

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V 123	Continued From page 8  pharmacy contact immediately following wrong medication dosage taken by Client #1.	V 123		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private	V 133		

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V 133	<p>Continued From page 9</p> <p>entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</li> </ol> <p>(e) Relevant Offense. - As used in this section,</p>	V 133		

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V 133	Continued From page 11  "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 LANNING DRIVE</b> <b>FAIRVIEW, NC 28730</b>
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V 133	<p>Continued From page 12</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on personnel file review and staff interviews, the facility failed to obtain fingerprints when completing a national criminal background check for applicants who had lived in North Carolina less than 5 years prior to employment for 1 of 3 sampled staff (Staff #2). The findings are:</p> <p>Record review on 5/24/18 for Staff #2 revealed:</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/25/2018</b>
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V 133	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Date of hire- 9/25/17</li> <li>-Criminal background check was completed 9/7/18 but did not include SBI fingerprints.</li> </ul> <p>Interview on 5/24/18 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-He moved from Florida August 2017.</li> <li>-He did not remember completing fingerprint check when hired.</li> </ul> <p>Interview on 5/25/18 with regional Human Resources (HR) Director revealed:</p> <ul style="list-style-type: none"> <li>-She began in HR in December 2017 and was not aware if fingerprints were done for Staff #2.</li> <li>-She could not find evidence of SBI report in electronic file.</li> <li>-The Licensee's HR Director reported the fingerprint requirement for Staff #2 had slipped through the cracks.</li> </ul>	V 133		



## Residential Services: Weekly Checklist

Week of: Sunday, June 24, 2018

<b>Participant Name:</b>		<b>Record Number:</b>
<b>New or Changed Doctor's Orders:</b>		<b>Medication has changed <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
<b>Effective Date:</b>	<b>New Order:</b>	
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>New or Changed PRNs:</b>		<b>Medication has changed <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
<b>Effective Date:</b>	<b>New Order:</b>	
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
		MAR Updated? <input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Were any medications needing refills?</b>		<b>Refills <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
		<b>Date:</b>
		<b>Time:</b>
		<b>Pick-up by:</b>
<b>Printed name:</b>		<b>Signature:</b>
<b>Were any medications discarded/properly disposed of?</b>		<b>Discarded Meds <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
		<b>Date:</b>
		<b>Method:</b>
<b>Were there any incident reports this week?</b>		<b>Incident Reports <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
<b>Type:</b>	<b>Date:</b>	<b>Time:</b>
		<b>Were these sent to QM? <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>
		<b>Submission Date:</b>

By signing, I attest that I have reviewed all the information associated with this client and that the above information is accurate.

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Signature of Residential Coordinator

Date

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Signature of Regional Director

Date



## Residential Services: Weekly Checklist

Week of: Sunday, June 24, 2018

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		<b>Submission Date:</b>

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Signature of Residential Coordinator

Date

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Signature of Regional Director

Date



## Residential Services: Weekly Checklist

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Signature of Residential Coordinator

Date

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Signature of Regional Director

Date