

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/22/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BTW HOME CARE SERVICES III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A Complaint and Follow Up Survey was completed on March 23, 2018. The complaint was substantiated (intake #NC00138609). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and the governing body failed to assure one of three audited clients (#2)'s treatment plan was updated annually. The finding is:</p> <p>Review on 06/14/18 of the facility's public file maintained by Division of Health Service Regulation revealed: -Statement Of Deficiency dated 03/03/18 in which facility cited for treatment plan not being updated for one of three audited clients</p> <p>Review on 06/14/18 of client #2's record revealed: - Admission Date: 12/18/06 - Diagnoses which included Mild Intellectual Developmental Disability Disorder, Hypertension, Type 2 Diabetes and Schizophrenia - Treatment plan dated 06/15/16. No additional updates or revisions noted</p> <p>During interview on 06/14/18, the company's Chief Executive Officer reported: -Agency had the same Qualified Professional (QP) for the past few years</p> <p>During interview on 06/14/18, the company's President reported: -In March 2018, client #2's name was submitted to the QP to complete an updated treatment plan -The treatment plan had not been completed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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V 118	Continued From page 2	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 observation, record review and</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>interview, the facility failed to assure medication was available to administer for one of three clients (#3), facility failed to adhere to physician's orders as well as assure the MAR was accurate for three of three clients (#1-#3). The findings are:</p> <p>Review on 06/14/18 of the facility's public file maintained by Division of Health Service Regulation revealed: -Statement Of Deficiency dated 03/03/18 in which facility cited for medication requirements (inclusive of medication not available to administer, medication not administered as prescribed, and MAR not current)</p> <p>Review on 06/14/18 of client #1's record revealed: -Admission Date: 10/2014 -Diagnoses which included Schizophrenia, Unspecified Intellectual Disability and Anemia</p> <p>Review on 06/14/18 of client #2's record revealed: - Admission Date: 12/18/06 - Diagnoses which included Mild Intellectual Developmental Disability Disorder, Hypertension, Type 2 Diabetes and Schizophrenia</p> <p>Review on 06/14/18 of client #3's record revealed: - Admission Date: 10/03/13 - Diagnoses which included Schizophrenia, Paranoid Type, Mild Mental Retardation, Morbid Obesity, Chronic Herpetic Infection and Severe mood &amp; psychotic symptoms</p> <p>I. Example medication not available to administer.</p> <p>Observation on 06/14/18 at 11:30 AM of client #3's medications revealed no Depakote.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Review on 06/14/18 of client #3's record revealed -Physician's order dated 06/01/18 Depakote SOD 500 mg take 2 tablets twice a day</p> <p>During interview on 06/14/18, staff #1 reported the following about client #3's Depakote medication: -The medication was not onsite -She spoke with the pharmacy during this survey process and was informed they did not have for 6 month refill signed by the physician...she had provided the refill physician's order to the pharmacist but was not sure what happened...pharmacist representative indicated it was an error on their part not the group home.</p> <p>During interview on 06/15/18, a pharmacist representative reported: -She was not the pharmacist representative staff #1 spoke to on 06/14/18. -Per the agency's records, she could not locate a current physician's order on file for the refill of Depakote for client #3. -Although there were notes staff #1 called to the pharmacy on 06/14/18, the documentation did not resolve or reflect the issues regarding current physician's order on file for the refill of the Depakote. -Depakote last dispensed in 05/01/18 with 60 tablets</p> <p>II. Examples failure to adhere to physician's orders</p> <p>a. Review on 06/14/18, of client #1's record revealed: -Physician's order dated 06/01/18 Topamax 25 mg one tab for 7 days then two tablets at night</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Observation on 06/14/18 at 11:00 AM of a bubble packet dispensed 06/11/18 with 5 tablets. Instuctions to take one tablet for 7 days. Packet contained 5 tablets.</p> <p>During interview on 06/14/18, staff #1 reported the following about client #1's Topamax medication: -Pharmacy initially provided a back up of loose pills vs the bubble packet. Then when they sent meds, they gave me the 5 pill bubble packet. Once she used the 5 pill count bubble packet, pharmacy would dispense the regular bubble packet for two tablets at night.</p> <p>During interview on 06/15/18, a pharmacist representative reported: -Based on the information in client #1's account, no Topamax medication had been dispensed prior to 06/11/18... physician's order for the Topamax was received 06/10/18 and sent to the group home...no back up medication was given...the bubble packet would have been distributed in the way the physician's order was written, first, then 7 day supply was given, the group home would need to send in a request for the additional two tablets for the rest of the month. The group home was not enrolled in the automatic refill and would need to order medications prior to running out.</p> <p>b. Review on 06/14/18 of client #2's record revealed: -Physician's order dated 03/01/18 and 06/01/18 to conduct Blood Sugar checks prior to breakfast -No evidence of readings between March-June 2018</p> <p>During interview on 06/14/18, staff #1 reported</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>the following about client #2's blood sugar readings:                      -Staff did not write down readings ...client #2 kept up with them....client #2 would tell staff the readings.                      -She was a little nervous and was not sure of the readings or could give examples of high and low numbers for Diabetes</p> <p>c. Review on 06/14/18 of client #3's record revealed:                      -Physician's order dated 06/01/18 discontinue Seroquel XR 200 mg 2 tablets every morning as of 02/03/18                      -Physician's order dated 06/01/18 continued the Seroquel 400 mg XR F/C take 2 tablets at night</p> <p>During interview on 06/14/18, staff #1 reported the following about client #3's Seroquel medication:                      - Thought when the doctor discontinued Seroquel it was for both the day and night dosages..."I didn't realize it was for AM only... Will need to call pharmacy. So an error would have occurred on the MAR when initialed as administered (either AM or PM).... I do have some extra" Seroquel medication from when client #3 was "taking it... we don't do automatic refills" on medications, medications have to be ordered by staff as needed.                      -Prior to this interview, she was not aware of the issue with the Seroquel</p> <p>d. Review on 06/14/18 of client #3's record revealed:                      -Physician's order dated 05/04/18 and 06/01/18 listed Topamax 100 mg at night,                      -May and June 2018 MARs listed Topamax</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>25 mg two tabs (50 mg) at night</p> <p>During interview on 06/14/18, staff #1 reported the following about client #3's Topamax medication:</p> <ul style="list-style-type: none"> <li>-Prior to this interview, she was not aware the physician had changed the dosage amount for Topamax.</li> <li>-For May and June 2018, she administered two tablets of the 25 mg of Topamax to client #3 not 100 mg of Topamax</li> </ul> <p>During interview on 06/15/18, the pharmacist representative reported:</p> <ul style="list-style-type: none"> <li>-Per the agency's records, physician's order on file dated 02/13/18 Topamax 25 mg (50) two at night</li> <li>-She could not locate a physician's order on file for Topamax 100 mg for client #3</li> </ul> <p>III. Examples MAR not current:</p> <p>a. Review on 06/14/18 of client #1's June 2018 MAR revealed the following:</p> <ul style="list-style-type: none"> <li>-Listed medications which included: Khedezia 100 mg one daily, Gavilax 17gm dosage daily, Vitamin D-3 2000 one tablet daily, Vistral 25 mg one at night, Iron 325 mg one twice a day, Trazadone 100 mg HCL 2 tabs at night, and Topamax 25 mg one tab for 7 days then two tabs at night</li> <li>-No initials to indicate medications had been administered since June 11th.</li> </ul> <p>b. Review on 06/14/18 of client #2's June 2018 MAR revealed the following:</p> <ul style="list-style-type: none"> <li>-Listed medications which included: Lasix 40 mg (1/2 tab) by mouth daily, Zestril 10 mg one daily, Miralax 17 gm daily, Viibryd 40 mg one daily, Buspar 15 mg one tablet twice a day,</li> </ul>	V 118		



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V 118	<p>Continued From page 8</p> <p>Metformin 500 mg one tablet twice a day, Artane 5 mg one tablet twice a day and Norvasc 5 mg one tablet at night -No initials to indicate medications had been administered since June 11th.</p> <p>c. Review on 06/14/18 of client #3's June 2018 MAR revealed the following: -Listed medications which included: Depakote SOD 500 mg take 2 tablets twice a day, Topamax 25 mg two tabs (50 mg) at night, Seroquel 400 mg XR F/C take 2 tablets at night, Haldol 10 mg one at night, Zyrtec 10 mg one daily, Prozac 40 mg one daily, Lasix 20 mg 2 tabs daily and Cogentin 2 mg one tablet twice a day -No initials to indicate medications had been administered since June 11th.</p> <p>During interview on 06/14/18, staff #1 reported: -She normally documented on the MAR when she gave medications. ..."must be a little behind in the documentation."</p> <p>During interview on 06/22/18, the President reported: -Staff #1 had been working for the agency for years (July/2010). -She continued to work with staff #1 regarding medications -Prior to 06/14/18, she was not aware the issues regarding MAR not being current, medications not available to administer, not following physician's orders as prescribed had not been resolved -She was responsible for the oversight of the medications</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure medications were securely locked and stored in a cabinet for two of two audited clients (#1 and #2). The findings are:</p> <p>Observation on 06/14/18 at 1:00PM revealed on top of the desk area was a 5-drawer plastic container. The container was not locked or secured. A plastic cup with pills noted inside the drawers labeled for client #1 and client #2.</p> <p>During interview on 06/14/18, the company President reported:</p>	V 120		

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V 120	Continued From page 10  -Medications should not be in the plastic container  During interview on 06/14/18, staff #1 reported: -As of the last Division of Health Service Regulation Annual Survey completed 03/22/18, clients no longer self administered medications. -The medications were prepared, placed in cups and placed in the plastic container	V 120		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

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V 291	<p>Continued From page 11</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility operator failed to coordinate services with other professional within client's system of care for clients (#1-#3) and one of one former clients (FC #4). The findings are:</p> <p>Review on 06/14/18 of the facility's financial records for clients #1-#3 and FC #4 revealed the copays for medications were subtracted from each client's monthly special assistance funds. * Note, although no records found for FC #4 between March-May, evidence of records between November 2017-February 2018 indicated copays taken out for medications.</p> <p>*note: Refer to tag 542 (example II example of deduction made per facility record keeping but not applied to the payment of treatment or habilitation services) for specific information regarding failure to coordinate services with the pharmacy</p> <p>During interview on 06/22/18, the President reported -The clients bills at the pharmacy was inaccurate...pharmacy had been over charging clients for medications that should have been paid by insurance or medicaid....matter not resolved</p>	V 291		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	Continued From page 12	V 542		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p><b>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</b></p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> <li>(1) assure to the client the right to deposit and withdraw money;</li> <li>(2) regulate the receipt and distribution of funds in a personal fund account;</li> <li>(3) provide for the receipt of deposits made by friends, relatives or others;</li> <li>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</li> <li>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</li> <li>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</li> <li>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</li> <li>(8) provide the client with a quarterly accounting of his personal fund account.</li> </ol>	V 542		

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V 542	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate financial records on all transactions affecting funds in the accounts of three of three current (#1-#3) and one one one former clients (FC #4). The findings are:</p> <p>Review on 06/14/18 of client #1's record revealed: -Admission Date: 10/2014 -Diagnoses which included Schizophrenia, Unspecified Intellectual Disability and Anemia</p> <p>Review on 06/14/18 of client #2's record revealed: - Admission Date: 12/18/06 - Diagnoses which included Mild Intellectual Developmental Disability Disorder, Hypertension, Type 2 Diabetes and Schizophrenia</p> <p>Review on 06/14/18 of client #3's record revealed: - Admission Date: 10/03/13 - Diagnoses which included Schizophrenia, Paranoid Type, Mild Mental Retardation, Morbid Obesity, Chronic Herpetic Infection and Severe mood &amp; psychotic symptoms</p> <p>Review on 06/14/18 of FC #4's record revealed: -Discharge Date: 05/19/18 -Diagnoses which included Schizoaffective, Bipolar type and Borderline Intellectual</p> <p>I. Example of no receipts to show adequate account information</p> <p>Review on 06/14/18 of the facility's financial records for receipt of distribution of funds clients</p>	V 542		

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V 542	<p>Continued From page 14</p> <p>between March-June 2018 revealed:</p> <ul style="list-style-type: none"> <li>-No receipts FC #4 received her \$66 per month or evidence funds were taken out for copays (medical and pharmaceutical) for the entire time period</li> <li>-No receipt client #1 received her \$66 per month between March-April 2018 or evidence funds were taken out for copays (medical and pharmaceutical)</li> </ul> <p>During interview on 06/14/19, the Chief Financial Officer reported:</p> <ul style="list-style-type: none"> <li>-In 2018, the agency changed processes of distribution of client funds.</li> <li>-The President and Administrator were responsible for giving clients their funds monthly and obtaining signatures...they were trying to locate the signed forms for the past two or three months.</li> </ul> <p>During interview on 06/14/18, the President reported:</p> <ul style="list-style-type: none"> <li>-She was not able to locate all receipts for client funds</li> <li>-She would not be able to locate the May 2018 receipt for FC #4 as she kept her receipt and refused to return it</li> </ul> <p>II. Examples of deduction made per facility record keeping but not applied to the payment of treatment or habilitation services</p> <p>a. Review on 06/15/18 of the facility's financial records between March-June 2018 for FC #4 revealed no record keeping of deductions made to the pharmacist for medications.</p> <p>During interview on 06/15/18, the billing specialist at the pharmacist used by the facility revealed the following about FC #4's account:</p>	V 542		

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V 542	<p>Continued From page 15</p> <p>-Account not current ...Last payment April 10, 2018 for \$20.13...owe April and May payments...Copay invoiced amounts April \$21.38 and May \$17.63</p> <p>b. Review on 06/15/18 of the facility's financial records between March -June 2018 for client #1 revealed the following deductions made to the pharmacist for medications: -May- \$33.39, June \$33.18</p> <p>During interview on 06/15/18, the billing specialist at the pharmacist used by the facility revealed the following about client #1's account: -Account not current...Owes \$63.00. Last payment made 06/08/18, \$35.36 ... -Copay invoice March \$12.59 with a carry over balance \$128.59. Payment of \$33.59 made 04/10/18: April \$12.18, payment made 05/15/18 of \$33.18 May \$12.18, payment made 06/08/18 of \$35.36 Balance of \$63.00 as of 06/15/18</p> <p>c. Review on 06/15/18 of the facility's financial records between March -June 2018 for client #3 revealed monthly deductions made to the pharmacist for medications for \$37.00 per month.</p> <p>During interview on 06/15/18, the billing specialist at the pharmacist used by the facility revealed the following about client #3's account: -Account not current account... December 2017, placed on medications not covered by insurance which led to a current balance of \$142.00... - Last payment made 06/08/18, \$37.00 which remained the same consistent payment amount</p>	V 542		



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V 542	Continued From page 16  from March-June which were slightly above the invoice amount due (March \$24.00, April \$27.00, May \$24.00). Overage of payment credited to the remanding balance  During interview on 06/14/18, the Chief Financial Officer reported: -She paid the accounts for pharmaceutical bills a month behind. -Clients not on automatic refills and therefore their copay amounts vary. If clients have overflow of a specific medication, a refill may not be ordered for that month.	V 542		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Review on 06/14/18 of the facility's public file maintained by Division of Health Service Regulation revealed: -Statement Of Deficiency dated 03/03/18 in which facility cited for location and exterior requirements (grounds in orderly manner).  Observation on 06/14/18 at 10:00 AM of the facility's premises revealed:	V 736		

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>-Offensive odor in the living room similar to stale smoke</li> <li>-Living room area unkept with hair accessories</li> <li>-Kitchen area was unkept, clean and items not placed in an orderly manner..very cluttered</li> <li>-Clutter in both bedrooms occupied by clients. Most clothes were in baskets or on the floor not in closet or drawers</li> <li>-Dresser in bedroom occupied by two clients (#1 and #2) was broken</li> <li>-Bed in single bedroom needed repair with wood piece hanging from headboard which is safety concern</li> <li>-Bathroom in hallway used by clients and staff was unkept with missing cabin doors and pieces</li> </ul> <p>During interview on 06/14/18, staff #1 reported:</p> <ul style="list-style-type: none"> <li>-It was hard for the clients to take directives from her as they viewed her as a peer opposed to staff.</li> <li>-The clients with assistance from staff were responsible for the cleanliness of the home</li> </ul> <p>During interview on 06/14/18, the President of the facility reported:</p> <ul style="list-style-type: none"> <li>-She was aware of the issues regarding the cleanliness of the home and was in the process of working with clients and staff to maintain the home in a clean and orderly manner.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		