

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/01/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 WEST MAIN STREET ALBEMARLE, NC 28001</b>		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 1, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600 Supervised Living for Adults with Developmental Disabilities. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p> <p>This Statement of Deficiencies was amended on August 6, 2018 due to additional information received from the Semi-formal meeting held on May 4, 2018. Rule 10A NCAC 28G .5601 Scope (V289) was amended from a Type A1 to a Standard citation.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which</p>	V 289		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 289	Continued From page 1  serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews the facility failed to provide residential services to individuals where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have developmental disabilities affecting 1 of 4 clients (Client #2). The findings are:</p> <p>Review on 1/3/18 of Incident Response Improvement System (IRIS) report dated 12/12/17 revealed: -misappropriation of consumer property of \$300.00; -facility initiated internal investigation; -reported to local law enforcement for investigation.</p> <p>Review on 1/3/18 of local law enforcement investigation report revealed: -date of report 12/11/17 for Larceny by Employee in the amount of \$1500.00 for further investigation. (Funds from 3 clients were missing; however only Client #2 resided at the facility missing \$300.00, Client A1 missing \$200.00 and Client A2 missing \$1000.00, resided at Sister Facility A.)</p> <p>Review on 1/3/18 of local Department of Social Services Adult Protective Services Notice to Reporter dated 12/12/17 revealed: -initiation of adult protective services investigation based on the allegations.</p> <p>Review on 1/3/18 of agency Individual Rights - Management of Client Funds policy:</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>- "GHA will manage individual funds if authorized by the client or legal guardian."</p> <p>- "GHA must: A. assure the individual the right to deposit and withdraw funds from his/her own personal account;</p> <p style="padding-left: 40px;">B. monitor the receipt and distribution of funds in personal fund account;</p> <p style="padding-left: 40px;">C. provide a receipt for all deposits and withdrawals to or from the individuals account;</p> <p style="padding-left: 40px;">D. keep adequate financial records;</p> <p style="padding-left: 40px;">E. assure individual funds are separate from operating funds of the site;</p> <p style="padding-left: 40px;">F. provide the individual or legal responsible person with a quarterly accounting for personal fund accounts;</p> <p style="padding-left: 40px;">G. facilitate payment from individual's account for treatment or facilitative services upon authorization by the Individual or legally responsible person;</p> <p style="padding-left: 40px;">H. provide for the issuance or receipts to person withdrawing or depositing funds..."</p> <p>Review of agency investigation conclusions dated 1/3/18 revealed:</p> <ol style="list-style-type: none"> <li>1. misappropriation of individual funds occurred;</li> <li>2. management team unable to determine who was responsible for misappropriation of the funds;</li> <li>3. agency to continue to work with local law enforcement and will implement employee disciplinary action up to and including termination;</li> <li>4. the agency to reimburse client funds;</li> </ol> <p>-there had been no employee disciplinary action although the RHM-AP "may receive disciplinary action when the police investigation is over." The facility had completed their investigation and were</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>waiting for local police to complete their investigation which included interview of all facility staff and receipt of final police report; -corrective measures implemented by the agency include:</p> <ol style="list-style-type: none"> <li>1. change of locks on the office door with only the RHM-AP and Clinical Coordinator having access;</li> <li>2. office door to remain locked at all times;</li> <li>3. a locked box placed in facility secure any client funds and will be placed in a designated area unknown by staff;</li> <li>4. retraining of direct support staff on state regulatory and agency policy regarding on abuse/neglect/exploitation, duty to report any suspected abuse/neglect/exploitation, updated process for request, utilization and accountability of client personal funds;</li> <li>5. Funds Acquisition and Return Process, Individual Funds Process and Securing of Funds Training occurred on 12/18/17 at the administrative office which included house managers and QP's.</li> </ol> <p>Review on 1/3/18 of Client #2's record revealed: -admission date of 11/3/11; -Diagnoses of Autism Disorder, Intellectual Disabilities Disorder-Moderate, and Seizure Disorder - Not Otherwise Specified; -non-verbal.</p> <p>Review on 1/3/18 of the RHM-AP's record revealed: -hire date of 2/2/15 as direct care staff; -job description and supervision plan.</p> <p>Review on 1/3/18 of the Qualified Professional's (QP) record revealed: -hire date of 11/23/94 with current position that of</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>QP; -job description.</p> <p>Interview on 1/3/18 with Client #1 revealed: -liked living at the home; -not aware of any missing client personal funds or any other items.</p> <p>Attempted interview on 1/3/18 with Client #2 unsuccessful due to verbal limitations.</p> <p>Interview on 1/3/18 with Client #3 revealed: -did not respond to surveyor questions due to history of being uncomfortable around unfamiliar persons (surveyor) and with change in routine per his one to one staff.</p> <p>Interview on 1/10/18 with Client #2's legal guardian/mother revealed: -was informed about Client #2's missing funds which involved "multiple clients, multiple staff, and multiple homes" by agency Quality Management Specialist, specific date unknown; -had approved the withdrawal of \$300.00 dollars from Client #2's account for purchase of personal items including clothing; -was told that the missing funds would be replaced by the agency during the week of 1/9/18; -expressed concern about staff turnover; -believed the agency had been responsive to the incident through implementation of the investigation including report to local department of social services and police departments for investigation; -stated she had contact with the RHM-AP occasionally and had previously had no concerns other than listed above.</p> <p>Interview on 1/11/18 with local Department of Social Services adult protective services worker</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>revealed: -investigation was on-going; -expressed concern about lack of facility oversight of RHM-AP, whose responsibility was to manage client personal funds.</p> <p>Interview on 1/10/18 with local police department revealed; -investigation on-going with facility staff interviews incomplete as staff were being scheduled for interview individually; -no previous contact with facility.</p> <p>Interview on 1/3/18 with Quality Management Specialist revealed: -internal investigation initiated 12/11/17; -the RHM-AP had requested personal funds for Client #2 on 11/30/17 and received the funds (cash) on 12/5/17; -the RHM-AP had placed the personal funds in an envelope in an unsecured desk drawer in the office desk drawer; -the RHM-AP stated that the door was unlocked and the staff knew where a spare key was located if the door was locked; -the RHM-AP stated that the money was in the drawer when she left on 12/5/17; -the RHM-AP was out on personal leave until 12/11/17; -the RHM-AP discovered the missing envelope upon return on 12/11/17; -there was no "clear evidence or witness to account of such occurrence:" -all facility staff were interviewed and all stated they had been in the office to retrieve items for clients; -all staff stated they knew where the spare key for the office was located; -all staff interviewed stated that funds for routine daily outings were kept in the top of the locked</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>medication cart in separate envelopes for each client; -all staff stated they place transaction receipts and any change back in the client envelope located in the medication cart; -the RHM-AP had continued to work regular schedule in the facility.</p> <p>Interview on 1/3/18 and 1/4/18 with the RHM-AP revealed: -had worked with the agency for about 3 years, which included being residential home manager for the last 6 months; -responsible for request and handling of client personal funds including oversight of facility staff with client funds; -had received personal funds for Client #2 and 2 clients from a sister facility (intermediate care level) on 12/5/17; -had put 3 envelopes with client funds including an envelope for Client #2 with \$300.00, Client A1 with \$200.00 and Client A2 with \$1000.00 in the office desk drawer (right top drawer) which had no lock on 12/5/17; -was out of work on planned personal leave from 12/6 through 12/11/17; -upon return to work on 12/11/17 "went to look for the funds in her desk drawer because I knew it was important" and was unable to find the envelopes with the funds; -searched the desk, office and facility for the funds; -the office had door locks, the desk drawer did not; -searched the desk, office, and facility for the missing funds and was unable to locate; -contacted the administrative office to report the missing funds after search of facility; -stated that the agency changed the office door locks and placed a lock box in the office as a</p>	V 289		



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V 289	<p>Continued From page 8</p> <p>result and that only the Qualified Professional (QP), maintenance and herself have access to the office now;</p> <p>-the agency had completed a training on Securing Client Funds about 1 week after the incident occurred for group home managers and qualified professionals with house managers responsible for training direct care staff in their respective facilities. She had not met with facility staff to provide this training as yet;</p> <p>-stated that she picked up the client funds from the administrative office and took them "directly to Taylor because I knew it was a large amount of money and wanted it to be safe;"</p> <p>-stated it was not normal practice to have client funds from a sister facility at Taylor Home;</p> <p>-did not inform her supervisor (QP) or facility staff of having stored client personal funds in the desk drawer prior to her departure to go on personal leave on 12/5/17.</p> <p>Interview on 1/4/17 with the QP revealed:</p> <p>-was the facility QP;</p> <p>-supervised the RHM-AP;</p> <p>-was not informed by the RHM-AP that she had obtained significant amounts of client personal funds prior to going out on personal leave beginning on 12/6/17;</p> <p>-was informed by the RHM-AP of the missing client funds;</p> <p>-was interviewed during internal investigation;</p> <p>-had observed office door opened and unlocked on numerous occasions, and was aware of petty cash in the facility for activities with clients;</p> <p>-staff had access to house manager's office and desk;</p> <p>-had no involvement with the request and subsequent management of client personal funds;</p> <p>-had no responsibility for the management of</p>	V 289		

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V 289	<p>Continued From page 9</p> <p>client personal funds as that was a function of the home manager position; -there were substitute staff on shift prior to discovery of missing client funds according to shift schedules; -Quality Management and Finance staff had provided training on the management of client personal funds to home managers and QP staff after incident occurred, the office door was to be locked at all times and only the RHM-AP, QP, and Quality Management have access to the office, and there was a limit of \$20.00 per individual client on hand at the facility.</p> <p>Interview on 1/3/18 with Staff #1 revealed: -had worked for about 1 and 1/2 years as a direct support staff; -stated the normal process for storage of client funds was for them to be in the locked medication cart located in the dining room area; -each client had an envelope with about \$20.00 for activities; -put receipts from purchases in the client envelope; -house manager responsible for client money.</p> <p>Interview on 1/9/18 with Staff #2 revealed: -hire date 11/27/17 as a direct support staff on 1st shift with Client #2; -had no access to RHM-AP's office and did not know who had access; -had no access to client personal funds and did not know who had access; -supervised by RHM-AP; -received envelope with \$15.00 around 1/1/18 for client haircut, told by RHM-AP to keep \$6.00 in change when submitting the receipt; -became aware of missing client funds during investigation; -had not received training in policy/procedures</p>	V 289		

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V 289	<p>Continued From page 10</p> <p>including abuse/neglect/ exploitation or management of client funds since hire; -received no training about Taylor Home, "they put you there and throw you in."</p> <p>Interview on 1/19/18 with Staff #3 revealed: -worked as a direct support staff for 1 and 1/2 years on 1st shift; -all staff had access to the office; -all staff had access to client personal funds; -client funds for activities were stored in the top of the locked medication cart; -receipts were turned in to the RHM-AP at the end of the week; -not aware of missing clients funds until RHM-AP told me; -"I was there when she found out it was missing, I didn't know money was kept in that part (office). The RHM-AP first said it was misplaced in the house, we looked through the office. Then we looked through the facility including individual's rooms. Then she said it must be at another home so she called (sister facility A) to have staff look in the office - they couldn't find it. Then she said she left it in the car, so she went out to her car to look for it. She was out there about 20 -25 minutes. I was with a client so I don't know what she did. Then she said it was stolen. She got on the phone to the office - I heard her say I think the money's stolen." -had been interviewed as a part of the internal investigation; -no longer had access to the RHM-AP's office which had been consistently locked since the incident; -had not attended any trainings on abuse/neglect/exploitation or management of personal funds since the incident of 12/11/17.</p>	V 289		

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V 289	<p>Continued From page 11</p> <p>Interview on 1/9/18 with Staff #4 revealed: -worked as direct support staff on 1st shift for about 2 years; -supervised by RHM-AP; -staff had access to client personal funds stored in locked medication cart "with no accountability;" -notified by the RHM-AP when there are client funds for use and what they are to be used for; -the key to the medication cart is kept on top of the cart; -key to the office is under the candle on the mantel and "all staff and clients knew it was there;" -became aware of the missing client personal funds during investigation; -had not attended any trainings on abuse/neglect/exploitation or management of client personal funds since incident occurred.</p> <p>Interview on 1/9/18 with Staff #6 revealed: -worked at the facility for about 9 years on 3rd shift; -supervised by the RHM-AP; -had access to the RHM-AP's office which was sometimes locked, by a key on the mantle under the candlestick which was placed there for staff by the RHM-AP; -had access to client activity funds stored in the top drawer of the locked medication cart to which the staff have keys; -became aware of missing client personal funds during the investigation; -had not attended any trainings on abuse/neglect/exploitation or management of client personal funds since incident of 12/11/17.</p> <p>Interview on 1/9/18 with Staff #8 revealed: -worked as a direct support staff since 9/17; -worked at Taylor Home until approximately 12/28/17;</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 WEST MAIN STREET ALBEMARLE, NC 28001</b>		
(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 289	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-supervised by RHM-AP;</li> <li>-had access to the RHM-AP's office which was locked sometimes;</li> <li>-the key to the RHM-AP's office was kept on top of the door frame above the door or under a decoration on the mantle with staff and at least 1 client knowing where it was kept;</li> <li>-had access to a small amount of individual client funds which were stored in a top drawer of the locked medication care in an envelope with each client's name on it;</li> <li>-was never told about any client funds in the home other than funds in the medication cart;</li> <li>-found out about missing client money during investigation;</li> <li>-had not attended any trainings on abuse/neglect/exploitation or missing client personal funds since the incident of 12/11/17.</li> </ul> <p>Interview on 1/9/18 with Staff #9 revealed:</p> <ul style="list-style-type: none"> <li>-worked at the facility for about 6 years;</li> <li>-position was Direct Support Staff III with usual shift 4:00-8:00 pm and every other weekend;</li> <li>-supervised by RHM-AP;</li> <li>-had access to the RHM-AP's office due to spare key kept under vase on the mantel in the living room beside office door;</li> <li>-usual process for management of client funds was that the RHM-AP would leave money in the drawer of the medication cart for staff access for client activities with receipts put in client envelop afterwards;</li> <li>-not aware of large sums of client funds in the home;</li> <li>-not attended any trainings regarding abuse/neglect/exploitation or management of personal client funds within the last six weeks.</li> </ul> <p>Interview on 1/3/18 with Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>-had worked at the facility for about 1 year on 2nd</li> </ul>	V 289		

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V 289	<p>Continued From page 13</p> <p>shift;</p> <p>-client personal funds in amounts of \$20.00 or less were in client specific envelopes kept in the locked medication cart;</p> <p>-the house manager was responsible for management of the funds;</p> <p>-became aware of missing funds when called in for interview during the internal investigation.</p> <p>Review on 1/26/18 of the Plan of Protection dated 1/26/18 written by the Licensee revealed: What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"Home Manager was placed on probation for six weeks beginning January 23, 2018. As of January 26, 2018, home manager will be removed from financial responsibility for handling all GHA funds at this time. During this probationary period, the home manager will be evaluated on all job duties up to and including demonstrating competency in handling all GHA Autism Supports Funds.</p> <p>The Quality Professional will manage all funds at this time for this location.</p> <p>The Chief Quality Officer will monitor/oversight/training of the home manager during this time."</p> <p>Describe your plans to make sure the above happens.</p> <p>"January 26, 2018 the home manager is removed from handling all GHA Autism Supports funds. The management team will determine a training process to demonstrate competency for all those who handle GHA Autism Supports funds."</p>	V 289		

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V 289	<p>Continued From page 14</p> <p>Review on 1/31/18 of the amended Plan of Protection dated 1/31/18 written by the Licensee revealed: What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"The home manager was placed on probation for six weeks beginning January 23, 2018. As of January 26, 2018, the home manager will be removed from financial responsibility for handling all GHA funds at this time. During this probationary period, the home manager will be evaluated weekly on all job duties up to and including demonstrating competency in handling all GHA Autism Supports' funds. Human Resources will implement a manager competency checklist as of February 2, 2018. The Quality Professional will manage all funds at this time for this location. The Chief Quality Officer will be training the QP on the handling of all GHA Autism Supports' funds at training that has been scheduled for January 31, 2018. The Chief Quality Officer will monitor/oversight/training of the home manager during this time, not limited, but to include the following: the process of individual's funds request (fill out individual's funds request form, ensure receipts account for all money spent, once form is complete, money is spent, receipts account for all purchases, staple together and file in financial record). During the probationary period, the Chief Quality Officer will have weekly meetings with the manager to document progress on managers checklist/training. Failure to demonstrate competency from the manager's checklist/training will result in further disciplinary action up to and including demotion or changes in job responsibilities."</p>	V 289		

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V 289	Continued From page 15  Describe your plans to make sure the above happens.  "On January 26, 2018, the home manager was removed from handling all GHA Autism Supports' funds. The management team will determine a training process to demonstrate competency for all those who handle GHA Autism Supports funds. Human Resources will determine competency of manager's checklist/training prior to promoting to a manager's position at GHA Autism Supports."	V 289		
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 record review, interview and observation the facility failed to be maintained in a clean, attractive manner. The findings are:  Review on 1/3/18 of Client #1's record revealed: -admission date of 11/10/08; -diagnoses of Autism Spectrum disorder, Tourette's Syndrome, Pervasive Development Disability, Frontal Lobe Atrophy.  Review on 1/3/18 of Client #2's record revealed: -admission date of 11/3/11; -diagnoses of Autism Disorder, Intellectual Disabilities Disorder-Moderate, and Seizure	V 736		



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V 736	<p>Continued From page 16</p> <p>Disorder - Not Otherwise Specified; -non-verbal.</p> <p>Review on 1/3/18 of Client #3's record revealed: -admission date of 5/5/14; -diagnoses of Autism Disorder, Intellectual Disability Disorder - Mild.</p> <p>Review on 1/3/18 of Client #4'2 record revealed: -admission date of 7/30/01; -diagnoses of Autism Spectrum Disorder, Intellectual Disability Disorder - Severe, Seizure Disorder; -non-verbal.</p> <p>Observation at 5:10 pm on 1/3/18 revealed: -drink stains on wall at entrance to client room in upstairs common area; -stains on carpet at entrance to client room in upstairs common area; -paint peeling on wall near entrance to client room in upstairs common area.</p> <p>Interview on 1/3/18 with Residential House Manager (RHM) revealed: -stains on the wall and carpet in the common area upstairs due to a client episode of aggression; -the stain on the wall had been there for a while; -the facility regularly has the carpet professionally cleaned about every 3 months; -the process for repairs was to let management know.</p> <p>Interview on 1/3/18 with Client #1 revealed: -liked living at the facility including his room; -did not want to change anything about his room or the facility.</p> <p>Interview on 1/22/18 with the Chief Quality Officer</p>	V 736		

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V 736	Continued From page 17  revealed: -would address the stains immediately.	V 736			