	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN O	A. BUILDING:		LETED			
		MHL034-207	B. WING			⋜ 80/2018
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A CUDE III	OUCE INC	1265 ARE	OR ROAD			
A SURE H	OUSE, INC	WINSTON	I-SALEM, NO	27104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000 I	NITIAL COMMENT	TS .	V 000			
	An annual and follo on 8/30/18. A defic	w up survey was completed iency was cited.				
7	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children and				
V 118 2	27G .0209 (C) Med	ication Requirements	V 118			
F   () () () () () () () () () () () () ()	only be administered order of a person andrugs.  (2) Medications shadlients only when and client's physician.  (3) Medications, included and control of the persons of the	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be all licensed persons, or by a trained by a registered nurse, a legally qualified person and and administer medications. Iministration Record (MAR) of a de to each client must be kept a sadministered shall be all after administration. The				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY LETED	
		7. Bolesino.		R		
		MHL034-207	B. WING			0/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A SURE	HOUSE, INC		OR ROAD I-SALEM, NO	27104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	failed to ensure a M Record (MAR) of al client was kept curr administered were	et as evidenced by: view and interview, the facility fledication Administration Il drugs administered to each rent and medications recorded immediately affecting 2 and #4). The findings are:				
	record revealed: - An admission of processing the process of the p	ntellectual Disability, Mild; er (D/O) with Mixed otions and Conduct; Rule-Out Use D/O; Rule-Out Cannabis				
	·	mg 1 tab PO daily at bedtime				
	Review on 8/28/18 6/1/18-8/28/18 reve - No staff initials	which reflected client #1 had Lithium Carbonate 300 mg on				

Division of Health Service Regulation STATE FORM

6899 U2MP11 If continuation sheet 2 of 7

MHL034-207  NAME OF PROVIDER OR SUPPLIER  A SURE HOUSE, INC  STREET ADDRESS, CITY, STATE, ZIP CODE  1265 ARBOR ROAD WINSTON-SALEM, NC 27104  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  A SURE HOUSE, INC  1265 ARBOR ROAD WINSTON-SALEM, NC  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  COntinued From page 2  - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in June 2018: 6/15/18; 6/22/18; 6/23/18; and 6/25/18 only - All other dates on the July 2018 MAR remained blank - Staff initials on the following dates in July 2018: 7/6/18; 7/13/18; 7/20/18 and on 7/27/18 only - All other dates on the July 2018 MAR remained blank - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in August 2018: 8/3/18; 8/10/18; 8/17/18 and on 8/24/18 only								
A SURE HOUSE, INC    1265 ARBOR ROAD   WINSTON-SALEM, NC   27104	MHL034-207			MHL034-207	B. WING		08/30/2018	
SURE HOUSE, INC   WINSTON-SALEM, NC   27104	OF PROVIDER OR SUPPLIER	NAME OF PR	F PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 2  - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in July 2018: 7/6/18; 7/13/18; 7/20/18 and on 7/27/18 only  - All other dates on the July 2018 MAR remained blank  - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in August 2018: 8/3/18; 8/10/18; 8/17/18 and on 8/24/18 only	RE HOUSE. INC	A SURE H	E HOUSE. INC					
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 2  - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in July 2018: 7/6/18; 7/13/18; 7/20/18 and on 7/27/18 only  - All other dates on the July 2018 MAR remained blank  - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in August 2018: 8/3/18; 8/10/18; 8/17/18 and on 8/24/18 only					-SALEM, NO			
- Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in June 2018: 6/15/18; 6/22/18; 6/23/18; and 6/25/18 only - All other dates on the June 2018 MAR remained blank - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in July 2018: 7/6/18; 7/13/18; 7/20/18 and on 7/27/18 only - All other dates on the July 2018 MAR remained blank - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in August 2018: 8/3/18; 8/10/18; 8/17/18 and on 8/24/18 only	EIX (EACH DEFICIENC	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
reflected client #1 had been administered Vitamin D 1000 IU on the following dates in June 2018: 6/15/18; 6/23/18; and 6/25/18 only - All other dates on the June 2018 MAR remained blank - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in July 2018: 7/6/18; 7/13/18; 7/20/18 and on 7/27/18 only - All other dates on the July 2018 MAR remained blank - Staff initials on the following dates which reflected client #1 had been administered Vitamin D 1000 IU on the following dates in August 2018: 8/3/18; 8/10/18; 8/17/18 and on 8/24/18 only	Continued From p	V 118 (	8 Continued From pa	age 2	V 118			
blank - No staff initials which reflected client #1 had been administered Guanfacine ER 3 mg on 8/21/18 - No staff initials which reflected client #1 had been administered Clozapine 100 mg on 7/24-7/25/18 and on 7/28/18 - No staff initials which reflected client #1 had been administered Clozapine 25 mg on 6/27/18 and on 8/21/18 at 7 am  Review on 8/28/18 of client #2's record revealed: - An admission date of 4/25/18 - Diagnoses of Attention Deficit Hyperactivity D/O, Combined Presentation, Moderate; Post-Traumatic Stress D/O; Disruptive Dysregulation D/O and Disinhibited Social Engagement D/O Physician's orders for the following medications: - Adderall XR 20 mg 1 cap PO every morning - Amphetamine/Dextrose 10 mg 1 tab PO	- Staff initials or reflected client #1 D 1000 IU on the f 6/15/18; 6/22/18; 6/22/18; 6/2 All other dates remained blank - Staff initials or reflected client #1 D 1000 IU on the f 7/6/18; 7/13/18; 7/1 - All other dates remained blank - Staff initials or reflected client #1 D 1000 IU on the f 8/3/18; 8/10/18; 8/10/18; 8/10/18; 8/10/18; 8/10/18 - All other dates blank - No staff initials been administered 8/21/18 - No staff initials been administered 7/25/18 and on 7/2 - No staff initials been administered and on 8/21/18 at Review on 8/28/18 - An admission - Diagnoses of D/O, Combined Pr Post-Traumatic St Dysregulation D/O Engagement D/O Physician's orders - Adderall XR 26	- r c c c c c c c c c c c c c c c c c c	- Staff initials on reflected client #1 D 1000 IU on the f 6/15/18; 6/22/18; 6 - All other dates remained blank - Staff initials on reflected client #1 D 1000 IU on the f 7/6/18; 7/13/18; 7/3 - All other dates remained blank - Staff initials on reflected client #1 D 1000 IU on the f 8/3/18; 8/10/18; 8/10/18; 8/10/18; 8/10/18; 8/10/18 and on staff initials been administered 8/21/18 - No staff initials been administered 7/25/18 and on 7/2 - No staff initials been administered and on 8/21/18 at Review on 8/28/18 - An admission - Diagnoses of A D/O, Combined Pr Post-Traumatic Str Dysregulation D/O Engagement D/O Physician's orders - Adderall XR 20	the following dates which had been administered Vitamin ollowing dates in June 2018: 3/23/18; and 6/25/18 only on the June 2018 MAR  The following dates which had been administered Vitamin ollowing dates in July 2018: 20/18 and on 7/27/18 only on the July 2018 MAR  The following dates which had been administered Vitamin ollowing dates in August 2018: 17/18 and on 8/24/18 only on the August 2018 remained which reflected client #1 had Guanfacine ER 3 mg on which reflected client #1 had Clozapine 100 mg on 7/24-28/18 which reflected client #1 had Clozapine 25 mg on 6/27/18 am  of client #2's record revealed: date of 4/25/18 Attention Deficit Hyperactivity esentation, Moderate; ress D/O; Disruptive and Disinhibited Social  for the following medications: 0 mg 1 cap PO every morning				

Division of Health Service Regulation STATE FORM

every afternoon

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.		F	
		MHL034-207	B. WING			0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
A SLIDE HOLISE INC			OR ROAD -SALEM, NO	C 27104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	- Risperidone 0.2 morning and 2 tab a - Clonidine ER 0 - Clonidine ER 0 - Hydroxyzine Pabedtime - Divalproex DR Review on 8/29/18 6/1/18-8/29/18 reve - No staff initials been administered and on 7/1/18 - No staff initials been administered 6/1/18; 6/6/18 and - No staff initials been administered 6/3/18; 7/25-7/26/1 - No staff initials been administered 6/1/18 and on 7/31/1 - No staff initials been administered 6/1/18 and on 7/31/1 - No staff initials been administered on 6/1-6/3/18; 6/5-6/14-6/18/18; 6/19/18 and 6/26-6/30/18 - An admission of Diagnoses of AD/O, Combined Prediction D/O, Childhood On Dysregulation D/O Physician's orders in the control of the c	25 mg Dissolve 1 tab PO every at bedtime .1 mg 1 tab PO every morning .1 mg 1 tab PO at bedtime .1 mg 1 tab PO at bedtime .1 mg 1 tab PO at bedtime .250 mg 1 tab PO twice a day .250 mg 1 tab PO in the morning .250 mg 1 tab PO in the morning .251 mg 1 tab PO in the morning	V 118			

Division of Health Service Regulation

STATE FORM 6899 U2MP11 If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPL	F CONSTRUCTION	(V2) DATE	CLIDVEV	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	LETED
	-		A. BUILDING:			
			D WINC		F	
MHL034-207			B. WING		08/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
A CLIDE	HOUSE, INC	1265 ARB	OR ROAD			
A JUNE	HOUSE, INC	WINSTON	I-SALEM, NO	27104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	- Benztropine 1 n	ng ½ tab PO 2 times daily				
	- Vyvanse 40 mg	1 capsule PO every morning				
	breakfast	000 mg 2 tab PO daily with 1 cap PO 2 times daily with				
	6/1/18-8/29/18 reve - No staff initials been administered at 8 pm - No staff initials been administered and on 8/27/18 - No staff initials been administered 6/18/18 - No staff initials	which reflected client #4 had Guanfacine 1 mg on 8/27/18 which reflected client #4 had Benztropine 1 mg on 6/4/18 which reflected client #4 had Metformin ER 500 mg on which reflected client #4 had Geodon 40 mg on 6/4/18;				
	MARs revealed: - Their medicatio	f clients (#1, #2 and #4's)  ns had been listed twice on had documented on each of nedications				
	revealed:	18 with clients (#1, #2 and #4) ney received their medications				
	with the Executive I - Staff had admir	nistered client #1's Vitamin D s this was what had been				

Division of Health Service Regulation

STATE FORM 6899 U2MP11 If continuation sheet 5 of 7

PRÉFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     PREFIX     (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE     COMPLETED TO THE APPROPRIATE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  A SURE HOUSE, INC  1265 ARBOR ROAD WINSTON-SALEM, NC 27104  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING WING  1265 ARBOR ROAD WINSTON-SALEM, NC 27104  (X50 PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIAN OR CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE	. 2 0. 0020				A. BUILDING:	<del></del>		
A SURE HOUSE, INC  1265 ARBOR ROAD WINSTON-SALEM, NC 27104  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE  DAT				MHL034-207	B. WING			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  WINSTON-SALEM, NC 27104  ID PROVIDER'S PLAN OF CORRECTION (X5 COMPLET CO	E OF PROVIDER O	AME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAT	JRE HOUSE. IN	SURE H	IOUSE. INC					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DAT				WINSTON	-SALEM, NO	27104		
DEFICIENCY)	FIX (EACH	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
V 118 Continued From page 5 V 118	118 Continue	V 118	Continued From pa	age 5	V 118			
- She had believed that the medication order had been updated to reflect the change in dosing - She did not realize the medication order still read that the Vitamin D should be administered on a daily basis - The clients' medication orders are sent to the pharmacy electronically and are not always provided to either her or her staff while at the physician's office - She met with client #1's physician on 8/30/18 and he stated that he remembered their conversation; however offered no additional information as to why the order had not been changed - The physician provided a letter which documented that client #1 having been administered his dose of Vitamin D on a weekly basis instead of on a daily basis should not be a problem due to his diet and his exposure to the sun - The physician changed his medication order to reflect client #1 could continue to receive a dose of Vitamin D on a weekly basis - The physician also requested that client #1's psychiatrist include an order for check on client #1's Vitamin D level when he went for his scheduled appointment on 8/31/18 for lab work - Based on results of the lab work, he would decide if client #1 would continue to receive his Vitamin D on a weekly basis versus on a daily basis - She also believed that client #2's medication order for his Hydroxyzine Pamoate been changed to "PRN (as needed)" by his physician - Her pharmacist had not provided her the June MAR by the first of June 2018 which lead to there being blanks on the MARs for that date - She had spoken with the pharmacist as well as a pharmacy representative regarding her	- She had beer - She read that on a dail - The pharmace provided physiciar - She and he s conversa informati changed - The documer administ basis ins problem sun - The to reflect dose of V - The psychiate #1's Vita schedule - Base decide if Vitamin I basis - She order for to "PRN - Her June MA there bei - She		- She had believe had been updated - She did not reare read that the Vitam on a daily basis - The clients' me pharmacy electrons provided to either hybrician's office - She met with conversation; hower information as to we changed - The physician documented that conversation and to reflect client #1 dose of Vitamin D	red that the medication order to reflect the change in dosing alize the medication order still in D should be administered edication orders are sent to the ically and are not always her or her staff while at the edient #1's physician on 8/30/18 he remembered their ever offered no additional thy the order had not been provided a letter which lient #1 having been use of Vitamin D on a weekly a daily basis should not be a diet and his exposure to the changed his medication order could continue to receive a con a weekly basis also requested that client #1's an order for check on client el when he went for his ment on 8/31/18 for lab work lits of the lab work, he would would continue to receive his ekly basis versus on a daily wed that client #2's medication exyzine Pamoate been changed d)" by his physician thad not provided her the first of June 2018 which lead to on the MARs for that date en with the pharmacist as well	V 118			

Division of Health Service Regulation

STATE FORM 6899 U2MP11 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL034-207	B. WING		08/3	२ 80/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
A SURE	HOUSE, INC		OR ROAD I-SALEM, NO	C 27104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	pharmacist if the act an issue - She had spoke document on just of medication on the control had failed to follow - Although the clipshe felt certain the medications - She would folloof #2) physicians to en accurately reflected be administered.  Review on 8/30/18 client #1's physician reported regarding the physician.	ccuracy MARs continued to be in with staff about how to me of the listings for the client's MARs; however, staff her directives ents' MARs did not reflect it, client's had received their with up with the clients (#1 and insure their medication orders I how the medications were to of documents provided by a confirmed what the ED her earlier conversation with re-cited deficiency and must	V 118			

6899

Division of Health Service Regulation STATE FORM

U2MP11 If continuation sheet 7 of 7