T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				E SURVEY PLETED
or contraction	BERTH TO/TTO/TTO/TTO/MBER	A. BUILDING:			
	MHL026-814	B. WING			R 10/2018
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENT	ſS	V 000			
category: 10A NCA	C 27G .5600B Supervised				
27G .0209 (C) Med	ication Requirements	V 118			
 Prescription or r only be administere order of a person al drugs. Medications sha clients only when at client's physician. Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; name, strength, instructions for a (D) date and time th (E) name or initials drug. Client requests 	non-prescription drugs shall ed 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 by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administering the for medication changes or				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L. INITIAL COMMENT An annual and follo on December 10, 2 This facility is licens category: 10A NCA Living for Minors wi 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests	OF CORRECTION IDENTIFICATION NUMBER: INHL026-814 MHL026-814 ROVIDER OR SUPPLIER STREET AD 6350 HAW FAYETTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FAYETTE INITIAL COMMENTS An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the (E) name or initials of person administering the	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL026-814 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG INITIAL COMMENTS V 000 An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited. V 000 An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited. V 118 This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (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. V 118 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. Simple 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 administering the drug; C) instructions for administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL026-814 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID SUMMARY STATEMENT OF DEFICIENCIES ID REQULATORY OR LSC IDENTIFYING INFORMATION) ID NINTIAL COMMENTS V 000 An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (c) Medications 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. V 118 (2) Medications, including injections, shall be administered only by licensed persons, roly unlicensed persons, roly by licents only when authorized by aregistered nurse, pharmacist or other legally qualified person and privileged to prepare and administration. The MAR is to include the following: (A) A dedication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administered; and (E) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is adm	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 122 ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE 127 HILL FAYETTEVILLE, NC 28303 PROVIDER'S PLAN OF CORRECTION NUMBER: ID PROVIDER'S PLAN OF CORRECTION SHOULD BE INTIAL COMMENTS ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY INITIAL COMMENTS V 000 V 000 INTIAL COMMENTS V 000 An annual and follow-up survey was completed on December 10, 2018. Deficiencies were cited. V 118 DEFICIENCY This facility is licensed for the following service category: 10A NCAC 27G .5000B Supervised V 118 COMMENTS 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 V 118 Constraintstration: (1) Prescription or non-prescription drugs shall only be administration: V 118 Collectations shall be self-administrered by clients only when authorized in writing by the client's physician. Gimmediately after administer reductions. (2) Medications, including injections, shall be administered on administration. The MAR is to include the following: Hill administered on administration. The MAR is to include the following: (3) Medication Administration. The MAR is to include the following: (A) Addication admininistrering the drug; (B) name, strengt

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONTLETION	IDENTIFICATION NOWDER.	A. BUILDING:		001		
		MHL026-814	B. WING			R 12/10/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SUMMER		6350 HA	WFIELD DRIVI	E			
		FAYETTI	EVILLE, NC 28	3303			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa	age 1	V 118				
	Based on record re interviews, the facil medications on the and failed to keep t of three audited clie are: Finding #1: Review on 12/10/18 revealed: - 20 year old male. - Admission date of - Diagnoses of Per Disorder Not Other Disorder NOS, Slee	et as evidenced by: eviews, observation and ity failed to administer written order of a physician the MARs current affecting two ents (#1 and #2). The findings 8 of client #1's record f 08/01/13. vasive Developmental wise Specified (NOS), Mood ep Apnea, Epilepsy, Attention y Disorder (ADHD), Moderate	,				
	Intellectual Develop Review on 10/10/10 orders dated 07/27	oment Disability and Autism. 8 of client #1's medication /18 revealed Lorazepam hilligrams (mg) - take one table	t				
	MAR revealed: - Lorazepam 2mg - daily.	8 of client #1's December 2018 take one tablet three times nify the Lorazepam was om on 10/10/18.	3				
	revealed: - Client #1 was out	10/18 at approximately 10am of the facility with staff #1. hber 2018 MAR was at the					

STATE FORM

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL026-814	B. WING			R 10/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SUMME	RHILL		WFIELD DRIVI EVILLE, NC 28			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	facility.					
	Interview on 12/10/ his medications dat	18 client #1 stated he received ily as ordered.	ŀ			
	revealed: - 20 year old male. - Admission date of - Diagnoses of Opp Psychotic Disorder and Autism Disorder Review on 12/10/18 orders revealed: 08/16/18 - Triamcinolone 0.1 conditions) - apply 11/29/18 - Clotrimazole-Beta	oositional Defiant Disorder, NOS, ADHD-Combined Type er. 8 of client #2's medication % cream (treats skin				
	Review on 12/10/18 MAR revealed the f - Trimcinolone - 12 12/03/18 at 4pm ar - Clotrimazole-Beta	/01/18 thru 12/10 at 7am, nd 7pm and 12/07/18 at 4pm. amethasone - 12/03/18 at 8pm nd 8pm, 12/06/18, 12/08/18				
	Interview on 12/10/ his medications as	18 client #2 stated he received ordered.	ŀ			
	stated: - Staff are aware no	18 the Qualified Professional of to pre-sign the MARs.				

Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 19

	of Health Service Re	9				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE : COMPL	
		MHL026-814	B. WING		R 12/1	0/2018
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		6350 HA				
SUMMEF	RHILL	FAYETTE	VILLE, NC 28	303		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	medications are app	plied.				
	medication adminis	accurately document tration it could not be s received their medications hysician.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	"provider" applies to program and any pr developmental disa services that is licer Chapter. (b) Requirement / provider licensed ur applicant to fill a po applicant to have ar conditioned on cons criminal history reco the applicant has be less than five years is conditioned on cons criminal history reco national criminal his include a check of t the applicant has be five years or more, on consent to a Sta check of the applican employ an applican criminal history reco section. Except as o					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-814	B. WING		F 12/1	२ 0/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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SOMME		FAYETTE	VILLE, NC 2	8303		
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V 133	Continued From pa	ge 4	V 133			
	shall submit a required Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by the G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Hea Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receiver of the applicant. In national criminal his with the provider. P upon request verific check has been con by this section. A co appropriate local or the Division of Crim may conduct on be criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of All criminal history i provider is confiden except to the applic (c) of this section. F	est to the Department of 114-19.10 to conduct a brd check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall f national criminal history mployment positions not aw 105-277 to the th and Human Services, check Unit. Within five ceipt of the national criminal n, the Department of Health es, Criminal Records Check e provider as to whether the d may affect the employability no case shall the results of the story record check be shared roviders shall make available cation that a criminal history mpleted on any staff covered bunty that has adopted an dinance and has access to inal Information data bank half of a provider a State ord check required by this provider having to submit a artment of Justice. In such a all commence with the State ord check required by this pusiness days of the employment by the provider. nformation received by the itial and may not be disclosed, cant as provided in subsection				

If continuation sheet 5 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVE COMPLETED MHL026-814 B. WING R 12/10/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303 6350 HAWFIELD DRIVE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL	Division	of Health Service Re	egulation			FORM	APPROVED	
MHL026-814 B. WING 12/10/201 NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 6330 HAWFIELD DRIVE FAVETEVILLE, NC 23303 6300 HAWFIELD DRIVE FAVETEVELLE, NC 23303 PPOVDER'S PLAN OF CORRECTION (EACH OFCINECY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PPOVDER'S PLAN OF CORRECTION (EACH OFCINECY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PPOVDER'S PLAN OF CORRECTION (EACH OFCINECY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PPOVDER'S PLAN OF CORRECTION (EACH OFCINECY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PPOVDER'S PLAN OF CORRECTION (EACH OFCINECY) 0 V 133 Continued From page 5 V 133 V 133 ID PREFX TAG PPOVDER'S PLAN OF CORRECTION (C) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant. V 133 ID ID ID ID ID ID ID ID ID ID ID ID ID I	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,				
SUMMERILL SUMMERILL CMM ID PREPX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) V 133 Continued From page 5 V 133 criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offnese, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime, if known. (6) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (7) The subsequent commission by the person of a relevant offnese. The fact of conviction of a relevant offense alone shall not be a bar to emploment, however, the listed factors shall be considered by the provider. If the provider idagualifies an applicant factors, then the provider may disclose information contained in the criminal history record check to the applicant.			MHL026-814	B. WING		R 12/10/2018		
SUMMERHUL FAYETTEVILLE, NC 28303 (MI) D PREFX TAG Is SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0 cm V 133 Continued From page 5 V 133 V 133 Image: Construction of the appropriate croord check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: V 133 Image: Construction of the crime. Image: Construction of the crimal history could be considered by the provider.	NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
Preference SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL Tag Preceded by Full Deficiency must be preceded by full Deficiency	SUMMER							
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSCIDENTIFYING INFORMATION) PRÉFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COM DURING V 133 Continued From page 5 V 133 criminal history record checks utilizing public records obtained from a State agency. V 133 (C) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: V 133 (1) The age of the person at the time of the commission of the crime, (2) The date of the prime. (3) The age of the person at the time of the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant fofense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If 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.			FAYETTE	VILLE, NC 28	8303			
 criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person of a relevant offense. 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 shall be considered by the provider. If the provider 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 to the applicant. 	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETE DATE	
 records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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 to the applicant. 	V 133	F-	-	V 133				
or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (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. (2) Failure to check an employee's history of		records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstance commission of the p conviction. (4) The circumstance commission of the p conviction. (4) The circumstance commission of the p conviction. (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall to listed factors shall to listed factors shall to listed factors shall to disted factors shall to listed factors shall to consideration of the provider may disclo the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (2) Failure to check	om a State agency. pplicant's criminal history Is one or more convictions of the provider shall consider all cors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. reen the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. t commission by the person of on of a relevant offense alone o employment; however, the be considered by the provider. ualifies an applicant after e relevant factors, then the use information contained in record check that is relevant on, but may not provide a copy ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from e provider to employ an usis of information provided in record check of the individual.					

Division	of Health Service Re	aulation			FORM	APPROVED		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
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			FAYETTEVILLE, NC 28303 ENCIES ID PROVIDER'S PLAN OF CORRECTION					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 133	Continued From pa	ge 6	V 133					
	criminal offenses if history record check compliance with this (e) Relevant Offense" in federal criminal hist indictment of a crim felony, that bears up have responsibility persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protectio Protection of the Fa- Intoxication; and Ar	the employee's criminal k is requested and received in						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHI 026-814		. ,	CONSTRUCTION	СОМ	E SURVEY PLETED	
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IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
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V 133	Continued From pa	ge 7	V 133			
	Controlled Substan 90 of the General S offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applican obtaining the results check regarding the following requirement (1) The provider sha prior to obtaining the criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	failed to request wit making the condition	et as evidenced by: view and interview, the facility hin five business days of anal offer of employment, a story record check to include a				

	of Health Service Re		1			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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V 133	Continued From pa	ge 8	V 133			
	staff audited who ha years of hire (#2). T	ad lived out of state within 5 The findings are:				
	revealed: - Date of Hire: 04/0: - Application date o - Employed in anoth - No documentation background with fin completed.	f 03/15/18. her state until January 2018. h of a national criminal gerprint check had been				
	Interview on 12/10/ - He had gone to ha morning.	18 staff #2 stated: ave his fingerprints taken this				
	stated: - Staff #2 had his fir	ocess of securing the required				
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
	practices that emph to restrictive interve (b) Prior to providin disabilities, staff inc employees, student demonstrate compe completing training other strategies for which the likelihood	D RESTRICTIVE mplement policies and nasize the use of alternatives				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL026-814	B. WING		F 12/1	२ 0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SUMME	RHILL					
			VILLE, NC 2	PROVIDER'S PLAN OF CORRECT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 9	V 536			
	property damage is (c) Provider agenci based on state com compliance and der gathered. (d) The training sha include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider wishes to e the Division of MH/I Paragraph (g) of thi (g) Staff shall demo following core areas (1) knowledg people being server (2) recognizin behavior; (3) recognizin external stressors to disabilities; (4) strategies relationships with p (5) recognizin organizational factor disabilities; (6) recognizin assisting in the pers decisions about the (7) skills in as escalating behavior (8) communic	prevented. prevented. prevented. petencies, monitor for internal monstrate they acted on data a learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed vider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to s Rule. onstrate competence in the s: e and understanding of the d; ng and interpreting human ng the effect of internal and hat may affect people with for building positive ersons with disabilities; ng cultural, environmental and rs that may affect people with ng the importance of and son's involvement in making ir life; ssessing individual risk for				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	of contraction	IDENTITION TION NOMBER.	A. BUILDING:			
		MHL026-814	B. WING			R 10/2018
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		6350 HA	WFIELD DRIVI	E		
UMME		FAYETTE	EVILLE, NC 28	3303		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 536	Continued From pa	age 10	V 536			
	means for people v activities which dire behaviors which are (h) Service provide documentation of ir at least three years (1) Documen (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring a passin instructor training p (3) The traini competency-based objectives, measur observation of beha measurable methor failing the course. (4) The contes service provider pla approved by the Dir to Subparagraph (i) (5) Acceptab shall include but are (A) understan	ers shall maintain nitial and refresher training for attion shall include: cipated in the training and the l); d where they attended; and d's name; ion of MH/DD/SAS may documentation at any time. fications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence of grade on testing in an orogram. ing shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ans to employ shall be vision of MH/DD/SAS pursuan	t			

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	FLETED
		MHL026-814	B. WING			R 10/2018
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	RHILI		WFIELD DRIVI			
			EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 536	Continued From pa	ge 11	V 536			
	 performance; and (D) document (6) Trainers s teaching a training reducing and elimini interventions at lease review by the coach (7) Trainers s aimed at preventing need for restrictive annually. (8) Trainers s instructor training a (j) Service provided documentation of in training for at least (1) Documentation of in training for at least (2) The Division request and review (k) Qualifications o (1) Coaches requirements as a to (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer instructor 	shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher t least every two years. rs shall maintain nitial and refresher instructor three years. mentation shall include: sipated in the training and the l); d where attended; and 's name. ion of MH/DD/SAS may this documentation any time. of Coaches: shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate npletion of coaching or	5			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-814	B. WING			R 2/10/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
SUMMER	RHILL		WFIELD DRIVE EVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 536	Continued From pa	ge 12	V 536				
	interviews, the facili audited staff (#1 an received annual tra restrictive interventi Review on 12/10/18 - Date of hire: 11/23 - Job Title: Paraprot - North Carolina Inte alternatives to restr effective 10/31/18. - No current training	view, observation and ity failed to ensure two of four d Qualified Professional (QP)) ining updates in alternatives to ons. The findings are: 3 of staff #3's record revealed: 3/16. fessional. erventions (NCI) training in ictive interventions expired g updates in alternatives to					
	 Date of application Job Title: QP NCI training in alterinterventions expire No current training restrictive interventions Interview on 12/10/- Her NCI and staff expired. 	8 of the QP's record revealed: n: 06/27/16. ernatives to restrictive ad effective 11/30/18. g updates in alternatives to ons.					
V 537	completed for both.		V 537				
	ISOLATION TIME-0	SICAL RESTRAINT AND					

STATE FORM

E

Division	of Health Service Re	equilation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-814	B. WING		F 12/1	₹ 0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUMME	RHII I	6350 HAV	VFIELD DRIV	Έ		
COMME		FAYETTE	VILLE, NC 2	8303		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 13	V 537			
	time-out may be em been trained and ha competence in the to these procedures staff authorized to e procedures are retr competence at lease (b) Prior to providing disabilities whose tr includes restrictive service providers, e volunteers shall cor seclusion, physical and shall not use th training is complete demonstrated. (c) A pre-requisite demonstrating com training in preventing the need for restrict (d) The training sha include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider plans to er the Division of MH/I Paragraph (g) of thi (g) Acceptable train but are not limited t (1) refresher the use of restrictive (2) guidelines	apployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated at annually. g direct care to people with reatment/habilitation plan interventions, staff including employees, students or nplete training in the use of restraint and isolation time-out lese interventions until the d and competence is for taking this training is petence by completion of ig, reducing and eliminating ive interventions. If be competency-based, e learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed vider periodically (minimum raining that the service nploy must be approved by DD/SAS pursuant to s Rule. ning programs shall include, o, presentation of: information on alternatives to				

Division	of Health Service Re				FORM	APPROVED
STATEMEI	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL026-814	B. WING			R 10/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SUMME		6350 HAV		E		
SUMIME	RHILL	FAYETTE	VILLE, NC 2	3303		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 14	V 537			
Division of H	rights and dignity of concepts of least re- incremental steps in (4) strategies of restrictive interver (5) the use of interventions which assessment and ma- psychological well-tuse use of restraint thro restrictive interventi (6) prohibited (7) debriefing importance and pur (8) document (h) Service provider documentation of in at least three years (1) Documen (A) who partico outcomes (pass/fail (B) when and (C) instructor (2) The Divisi review/request this (i) Instructor Qualiff Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-o (3) Trainers s	for the safe implementation intions; femergency safety include continuous onitoring of the physical and being of the client and the safe ughout the duration of the on; procedures; strategies, including their pose; and tation methods/procedures. 's shall maintain itial and refresher training for tation shall include: ipated in the training and the); where they attended; and 's name. ion of MH/DD/SAS may documentation at any time. ication and Training shall demonstrate competence testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence testing in a training program seclusion, physical restraint				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL026-814	B. WING		F 12/1	२ 0/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUMMER		6350 HAV	VFIELD DRIV	Έ		
		FAYETTE	VILLE, NC 2	8303		
(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 SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 15	V 537			
	competency-based, objectives, measuration observation of behave measurable method failing the course. (5) The content service provider plat approved by the Divite to Subparagraph (j) (6) Acceptable shall include, but not of: (A) understan (B) methods course; (C) evaluation (D) document (7) Trainers si annually and demon of seclusion, physic time-out, as specifie Rule. (8) Trainers si in teaching the use least two times with coach. (10) Trainers si use of restrictive int annually. (11) Trainers si instructor training af (k) Service provide documentation of in training for at least	ng shall be include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ins to employ shall be vision of MH/DD/SAS pursuant (6) of this Rule. le instructor training programs of be limited to, presentation ding the adult learner; for teaching content of the n of trainee performance; and ation procedures. shall be retrained at least nstrate competence in the use cal restraint and isolation ed in Paragraph (a) of this shall be currently trained in shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the erventions at least once thall complete a refresher t least every two years. rs shall maintain itial and refresher instructor				
Division of H	ealth Service Regulation					

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					D
	MHL026-814	B. WING			R 10/2018
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SUMMERHILL					
		EVILLE, NC 28			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 537 Continued From pa	age 16	V 537			
outcome (pass/fail (B) when an (C) instructo (2) The Divis review/request this (I) Qualifications o (1) Coaches requirements as a (2) Coaches times, the course v (3) Coaches competence by co train-the-trainer ins	d where they attended; and r's name. sion of MH/DD/SAS may documentation at any time. of Coaches: shall meet all preparation trainer. shall teach at least three which is being coached. shall demonstrate mpletion of coaching or struction. n shall be the same				
Based on record re facility failed to ens (#1 and Qualified F annual training upo restraint and isolat Review on 12/10/1 - Date of hire: 11/2 - Job Title: Parapro - North Carolina In updates in seclusio isolation time-out e - No current trainin					
- Date of hire: 06/2 - Job Title: QP	8 of the QP's record revealed: 7/16. ates in seclusion, physical				

STATE FORM

	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		MHL026-814	B. WING			R 10/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
SUMME	RHILL		WFIELD DRIVE EVILLE, NC 28			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 537	Continued From pa	ge 17	V 537			
	11/30/18.	on time-out expired effective gupdates in seclusion,				
		nd isolation time-out.				
	Interview on 12/10/ - Her NCI and staff	18 the QP stated: #1's NCI was currently				
	expired. - She would ensure completed for both.	e the refresher course was				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	303 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
		ion and interview, the facility I in a clean, attractive and				
	9:45am revealed: - The living room ca a soiled appearance the fabric peeled of - The kitchen revea	10/18 at approximately arpet revealed dark spots and e. A couch had the top layer of f. iled a rusty floor vent and the of paint which had peeled				
	away. An approxim unpainted surface a - Client #1's room re	ately 6 inch by 8 inch above the sink area. evealed a cracked bedroom ks. The carpet revealed bits o	f			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL026-814	B. WING			R 10/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SUMME	RHILI					
			EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 18	V 736			
	side vanity had one worked. One of the receptacle. The beg frame. The closet a peeled off the surfa - Client #4's bedroot the floor. The wall r inch by 2 foot broke - The hallway carpe Interview on 12/10/ into the wall and cra Interview on 12/10/ room carpet was go replaced. Interview on 12/10/ stated: - The clients served issues at the facility - The facility is sche	om revealed bits of debris on revealed an approximately 8 en area in the sheetrock. et was worn. 18 client #4 stated he rolled acked the sheetrock. 18 staff #1 stated the living bing to be taken up and 18 the Qualified Professional d at the facility caused physica /. eduled to be remodeled. stitutes a re-cited deficiency				