

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 30, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 3:48 pm, Dec 18, 2018</small></p> </div> <p style="text-align: right; font-size: 1.2em;">1-28-19</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p>Skill Creations responsible QP will ensure that the Person Centered Plan/Short Range for the Individual Support Plan for each individual (client #2, client #3 and Client #4) will include specific goal training strategies. She will ensure that all needs are met and the direct care staff is made aware and trained on the strategies that address all short range goals. Skill Creations QP will also ensure that all other client charts are checked and corrected if needed.</p> <p>Quality Management will continue to conduct quarterly chart reviews pulling random charts and will report any findings to the regional director and QP's. Random peer reviews will continue throughout the year lead by quality management to ensure client charts include necessary documents and person centered plan has all information required.</p> <p>Regional Director will continue to meet with QP's on a quarterly and sometimes monthly basis to ensure all are aware of the necessary information required in the person centered plan and will continue to update them of any changes that may occur. This will be ongoing throughout the year.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Sam Dufamely

Q.M.

12/17/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies to meet the needs of 3 of 3 audited clients (#2, #3, and #4). The findings are:</p> <p>Review on 11/29/18 of client #2's record revealed: - 43 year old male admitted to the facility 2/26/08. - Diagnoses included Mild Intellectual/Developmental Disability, Generalized Anxiety Disorder, and Hypercholesterolemia. - Person Centered Profile (PCP) dated and signed 1/22/18. - PCP Action Plan included short range goals to address hand washing, shaving, brushing teeth, showering, completion of household chores, adherence to facility rules, meal preparation, keeping his bedroom clean, laundry, improving communication skills, treating others with respect, following facility telephone rules, and adhering to his heart healthy diet. - PCP did not include any specific goal training strategies.</p> <p>During interview on 11/29/18 client #2 stated he did not know what his goals were. He wanted to live on his own but could not cook.</p> <p>Review on 11/29/18 of client #3's record revealed: - 33 year old male admitted to the facility 7/1/18. - Diagnoses included Mild Intellectual/Developmental Disability, Down Syndrome, Seasonal Allergies, Hypertension, and Obesity. - PCP dated 1/30/18 and signed 1/31/18. - PCP Action plan included short range goals to address participation in community activities, appropriate interactions, effective communication of wants and needs, appropriate use of the</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018	
NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530		
(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 112	<p>Continued From page 2</p> <p>telephone, participation in physical exercise, making healthy food and drink choices, brushing his teeth, meal preparation, making his bed, keeping his room clean, completing household chores, and completing his laundry. - PCP did not include any specific goal training strategies.</p> <p>Client #3 was not available for interview.</p> <p>Review on 11/29/18 of client #4's record revealed: - 61 year old male admitted to the facility 9/14/82. - Diagnoses included Autism, Moderate Intellectual/Developmental Disability, and Seizure Disorder. - PCP dated 1/11/18. - PCP Action Plan included short range goals to address brushing his teeth, washing his hands, dressing appropriately, bathroom etiquette, completion of laundry, brushing his hair, appropriate behaviors, providing his phone number and address, improving his "comprehensive skills", refraining from moving items/objects, improving his penmanship, budgeting skills, safety/emergency skills, answering simple questions, participation in physical exercise, participation in outings, carrying his wallet, putting change in its proper place, refraining from repeating himself, maintaining eye contact, improved interaction skills, and speaking slowly. - PCP did not include any specific goal training strategies.</p> <p>During interview on 11/29/18 client #4 stated he did laundry. He did not answer when asked about his goals.</p> <p>During interviews on 11/30/18, the Qualified Professional stated she wrote Person Centered</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 112	Continued From page 3 Plans based on client needs and she understood the need to develop and implement specific goal training strategies.	V 112		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;	V 364	Skill Creations responsible QP along with Director of Simmons Street group home will ensure that all kitchen cabinets containing food as well as snack food are kept unlocked. Group home director will ensure all direct care staff are aware that the kitchen cabinets that contain food items are to be kept unlocked and they are to continue to monitor and provide assistance with snack items if needed. To refresh direct care staff on client rights, the group home director will review client rights at the next direct care meeting. This is to ensure staff has an understating of what restriction of rights is. Also, group home director will spot check cabinets when daily/weekly walk thru visits are made. Quality Management will continue to provide facility walk thru checks on a quarterly basis, monthly basis if needed. Quality management will ensure group home is operating on required standards; this will include checking locked/unlocked cabinets throughout the group home to ensure client access is not being restricted. Any findings will be reported to the regional director, group home director and QP for follow up.	1-28-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	<p>Continued From page 4</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	<p>Continued From page 5</p> <p>who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the</p>	V 364		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	<p>Continued From page 6</p> <p>time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	<p>Continued From page 7</p> <p>qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to ensure restriction of clients access to personal property was reasonable and related to clients treatment or habilitation needs and was documented as required for 3 of 3 audited clients (#2, #3 & #4). The findings are:</p> <p>Observation of the facility at approximately 9:30 am on 11/29/18 revealed kitchen cabinets containing food items, including snack foods, were locked.</p> <p>Review on 11/29/18 of client #2's record revealed: - 43 year old male admitted to the facility 2/26/08.</p>	V 364		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Diagnoses included Mild Intellectual/Developmental Disability, Generalized Anxiety Disorder, and Hypercholesterolemia. - No documentation of recent incidents of stealing or food focused behaviors. <p>During interview on 11/29/18 client #2 stated he got in trouble for having empty drink bottles in his bedroom. He wanted to live on his own but could not cook.</p> <p>Review on 11/29/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 33 year old male admitted to the facility 7/1/18. - Diagnoses included Mild Intellectual/Developmental Disability, Down Syndrome, Seasonal Allergies, Hypertension, and Obesity. - No documentation of food focused behaviors. <p>Client #3 was not available for interview.</p> <p>Review on 11/29/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 61 year old male admitted to the facility 9/14/82. - Diagnoses included Autism, Moderate Intellectual/Developmental Disability, and Seizure Disorder. - No documentation of food focused behaviors. <p>During interview on 11/29/18 client #4 stated he got plenty to eat.</p> <p>During interview on 11/29/18 the Group Home Director stated she was unsure why the kitchen cabinets were locked. A former client had food stealing behaviors and the cabinets were locked as part of his habilitation/treatment plan. None of the current clients had food stealing behaviors. Clients purchased some of their own snacks and those snacks were locked in the cabinets. If the clients wanted a snack at times other than a</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
--	--

(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 364	Continued From page 9 scheduled snack time, they could ask staff to unlock the cabinet to let them have access. There were always 2 staff in the facility during waking hours and one staff overnight. The overnight staff was awake. If a client went into the kitchen, staff would be aware. She would make sure the kitchen cabinets were left unlocked. She understood that locking cabinets containing clients' personal property was a rights restriction.	V 364		