STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		MHL092-791	B. WING		R-C 01/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3716 AR	ROWWOOD DRIV			
ALPHA H	OME CARE SERVICES, I	NC III RALEIGI	H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 000	INITIAL COMMENTS	1	V 000			
	were substantiated (II #NC000146871). Def	2, 2019. The complaints ntake #NC00147429 and ficiencies were cited. d for the following service 27G .5600A Supervised				
V 512	10A NCAC 27D .0304 HARM, ABUSE, NEG (a) Employees shall abuse, neglect and exith G.S. 122C-66. (b) Employees shall sort of abuse or neglect and exith G.S. 122C-66. (c) Goods or services purchased from a clie established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a	protect clients from harm, exploitation in accordance not subject a client to any ect, as defined in 10 A NCAC apter. Is shall not be sold to or ent except through g body policy. I use only that degree of force is ecure a violent and is which is permitted by y. The degree of force that is upon the individual client (such as age, size intal health) and the degree splayed by the client. Use of it is essail be compliance with acc 27E of this Chapter. I an employee of Paragraphs Rule shall be grounds for	V 512			
	This Rule is not met Based on record revie	as evidenced by: ew and interview, one of				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
or connection	BENTH TO WHOM HOMBER.	A. BUILDING: _		JOHN LETES
MHI 092-791		B. WING		R-C 01/22/2019
			T. 70.000	1 01/22/2010
ROVIDER OR SUPPLIER		, ,	,	
OME CARE SERVICES, II	NC III		VE	
	<u> </u>	NC 27604		
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
Continued From page	1	V 512		
-Hired: May 25, 2	014			
During interview on 0 he:	1/14/19, staff #1 reported			
revealed: -Admitted: 02/27/ -Diagnoses inclu- Disorder (bipolar type Disorder, Obesity, Hy and Parkinson -Age: 52	114 sive of Schizoaffective), Obsessive Compulsive pothyroidism, Hypertension			
clients reported: -Sunday (01/13/1 staff #1 during mealting about staff #1's respond want to get in trouthe information. -Two clients explicursing, standing overmanner, lifting his harwant to do" to the clied causing gravy to spill and went to his room.	9), client #6 threw a cup at me. All expressed concerns use and expressed they did ble with staff #1 for sharing ained: Staff #1 responded by r client #6 in an intimidating use and saying "what you use the wall. Client #6 cursed They thought client #6 was			
	ROVIDER OR SUPPLIER DME CARE SERVICES, IN SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page three employees (stafaudited clients (#1, #2findings are: Review on 01/15/19 of the continued Habous on the: -Worked for the continued the the continued Habous on the	MHL092-791 ROVIDER OR SUPPLIER STREET ADD 3716 ARRI RALEIGH, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 three employees (staff #1) subjected four of five audited clients (#1, #2, #3 and #6) to abuse. The findings are: Review on 01/15/19 of staff #1's record revealed: -Hired: May 25, 2014 -05/26/18 Abuse, Neglect and Exploitation training During interview on 01/14/19, staff #1 reported he: -Worked for the company at another facility -Had worked at this particular group home for about a month A. Review on 01/14/19 of client #6's record revealed: -Admitted: 02/27/14 -Diagnoses inclusive of Schizoaffective Disorder (bipolar type), Obsessive Compulsive Disorder (bipolar type), Obsessive Compulsive Disorder (Obesity, Hypothyroidism, Hypertension and Parkinson -Age: 52 -Walker for ambulation of distance During interview on 01/14/19, four of five audited clients reported: -Sunday (01/13/19), client #6 threw a cup at staff #1 during mealtime. All expressed concerns about staff #1's response and expressed they did not want to get in trouble with staff #1 for sharing	ROVIDER OR SUPPLIER TOME CARE SERVICES, INC III SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 three employees (staff #1) subjected four of five audited clients (#1, #2, #3 and #6) to abuse. The findings are: Review on 01/15/19 of staff #1's record revealed: -Hired: May 25, 2014 -05/26/18 Abuse, Neglect and Exploitation training During interview on 01/14/19, staff #1 reported he: -Worked for the company at another facility -Had worked at this particular group home for about a month A. Review on 01/14/19 of client #6's record revealed: -Admitted: 02/27/14 -Diagnoses inclusive of Schizoaffective Disorder (bipolar type), Obsessive Compulsive Disorder (bipolar type), Obsessive Compulsive Disorder, Obesity, Hypothyroidism, Hypertension and Parkinson -Age: 52 -Walker for ambulation of distance During interview on 01/14/19, four of five audited clients reported: -Sunday (01/13/19), client #6 threw a cup at staff #1 during mealtime. All expressed concerns about staff #1's response and expressed they did not want to get in trouble with staff #1 for sharing the informationTwo clients explained: Staff #1 responded by cursing, standing over client #6 in an intimidating manner, lifting his hands and saying "what you want to do" to the client and kicked the trash can causing gravy to spill on the wall. Client #6 cursed and went to his room. They thought client #6 was fearful of staff #1. Both indicated they were fearful	IDENTIFICATION NUMBER: MHL092-791 BUNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3716 ARROWWOOD DRIVE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCES (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 1 three employees (staff #1) subjected four of five audited clients (#1, #2, #3 and #6) to abuse. The findings are: Review on 01/15/19 of staff #1's record revealed: -Hired: May 25, 2014 -05/26/18 Abuse, Neglect and Exploitation training During interview on 01/14/19, staff #1 reported he: -Worked for the company at another facility -Had worked at this particular group home for about a month A. Review on 01/14/19 of client #6's record revealed: -Admitted: 02/27/14 -Diagnoses inclusive of Schizoaffective Disorder (bipolar type), Obsessive Compulsive Disorder (bipolar

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STATE FORM 6899 OU2Z11 If continuation sheet 2 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE	SURVEY	
						2.0
		MHL092-791	B. WING		I	R-C / 22/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
			NOWWOOD DRIVE	<u> </u>		
ALPHA H	OME CARE SERVICES, II	NC III RALEIGH	, NC 27604			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF O	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 512	Continued From page	2	V 512			
		d staff #1 as "hateful, mean" needed to be in the group				
	he: -Did not recall mu he threw a cup at staf -Had a chance to fault The cup had v go to his room.,,,can't happened. Staff #1 sa do? He didn't raise his elevatedscared I'm don't want to get kicke	o think about it, it was his vater in it. Staff told him to recall exactly what aid "now what you gonna is voice much. it was gonna get kicked out I ed out."				
	on yesterday (01/13/1 profane language. Cli table and said "don't y it." Client #6 "had just else happened. It's no done that before." In 1 something and thrown occasion client #6 just threw the plate away. responded calmly and "Sometimes its rando an illness." *Note: stathrown at him by clien -01/16/19: "After can maneuver around them to wait until I'm get done. I guess they I'm going around givir was already drinking,	orted: n incident of verbal behavior 9). Client #6 used some ent #6 left his plate on the you work here? you can do visited with family. Nothing of like he's (client #6) not the past, client #6 had taken n it down, but on this t pushed the chair back and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					B C	
		MHL092-791	B. WING		R-C 01/22 /	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA HO	OME CARE SERVICES, I	NC III	OWWOOD DRI' NC 27604	VE		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	Continued From page	3	V 512			
	something to drink. I sthat, get your own dri kicked the trash can. finished a portion of the left. He said you so for said he was sorry and said it was his fault and does that cursing all the probably used profand done things differently tone." B. Review on 01/14/1 revealed: -Admitted: 09/07	said if you talk to me like nk. I guess I was upset, I He (client #6) had already nat meal, so he got up and ****g lazy, you get itHe d didn't mean it. [Client #6] nd the illness. He (client #6) he time all of a sudden. I ity. I probably should've y, not kicked the trash can, 9 of client #1's record /13 sive of Brain injury,				
	he: -Had issues remonormally wrote things his journal -Recalled a cup to (01/13/19)he was not the circumstances, the could not locate anyth situation. -"Do you think I was talking to [staff # had a brain injury and so I should just keep have a brain injury busomeone says somet -Felt staff #1 wood because staff #1 was hands towards me. I witnessed staff	embering thingshe down that bothered him in thrown on Sunday ot sure who threw the cup or ought it was over sodahe ning in his journal about the will not amount to anything? I about a job and he said I would not amount to much, getting my checkI may it you can remember when hing to hurt your feelings." ald retaliate against him "loud and he raises his don't get involved." #1 raise his voice at other ome. He just went to his				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		MHL092-791	B. WING		01/22/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
AI DUA U	OME CARE SERVICES, II	3716 ARR	OWWOOD DRI	VE	
ALFIIA III	JIME CARE SERVICES, II	RALEIGH,	NC 27604		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 4	V 512		
	-Staff #1 often re their room.	quested clients to remain in			
	During interview on 0 he:	1/16/19, staff #1 reported			
	-Did not recall any conversation with clients in which he spoke of their diagnoses in a non therapeutic manner -Did not recall making any comments about				
		in injury or obtaining a job			
	revealed:	9 of client #2's record			
	-Admitted: 11/08/ -Diagnoses inclu	/18 sive of Schizoaffective			
	Disorder, Personality Diabetes and Hyperli	Disorder, Morbid Obesity, pidemia			
	During interview on 01/14/19, client #2 reported: -He did not attend a day program and was the only client at home with staff #1 during the				
		nim did he want to go outside			
	some grass" that mea	ass"he interrupted "tear up ant to fight outside dicated he needed some			
	bedroom. It was the t	sted client #2 to go to his one in which he would say			
	you a person."	ashI'm a person just like			
	Professional to comp treated him and the o	lain about how staff #1 thers. The Qualified ver and spoke with staff #1			
	Professional reported -On Thursday 01	1/14/19, the Qualified l: /10/19, he did receive a call d not give specifics but			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-791	B. WING		R-C 01/22/2019
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		•
ALPHA HO	OME CARE SERVICES, II	NC III	NC 27604	VL.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 512	treated clients at the hamoking. He came over provided verbal direct tone and delivery. Since one had told him anythinclusive of the 01/13 incident. During interview on 0 -At other home, had told himselfall cliprogram during the daif needed for the othe -The clients probephone and shared he had not necessarily to the D. Review on 01/14/1 revealed: -Admitted: 04/03/-Diagnosis of Schold During interview on 0 -Within the past recome outside like he was sitting there eating on meother clients whoeverybody has keeps on, I am going During interview on 0 -He heard staff # outside to tear up son (client #3's) approach	of how staff #1 spoke to and nome as well as staff er the same day and ives to the staff regarding ce January 10, 2019, no hing else regarding staff #1 '19 trash can kicking '1/16/19, staff #1 reported: he had more flexibility and ents were at the day and he did transportation rhomes. Ably heard him talking on the needed time to himselfhe held the clients to just go. 9 of client #3's record '1/8 hizophrenia '1/14/19, client #3 reported: month, staff #1 "asked me to was going to kick my a**l agHe didn't put his hands were there but I can't recall problems with himif he to fight him." 1/14/19, client #2 reported: 1 invite client #3 to "go ne grasswhen the momed staff about it, staff said it say nothing because I did	V 512		
	During interview on 0	1/16/19, staff #1 reported:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
		MHL092-791	B. WING		01/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ΔΙ ΡΗΔ Η	OME CARE SERVICES, II	NC III 3716 ARRO	OWWOOD DRI	VE		
ALITIATIV	SME GARE GERVIOLS, II	RALEIGH,	NC 27604			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 512	Continued From page	2 6	V 512			
	except to smoke or to mechanism"Probably", raise was a more aggressive do talk in a firm mannia-For most people been told he had a "dipresence. It maybe the myself."	ed his voice at the clients. "It ve tone than anything elseI er." e, he's a tall person, and had emanding/intimidating he way I carry				
	Review on 01/15/19 of a plan of protection dated 01/15/19 submitted by the Licensee revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? The staff was removed immediately. All other staff will be retrained on abuse, neglect, and exploitation, and communication skills. -Describe your plans to make sure the above happens. The Qualified Professional will facilitate these measures and monitor weekly for correspondence."					
	mental health diagnose Schizophrenia, Traum Schizoaffective Disordhaving had the requir and services for clientiagnoses staff #1 wat least 6 different occurrent employment at used threatening langto fight in saying to client's mental health in life, physical intimic	natic Brain Injury, Dementia, der and Depression. Despite ed training in providing care				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C
		MHL092-791	B. WING		01/22/2019
	ROVIDER OR SUPPLIER OME CARE SERVICES, II	NC III 3716 AR	ADDRESS, CITY, STATE ROWWOOD DRIVE H, NC 27604		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 512	kicking trash can duri used against clients of employment at this fat were fearful of staff # other clients in the gro- constitutes a Type A1 abuse and must be co- administrative penalty is imposed. If the viol- 23 days, an additional \$500.00 per day will be	d physical aggression with ng altercation as methods during his one month of cility. Clients indicated they 1 either for themselves or oup home. This deficiency rule violation for serious corrected within 23 days. An or in the amount of \$2000.00 ation is not corrected within 1 administrative penalty of the imposed for each day the iance beyond the 23rd day.	V 512		
V 736	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	EMENTS	V 736		
	was not maintained in The findings are: Observation on 01/14 of the facility revealed -Downstairs: clie protruding downward Interview on 01/14/19 -He had diagnos	n and interview, the facility n a safe and orderly manner. 1/19 between 5:15-5:30 PM d: nt #1's bedroom ceiling tile			

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NAME OF PROVIDER OR SUPPLIER MHL092-791 NAME OF PROVIDER OR SUPPLIER A DELIDING MHL092-791 STREET ADDRESS, CITY, STATE, JIP CODE 3716 ARROWWOOD DRIVE RALEIGH, NC 27604 RALEIGH, NC 27604 PREFIX TAG PREFIX TAG COntinued From page 8 protruded downward Interview on 01/15/19, staff #1 reported: -the worked at the group home for approximately one monthnot noticed any issues with client #1's beforeomWas not aware of the celling tile issue in client #1's deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES, INC III (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 8 protruded downward Interview on 01/15/19, staff #1 reported: -He worked at the group home for approximately one monthnot noticed any issues with client #1's ceiling tile Interview on 01/15/19, the Qualified Professional reported he: -Was not aware of the ceiling tile issue in client #1's bedroomWould contact the maintenance person immediately This deficiency constitutes a re-cited deficiency	74101 2741			A. BUILDING:		
ALPHA HOME CARE SERVICES, INC III (X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 8 protruded downward Interview on 01/15/19, staff #1 reported: - He worked at the group home for approximately one monthnot noticed any issues with client #1's ceiling tile Interview on 01/15/19, the Qualified Professional reported he: - Was not aware of the ceiling tile issue in client #1's bedroom Would contact the maintenance person immediately This deficiency constitutes a re-cited deficiency			MHL092-791	B. WING		
RALEIGH, NC 27604	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
X41 ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	ALPHA HO	OME CARE SERVICES, I	NC III		VE	
protruded downward Interview on 01/15/19, staff #1 reported: -He worked at the group home for approximately one monthnot noticed any issues with client #1's ceiling tile Interview on 01/15/19, the Qualified Professional reported he: -Was not aware of the ceiling tile issue in client #1's bedroom. -Would contact the maintenance person immediately This deficiency constitutes a re-cited deficiency	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
	V 736	protruded downward Interview on 01/15/19 -He worked at th approximately one movith client #1's ceiling Interview on 01/15/19 reported he: -Was not aware of client #1's bedroom. -Would contact the immediately This deficiency consti	e group home for conthnot noticed any issues it tile of the ceiling tile issue in the maintenance person	V 736		

Division of Health Service Regulation

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