	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:		С	
		MHL092-727	B. WING			23/2019
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ALPHA H	OME CARE SERVICI		ROLYN DRIVE H, NC 27604			
(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 AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	2019. The complain	/ was completed January 23, ht was substantiated (Intake deficiency was cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 542	27F .0105(a-c) Clie Funds	nt Rights - Client's Personal	V 542			
		es to any 24-hour facility which	n			
	clients for more tha (b) Each competer	esidential services to individual n 30 days. ht adult client and each minor S shall be assisted and				
	encouraged to main personal fund acco	ntain or invest his money in a unt other than at the facility.				
	investment of funds (c) If funds are ma	but need not be limited to, in interest-bearing accounts. naged for a client by a facility				
	in accordance with	ment of the funds shall occur policy and procedures that: the client the right to deposit				
	and withdraw mone (2) regulate t funds in a personal	he receipt and distribution of				
	(3) provide for by friends, relatives	or the receipt of deposits made				
	financial records or funds on deposit in	all transactions affecting personal fund account;				
	be kept separate fro facility;	at a client's personal funds will om any operating funds of the				
	(6) provide fo	or the deduction from a unt payment for treatment or				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-727	B. WING			C 23/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
ALPHA H	IOME CARE SERVICE		ROLYN DRIVE I, NC 27604			
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 542	Continued From pa	ge 1	V 542			
	or legally responsib to admission of the (7) provide for persons depositing (8) provide th	when authorized by the client le person upon or subsequent client; or the issuance of receipts to or withdrawing funds; and le client with a quarterly ersonal fund account.				
	failed to provide for financial records on	view and interview, the facility the keeping of adequate all transactions affecting nee audited clients (#1, #2				
	reported: -Clients eligible for a were provided a tota required. -Copays for medicin \$66 special assistant -Printed monthly, the deducted from the se preceding month (i. deducted from Janu- -The agency utilized client's monthly allo	01/15/19, the Licensee special assistance monies al of \$66 per month as nes are subtracted from the nce money monthly. he pharmacy bills would be special assistance funds the eDecember pharmacy bill uary special assistance funds) d a notebook to maintain wancegroup home staff I receipt of the client money.				
	revealed: -Admitted: 04/20/09 -Diagnoses: "Menta Hyperlipidemia and	ally challenged",				
	Review on 01/15/19	of the monthly pharmacy bill				

STATE FORM

163V11

If continuation sheet 2 of 7

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		COM	E SURVEY PLETED
	MHL092-727	B. WING			C 23/2019
PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
IOME CARE SERVIC	E	-			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	age 2	V 542			
financial notebook	revealed no evidence				
provided by the Ph	armacy dated 01/15/19 noted				
Date:Balance:I07/25\$9.1510/24\$64.6410/27\$33.2111/26\$56.4211/28\$20.2112/14\$48.8212/20\$28.61	ast payment & amount 07/25/18 - \$24.08 - 10/27/18-\$31.47 - 11/28/18-\$36.21 - 12/20/18-\$28.61				
log between 11/08/ -Evidence of depos	18-01/13/19 revealed: sits, withdrawals, balances and				
. 12/05/	18 - \$66.00				
-Balance as of 01/15/19 -\$41.65					
-Agency had recen resident fund logs p client #1 must have record maintained	tly purged client recordsthe prior to November 2018 for been removed from the at the group home.				
	PROVIDER OR SUPPLIER IOME CARE SERVIC SUMMARY STA (EACH DEFICIENC) REGULATORY OR L Continued From par logs printed 12/02/ the Licensee revea printed on the list. Review on 01/15/19 financial notebook allowances had be Review on 01/16/19 provided by the Ph the following betwe 2019: Date: Balance: L 07/25 \$9.15 10/24 \$64.64 10/27 \$33.21 11/26 \$56.42 11/28 \$20.21 12/14 \$48.82 12/20 \$28.61 Review on 01/14/19 log between 11/08/ -Evidence of depos client/staff signatur -Deposits: 11/08/ 12/05/ 01/12/ -Balance as of 01/ ⁴ During interview or -Agency had recen resident fund logs p client #1 must have record maintained	OF CORRECTION IDENTIFICATION NUMBER: MHL092-727 PROVIDER OR SUPPLIER STREET AU RALEIGH 3612 CAI RALEIGH RALEIGH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) RALEIGH Continued From page 2 logs printed 12/02/18 and 01/01/19 provided by the Licensee revealed client #1's name was not printed on the list. Review on 01/15/19 of the facility's monthly financial notebook revealed no evidence allowances had been made for client #1 Review on 01/16/19 of client #1's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between July 25, 2018-January 15, 2019: Date: Balance: Last payment & amount 07/25 \$9.15 07/25/18 - \$24.08 10/24 \$64.64 - 10/27 \$33.21 10/27/18-\$31.47 11/26 \$56.42 - 11/28 \$20.21 11/28/18-\$36.21 12/14 \$48.82 - 12/20 \$28.61 12/20/18-\$28.61 Review on 01/14/19 of client #1's resident fund log between 11/08/18-01/13/19 revealed: -Evidence of deposits, withdrawals, balances and client/staff signatures -Deposits: 11/08/18 - \$28.65 12/05/18 - \$66.00 01/12/19 - \$66.00 -Balance as of 01/15/19 -\$41.65 During interview on 01/14/19, staff #1 reported: -Agency had recently purged client recordsthe resident fund logs prior to November 2018 for client #1 must have been removed from the record maintained at the group home.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-727 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 V 542 logs printed 12/02/18 and 01/01/19 provided by the Licensee revealed client #1's name was not printed on the list. V 542 Review on 01/15/19 of the facility's monthly financial notebook revealed no evidence allowances had been made for client #1 V 542 Date: Balance: Last payment & amount 07/25 \$9.15 07/25/18 - \$24.08 10/24 \$64.64 - 10/27 \$33.21 10/27/18-\$31.47 11/26 \$56.42 - 11/28 \$20.21 11/28/18-\$36.21 12/14 \$48.82 - 12/20 \$28.61 12/20/18-\$28.61 Image: State	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-727 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES Statest CAROLYD DRIVE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX Continued From page 2 V 542 Continued From page 2 V 542 Logs printed 12/02/18 and 01/01/19 provided by the Licensee revealed client #1's name was not printed on the list. PREPIX Review on 01/15/19 of the facility's monthly financial notebook revealed no evidence allowances had been made for client #1 Review on 01/16/19 of client #1's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between July 25, 2018-January 15, 2019: Date: Balance: Last payment & amount 07/25 \$9.15 07/25 \$9.15 07/25/18 - \$24.08 10/27 \$33.21 10/27 \$33.21 10/27/18-\$31.47 11/26 \$56.42 - - 12/20 \$28.61 12/20 \$28.61 12/20 \$28.61 12/20 \$28.61 12/20/18-\$28.65 12/05/18 - \$28.65 12/05/18 - \$28.65 12/05/18 - \$28.65 12/05/18 - \$66.00 01/12/19 - \$66.00 -Balan	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL092-727 B. WING 01/2 PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE S612 CAROLYN DRIVE MALCON DEFICIENCY S612 CAROLYN DRIVE PROVIDER'S PLAN OF CORRECTION NUMBER: MEDACH DEFICIENCY BID PROVIDER'S PLAN OF CORRECTION NUMBER: MEDACH DEFICIENCY BID PROVIDER'S PLAN OF CORRECTION ON SHOULD BE MEDACH DEFICIENCY BID PREVEX COMSTREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID PREVEX PROVIDER'S PLAN OF CORRECTION NON SHOULD BE REGULATORY OR LGC IDEARY ON LGC IDEARY ON UNABER COMSSTREET ADDRESS, CITY, STATE, ZIP CODE COMSSTREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 2 ID D PREVEX CASSTREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 2 V 542 V 542 CONSTREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 2 V 542 V 542 CONSTREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 2 V 542 V 542 CONSTREET ADDRESS, CITY, STATE, ZIP CODE Continued From page 2 V 542 V 542 CONSTREET CODE Descing interview on 01/16/19 of the facility's monthly financial note and for client #11 CONSTREET CODE CONSTREET CODE <

STATE FORM

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL092-727	B. WING			C 23/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
		OLYN DRIVE			
IOWE CARE SERVICE	RALEIGH	, NC 27604			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETE DATE
Continued From pa	ge 3	V 542			
counted and signed management.	I for the amount received from				
reported: -Client #1 did not ov pharmacy bill, there	we any money on his fore, his name was not on the				
revealed: -Admitted: 06/06/18 -Diagnoses: Schizo Disorder, Borderling	affective Disorder, Bipolar e Intellectual Disability, Post				
logs dated 12/03/18 provided by the Lice -12/03/18 log: L \$19.75balance \$9 -01/03/19 log: L	3 and 01/03/19 for client #2 ensee revealed: .ast payment on 11/29/18 for 9.61 .ast payment on				
Review on 01/15/19 of the facility's monthly financial notebook maintained by the Licensee revealed					
provided by the Pha	armacy dated 01/15/19 noted				
Date:Balance:07/20\$193.3808/15\$227.3309/07\$241.0110/31\$260.76	Last payment & amount - - - -				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From participation counted and signed management. During interview on reported: -Client #1 did not or pharmacy bill, there listing provided by t B. Record review of revealed: -Admitted: 06/06/18 -Diagnoses: Schizo Disorder, Borderline Traumatic Stress D Disorder Review on 01/15/19 logs dated 12/03/18 provided by the Lice -12/03/18 log: L \$19.75balance \$ -01/03/19 log: L \$19.75balance \$ -01/03/19 log: L \$11/29/18balance \$ Review on 01/15/19 financial notebook for revealed Review on 01/16/19 provided by the Phat the following betwe 2019: Date: Balance: 07/20 \$193.38 08/15 \$227.33 09/07 \$241.01	IOME CARE SERVICE RALEIGH. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 counted and signed for the amount received from management. During interview on 01/15/19, the Licensee reported: -Client #1 did not owe any money on his pharmacy bill, therefore, his name was not on the listing provided by the pharmacy B. Record review on 01/14/19 for client #2 revealed: -Admitted: 06/06/18 -Diagnoses: Schizoaffective Disorder, Bipolar Disorder, Borderline Intellectual Disability, Post Traumatic Stress Disorder and Autism Spectrum Disorder Review on 01/15/19 of the monthly pharmacy bill logs dated 12/03/18 and 01/03/19 for client #2 provided by the Licensee revealed: -12/03/18 log: Last payment on 11/29/18 for \$19.75balance \$9.61 -01/03/19 log: Last payment on 11/29/18balance \$39.28 Review on 01/15/19 of the facility's monthly financial notebook maintained by the Licensee revealed Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 07/20 \$193.38 - 08/15 \$227.33 - 09/07 \$241.01 - 1/0/31 \$260.76 - 11/01 \$107.72	DOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 542 counted and signed for the amount received from management. V 542 During interview on 01/15/19, the Licensee reported: -Client #1 did not owe any money on his pharmacy bill, therefore, his name was not on the listing provided by the pharmacy V B. Record review on 01/14/19 for client #2 revealed: -Admitted: 06/06/18 -Diagnoses: Schizoaffective Disorder, Bipolar Disorder, Borderline Intellectual Disability, Post Traumatic Stress Disorder and Autism Spectrum Disorder V Review on 01/15/19 of the monthly pharmacy bill logs dated 12/03/18 and 01/03/19 for client #2 provided by the Licensee revealed: -12/03/18 log: Last payment on 11/29/18balance \$39.28 -01/03/19 log: Last payment on 11/29/18balance \$39.28 Review on 01/16/19 of the facility's monthly financial notebook maintained by the Licensee revealed Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 07/20 \$193.38 - 08/15 \$227.33 - 09/07 \$241.01 - 10/03 \$107.72 Adjustment \$153.04	IOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDENTS HEARCEDED BY FULL TAG PREVIDENTS PLAN OF CO (CROSS-REFERENCED to THE DEFICIENCY) Continued From page 3 V 542 counted and signed for the amount received from management. V 542 During interview on 01/15/19, the Licensee reported: -Client #1 did not owe any money on his pharmacy bill, therefore, his name was not on the listing provided by the pharmacy B. B. Record review on 01/14/19 for client #2 revealed: -Admitted: 06/06/18 - -Diagnoses: Schizoaffective Disorder, Bipolar Disorder, Bordenine Intellectual Disability, Post Traumatic Stress Disorder and Autism Spectrum Disorder Figure 4. Review on 01/15/19 of the monthly pharmacy bill logs dated 12/03/18 and 01/03/19 for client #2 provided by the Licensee revealed: -12/03/18 log: Last payment on 11/29/18balance \$9.61 -01/03/19 log: Last payment on 11/29/18balance \$9.63 Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 07/20 \$193.38 - 09/07 \$221.01 - 10/31 \$280.76 - 10/031 \$280.76 -	IOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MERS PERCERDE DE FYELL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY MERS DEFICIENCY Continued From page 3 V 542 counted and signed for the amount received from management. During interview on 01/15/19, the Licensee reported: -Client #1 did not owe any money on his pharmacy bill, therefore, his name was not on the listing provided by the pharmacy B. Record review on 01/14/19 for client #2 revealed: -Admitted: 06/06/18 -Diagnoses: Schizoaffective Disorder, Bipolar Disorder Review on 01/15/19 of the monthly pharmacy bill logs dated 12/03/18 and 01/03/19 for client #2 provided by the Licensee revealed: -01/03/19 log: Last payment on 11/29/18balance \$39.28 Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 01/5/19 of Liensee revealed Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 01/15/19 noted the following between August 1, 2018-January 15, 2019: Date: Balance: Last payment & amount 0

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL092-727	B. WING			C 23/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ALPHA H	IOME CARE SERVICE		ROLYN DRIVE H, NC 27604			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 542	Continued From pa	ge 4	V 542			
	11/01 \$19.75 11/29 \$8.36 12/31 \$48.89	11/01/18 - \$87.97 11/29/18 - \$19.75 -				
	log maintained by the following between J 2019:	9 of client #2's resident fund ne facility revealed the July 16, 2018-January 15, its, withdrawals, balances and es	I			
	11/08/1 12/05/1	8 - \$64.38 8 - \$52.32 8 - \$46.42 8 - \$46.25 9 - \$39.28				
	-Balance as of 01/1	4/19: \$20.76				
	monthly book keepi records from the ph homes client fund r Licensee reported: -An error occurred i \$10she was not a interview -Client funds were r	19, (after comparing her ng client fund note, her harmacy bills and the group ecord for client #2), the in her records in the amount o aware of the error until this reviewed every few ot sure if the discrepancy had				
	revealed: -Admitted: 02/02/16 -Diagnoses: Intelled	n 01/14/19 for client #6 ctual Developmental Disability es Type 2, Bipolar, Anxiety and				

STATE FORM

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL092-727	B. WING			C 23/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	OME CARE SERVICI		ROLYN DRIVE			
		RALEIGI	H, NC 27604			1
(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 ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 542	Continued From pa	ge 5	V 542			
	Licensee revealed:	for client #6 provided by the /18 -\$131.35 new charge ance \$16.99				
		9 of the facility's monthly maintained by the Licensee				
	provided by the Pha	9 of client #6's pharmacy bill armacy dated 01/15/19 noted en September 2018-January				
	Date:Balance:09/10\$58.0509/11+\$73.3010/31+\$48.0111/30+\$24.8012/31+\$16.99	Last payment & amount - 09/11/18 - \$131.35 - - - -				
	log maintained by the following between a 2019:	9 of client #6's resident fund he facility revealed the June 14, 2018-January 15, its, withdrawals, balances and es				
	11/08/1 11/14/1	18 - \$49.50 8 - \$60.00 8 - \$27.50 8 - \$30.00 9 - \$66.65				
	-Balance as of 01/1	4/19: \$26.00				
	documentation and regarding determination	e 01/15/19 pharmacy bill the agency's policies ation of client's monthly fund keeping practices for clients				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
						С	
		MHL092-727	B. WING		01/2	23/2019	
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
LPHA H	IOME CARE SERVIC	F	ROLYN DRIVE H, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 542	Continued From pa	age 6	V 542		·		
	-	Ild not be accurate per their					
	01/23/19, the Licen -Sometimes if phar balances for the cli is resolvedclients balances because the main office in a clients with monthly be too much for the -The pharmacy info of Health Service F information provide would follow up wit -In regards to recon with the assistant r and establish a cle receipts of the co-p as document that in	rmacy did not send pharmacy ient, she would hold fees until i swere aware of their pharmacy paperwork was maintained in book She did not provide y account statements "It would em to process." ormation shared with Division Regulation and the pharmacy ed to her were different. She h the pharmacy rd keeping, she would discuss esponsible for clients funds ar method that would provide payment amounts owed as wel nformation that the client could e company established their	1				