

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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>A complaint and follow up survey was completed on August 2, 2019. The complaint was unsubstantiated (intake #NC00154134). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 6 out of 7 current clients (#1, #2, #3, #4, #6, and #7). The findings are:</p> <p>Finding #1 Review on 7/31/19 of client #1's record revealed: -17 year old female. -Admission date 5/20/19. -Diagnoses of Oppositional Defiant Disorder and Major Depressive Disorder.</p> <p>Review on 7/31/19 of client #1's signed medication orders revealed: -Vitamin D (treats Vitamin D deficiency) 50,000 International Units (IU) - 1 capsule weekly. -Magnesium Gluconate (treats low blood magnesium) 500 milligrams (mg) - 2 tablets twice per day. -Omega 3 Fatty Acids (used to lower triglycerides, raise good cholesterol, promote healthy skin, and reduce heart disease) 2 grams (g) - 3 times per day -Miralax (treats constipation) -Mix in Gatorade and take daily for 5 days. -Flexeril (treats muscle pain) 5mg - Taken in evening for 5 days -Vitamin B-6 (treats nerve disorder and promotes healthy skin) 50mg - 1 tablet every morning. -Zinc Gluconate (treats Zinc deficiency) 50mg - 1</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 2</p> <p>tablet daily.</p> <p>-Fish Oil (used to lower triglycerides, raise good cholesterol, promote healthy skin, and reduce heart disease) 100mg - 6 capsules 3 times daily.</p> <p>Review on 7/31/19 of client #1's June 2019 and July 2019 MARs revealed the following blanks: June 2019 -Vitamin D - 6/21/19 at 8am. -Vitamin B-6 - 6/20/19 at 8am. -Zinc Gluconate - 6/30/19 at 7pm. -Magnesium Gluconate - 6/20/19 at 8am and 6/28/19 at 7pm. -Omega 3 Fatty Acids - 6/22/19 at 7pm. 6/28/19 at 4pm. 6/30/19 at 4pm and 7pm</p> <p>July 2019 -Fish Oil - 7/01/19 at 4pm. -Cyanocobalamin - 7/15/19 at 8am. -Omega 3 Fatty Acids - 7/08/19 at 4pm, and 7/19/19 at 7pm.</p> <p>Interview on 7/31/19 client #1 stated she had her medications daily as ordered.</p> <p>Finding #2 Review on 7/30/19 of client #2's record revealed: -16 year old female. -Admission date 4/11/19. -Diagnoses of Bipolar Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, Cannabis Use, and Alcohol Use.</p> <p>Review on 7/30/19 of client #2's signed medication orders revealed: -Cetirizine (treats allergies)10mg - 1 tablet daily. -Melatonin (treats sleep disturbance) 3mg - 3 tablets at 7pm. -Vitamin D (treats Vitamin D deficiency) 50,000IU - 1 capsule weekly.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Metformin Hydrochloride (treats blood sugar levels) 500mg - 1 tablet twice daily. -Triamcinolone 0.1% Cream (treats inflammation) - Apply topically twice daily. -Fish Oil (used to lower triglycerides, raise good cholesterol, promote healthy skin, and reduce heart disease) 1000mg - 1 capsule 3 times daily. -Magnesium Gluconate (treats low blood magnesium) 500 milligrams (mg) - 1 tablet 3 times daily. -Cyanocobalamin (treats skin conditions) 1000 micrograms (mcg) - 1 milliliter (ml) intramuscularly once monthly. -Zinc Gluconate (treats Zinc deficiency) 50mg - 1 tablet at 7pm. -Clonidine Hydrochloride (treats hypertension) 0.1 mg - 1 tablet twice daily. <p>Review on 7/31/19 of client #2's June 2019 and July 2019 MARs revealed the following blanks:</p> <p>June 2019</p> <ul style="list-style-type: none"> -Cetirizine - 6/30/19 at 7pm. -Vitamin D - 6/19/19 and 6/26/19 (no specified time). -Zinc Gluconate - 6/30/19 at 7pm. -Clonidine Hydrochloride - 6/20/19 and 6/21/19 at 7pm. -Metformin Hydrochloride - 6/21/19 and 6/30/19 at 7pm. -Triamcinolone 0.1% Cream - 6/17/19 and 6/30/19 at 7pm. 6/22/19 and 6/24/19 at 8am. -Fish Oil - 6/22/19 at 8am. 6/21/19 , 6/22/19, 6/28/19,and 6/30/19 at 4pm. 6/30/19 at 7pm. <p>July 2019</p> <ul style="list-style-type: none"> -Cetirizine - 7/07/19 at 7pm. -Melatonin - 7/07/19 at 7pm. -Vitamin D - 7/03/19 and 7/24/19 (no specified time). -Zinc Gluconate - 7/04/19 and 7/07/19 at 7pm. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Metformin Hydrochloride - 7/07/19 at 7pm. -Triamcinolone 0.1% Cream - 7/14/19 and 7/15/19 at 8am. 7/04/19 and 7/08/19 at 7pm. -Magnesium Gluconate - 7/04/19, 7/07/19, and 7/13/19 at 7pm. <p>Interview on 7/31/19 client #2 stated she had her medications daily as ordered.</p> <p>Finding #3 Review on 7/31/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> -14 year old female. -Admission date 3/06/19. -Diagnoses of Unspecified Bipolar Disorder, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder. <p>Review on 7/31/19 of client #3's signed medication orders revealed:</p> <ul style="list-style-type: none"> -Clindamycin 1% Gel (treats acne) - Apply topically to affected area(s) daily. -Methyl Folate (treats low folate levels) - 3 tablets daily. -Gabapentin (treats seizures) 100mg - 1 capsule 3 times daily. -Thiamine (treats B1 deficiency) 100mg - 1 tablet daily. -Gabapentin (treats seizures)100mg - 1 capsule 3 times daily. -Venlafaxine Hydrochloride Extended Release (treats depression) 37.5mg - 1 capsule daily. -Cyanocobalamin (treats skin conditions) 1000 micrograms (mcg) - 1 ml intramuscularly once monthly. <p>June 2019</p> <ul style="list-style-type: none"> -Clindamycin 1% Gel - 6/17/19 at 7pm. -Methyl Folate - 6/28/19 at 8am. -Gabapentin - 6/28/19 at 8am. 6/20/19 and 6/24/19 at 1pm. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 5</p> <p>July 2019 -Thiamine - 7/15/19 at 7pm. -Venlafaxine Hydrochloride Extended Release - 7/16/19 at 8am. -Gabapentin - 7/10/19 and 7/18/19 at 1pm. 6/30/19 at 7pm.</p> <p>Interview on 7/31/19 client #3 stated she had her medications daily as ordered.</p> <p>Finding #4 Review on 7/31/19 of client #4's record revealed: -14 year old male. -Admission date 5/16/19. -Diagnoses of Unspecified Bipolar Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Reactive Attachment Disorder.</p> <p>Review on 7/31/19 of client #4's signed medication orders revealed: -Benztropine Mesylate (treats involuntary movements) 1mg - 1 tablet two times daily.</p> <p>June 2019 -Benztropine Mesylate - 6/26/19 and 6/27/19 at 7pm.</p> <p>Interview on 8/01/19 client #4 stated he had his medications daily as ordered.</p> <p>Finding #5 Review on 7/31/19 of client #6's record revealed: -17 year old male. -Admission date 4/19/19. -Diagnosis of Disruptive Mood Dysregulation Disorder.</p> <p>Review on 7/31/19 of client #6's signed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 6</p> <p>medication orders revealed:</p> <ul style="list-style-type: none"> -Melatonin (treats sleep disturbance) 3mg - 4 tablets daily at bedtime. -Naltrexone (treats substance abuse) 50mg - 1 tablet daily at bedtime. -Doxepin (treats insomnia) 10mg - Taken at bedtime. -Doxepin (treats insomnia) 25mg - Taken at bedtime. <p>July 2019</p> <ul style="list-style-type: none"> -Melatonin - 7/18/19 at 8pm. -Naltrexone - 7/18/19 and 7/25/19 at 8pm. -Doxepin (10mg) - 7/18/19 at 7pm. -Doxepin (25mg) - 7/24/19 and 7/25/19 at 7pm. <p>Interview on 8/01/19 client #6 stated he had his medications daily as ordered.</p> <p>Finding #6</p> <p>Review on 7/31/19 of client #7's record revealed:</p> <ul style="list-style-type: none"> -16 year old male. -Admission date 4/02/19. -Diagnosis of Major Depressive Disorder. <p>Review on 7/31/19 of client #7's signed medication orders revealed:</p> <ul style="list-style-type: none"> -Vitamin D (treats Vitamin D deficiency) 50,000IU - 1 capsule weekly. <p>June 2019</p> <ul style="list-style-type: none"> -Vitamin D - 6/28/19 (no specified time). <p>July 2019</p> <ul style="list-style-type: none"> -Vitamin D - 7/19/19 and 7/26/19 (no specified time). <p>Interview on 8/01/19 client #7 stated that med errors occur at times due to facility nurses not properly recording medications given.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 118	<p>Continued From page 7</p> <p>Interview on 8/01/19 the Chief Executive Officer stated: -The facility was scheduled to begin use of electronic MARs. -The electronic MARs should help resolve the issues with blanks.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>During observation of the facility on 8/01/19 at approximately 12:00pm revealed: -Room 101 had various stains of unknown substance on bedroom floor. -Room 109 had two top layer strips of laminate/formica torn away from the bathroom</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 736	<p>Continued From page 8</p> <p>sink.</p> <ul style="list-style-type: none"> -Room 202 had crack in bathroom flooring. Bathroom counter was missing portion of laminate/formica countertop, approximately 3 inches in width and 12 inches in length. . -Room 203 had water trickling from the shower that would not turn off. -Room 207 had linoleum peeling away to right of the shower. -Room 301 had odor coming from bathroom and various particles of debris scattered across bedroom floor. -Room 305 had 4 inch section of baseboard peeling away from the bathroom shower. -Room 307 had dent in corner frame near bathroom. No door handle was present on bedroom door leading to hallway. There were various unidentified stains on floor. -Room 306 had drawings of a penis on the wall and various carpet stains. -Room 308 had writing on the floor and various stains on bedroom flooring. -Room 309 had miscellaneous stains on floor. Shower curtain in bathroom had been pulled down and was resting in bathroom floor. There was an unidentified white substance on the wall by bedroom window. -The last group room at the end of 400 hall revealed two tennis ball size holes on left wall, approximately half way up the wall. -Room 401 had damage to sheetrock approximately 4- 6 inches in diameter upon entry to right of the room. The doorknob to the bathroom was missing.. -Room 403 had 2 x 12 inch piece of floor tile missing by shower entry. Bedroom floor carpeting was saturated with water outside of bathroom. -Room 405 had urine and fecal matter in toilet bowl and odor from bathroom The floor had unknown stains on carpet. Laminate/formica 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER - LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
---	--

(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 736	<p>Continued From page 9</p> <p>countertop in bathroom was chipped away on left side of sink.</p> <p>-Room 408 had debris scattered across floor and bathroom doorknob missing.</p> <p>During interview on 8/01/19 the Director for Quality and Risk Management stated:</p> <p>-Door handles were going to be replaced with stronger handles to minimize property damage and improve bathroom access.</p> <p>-Carpeting was to be replaced with a hard surface flooring to eliminate carpet saturation from water.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		