

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE HOMES II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 N MEBANE STREET</b> <b>BURLINGTON, NC 27217</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 27, 2019. The complaint was substantiated (intake #NC00154274). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults With Mental Illness.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 8/15/19 of the facility's records revealed: -There was no evidence of a CLIA waiver.</p> <p>Review on 8/15/19 of Client #1's record revealed: - Admission date of 12/16/16. - Diagnoses of Schizophrenia, Diabetes Type II. Chronic Kidney Disease - Stage 4; Hyperlipidemia; Nicotine Addiction - Physician's orders last dated 3/4/19 for the staff to check the client's blood sugar levels (BSL) three times a day.</p> <p>Interview on 11/1/18 with the House Manager revealed: - Client #1 is not authorized to self-check his BSL. Staff check Client #1's blood sugar every day. - He did not recall previously being informed of the requirement for the facility to have a CLIA waiver in order to use the glucometer to check Clients #1's blood sugars. - He assumed management staff would handle the application and said the Licensee said the facility would request the CLIA waiver in order to complete blood sugar checks. - He confirmed the facility failed to have a CLIA waiver in order to complete blood sugar checks.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 105		

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V 107	Continued From page 3	V 107		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual</p>	V 107		

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V 107	<p>Continued From page 4</p> <p>employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to maintained a file for 2 of 3 (#2 &amp; #3) audited staff which contained all required documentation. The findings are:</p> <p>Review on 8/15/19 of Staff #2's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- No hire date</li> <li>- No documentation of diabetes training.</li> <li>- No other required documentation was contained in the staff's record.</li> </ul> <p>Review on 8/15/19 of Staff #3's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- No hire date</li> <li>- File only contained documentation of the Health Care Personnel Registry check, completed on 5/7/19</li> <li>- No other documentation was contained in the staff's record as required.</li> </ul> <p>During interview on 8/15/19, the House Manager said:</p> <ul style="list-style-type: none"> <li>- He was responsible for completing and maintaining staff personnel files.</li> <li>- He was uncertain where the documentation for</li> </ul>	V 107		

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V 107	<p>Continued From page 5</p> <p>Staff #3 was located. He said "It's probably in the other house."</p> <ul style="list-style-type: none"> <li>- He confirmed diagnoses for one client in the facility included Diabetes Type II.</li> <li>- He said the facility's nurse provides staff training in diabetes and she should have trained the staff.</li> <li>- He said Staff #2 has worked in the facility for about three months on a 24/hour shift for three days at a time.</li> <li>- He would provide the required documentation for the survey.</li> </ul> <p>- No additional information was received for Staff #2 nor Staff #3 by the close of the survey on 8/27/19.</p>	V 107		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <ul style="list-style-type: none"> <li>(1) an identification face sheet which includes: <ul style="list-style-type: none"> <li>(A) name (last, first, middle, maiden);</li> <li>(B) client record number;</li> <li>(C) date of birth;</li> <li>(D) race, gender and marital status;</li> <li>(E) admission date;</li> <li>(F) discharge date;</li> </ul> </li> <li>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</li> <li>(3) documentation of the screening and assessment;</li> <li>(4) treatment/habilitation or service plan;</li> <li>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address</li> </ul>	V 113		

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V 113	<p>Continued From page 6</p> <p>and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to maintain a record for each individual admitted to the facility containing the required documentation affecting Former Client #4 (FC #4.) The findings are:</p> <p>Request was made on 8/16/19 for Former Client (FC) #4's record.</p> <ul style="list-style-type: none"> <li>- However, no record was available.</li> <li>- No discharge summary nor documentation was available of the client's discharge</li> </ul> <p>Interview with the House Manager on 8/16/19 revealed:</p> <ul style="list-style-type: none"> <li>- FC #4 was in the facility for approximately three</li> </ul>	V 113		

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V 113	Continued From page 7  months. - The was no documentation available of a) screening and assessment; b) the client's diagnosis; c) treatment plan; d) documentation of services provided. - He "made a mistake" admitting FC #4. - FC #4 refused to follow the house rules and consistently eloped from the facility. - During the time FC #4 was in the facility, he eloped at least six times; on one occasion only two days after he returned from the hospital. - Staff searched for him to return him to the facility and/or called police if he could not be located. - The client was usually at a local convenience store several miles away or in the hospital. - The client was given a warning of discharged if he continued to elope from the facility. - FC #1's Care Manager was working on finding another placement for the client. - He went to the hospital to pick up FC #4 and return him to the facility the last time he eloped on 7/17/19. - The hospital did not release him because he had not been seen by the doctor. - FC #1 was given a 30 day noticed of discharged however he was not returned to the facility from the hospital.	V 113		
V 118	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.	V 118		



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V 118	<p>Continued From page 8</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 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, observation and interviews facility staff failed to assure: 1) physician's orders were available for all medications being administered and MARs were kept current for 3 of 4 audited clients (#1; #2 &amp; #3;) and 2) physician's orders were followed for administering medication and managing medical procedures for 2 of 4 audited clients (#1 and #2.) The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>MEDICATION REQUIREMENTS, (d) Medication disposal. Based on record reviews, observation and interviews, the facility staff failed to dispose of all prescription medication in a manner that guarded against diversion or accidental ingestion affecting 1 of 4 audited clients (#1.)</p> <p>Cross Reference: 10A NCAC 27G .0209</p> <p>MEDICATION REQUIREMENTS, (e) Medication Storage. Based on record reviews, observation and interviews, the facility staff failed to assure medication stored in the refrigerator with client food was kept in a separate, locked compartment or container.</p> <p>Review on 8/15/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 12/16/16.</li> <li>- Diagnoses of Schizophrenia, Diabetes Type II. Chronic Kidney Disease - Stage 4; Hyperlipidemia; Nicotine Addiction</li> <li>- May through August 2019 MARs documenting medications the client was administered included the following medications:               <ol style="list-style-type: none"> <li>1. Actos 30 milligrams (mg,) One tablet every day</li> <li>2. Therems Multivitamin, One tablet every day</li> </ol> </li> <li>- No physician's order for the above medications was found</li> <li>- Physician's orders as dated for the client to be administered the following medications:               <ol style="list-style-type: none"> <li>1. Amlodipine Besylate: orders dated 2/12/19 and 4/29/19 for 10mg, one tablet every day</li> <li>2. Glimepiride 4mg, order dated 4/12/19 for one 2mg tablet twice each day and order dated 4/29/19 for 20mg twice each day</li> </ol> </li> </ul> <p>Additional review on 8/16/19 of Client #1's August 2019 MAR revealed staff administered the above medications in the following dose:</p> <ol style="list-style-type: none"> <li>1. Amlodipine Besylate as one 5mg tablet every day, (most recent signed physician's order was</li> </ol>	V 118		

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V 118	<p>Continued From page 10</p> <p>one 10mg tablet each day.)</p> <p>2. Glimpiride 4mg, one tablet every day (most recent signed order was 20mg twice each day.)</p> <p>Observation on 8/16/19 at 5:30 PM revealed the following were available in Client #1's medications-on-hand:</p> <p>1. Amlodipine Besylate 5mg, with instructions to administer one tablet daily</p> <p>2. Glimpiride 4mg, with instructions to administer one tablet daily</p> <p>Additional observation on 8/20/19 at 6:00 PM of contents of the facility refrigerator revealed:</p> <ul style="list-style-type: none"> <li>- Multiple boxes of Lantus Solo Star Insulin labeled as prescribed for Client #1 - "Inject 10 Units Subcutaneous each night. Discard 28 days after first use."</li> <li>- Each box contained the following:               <ol style="list-style-type: none"> <li>1. #1 use by date 1/12/19 - was unopened and contained 5 pens</li> <li>2. #2 use by date 2/16/19," originally dispensed with 5 individual pens, contained 4 pens</li> <li>3. #3 use by date 5/16/19 contained 5 pens</li> <li>4. #4 use by date 7/10/19 was unopened and contained 3 pens</li> </ol> </li> <li>- Pens were not labeled with a date of first use and were stored on the shelf of the refrigerator, not contained in a locked box.</li> </ul> <p>Further review on 8/16/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Physician's note dated 3/4/19 - "Did not bring in log of sugars. No meter. Did not show for scheduled labs last week. Must send glucometer and/or log of sugars to each follow-up visit."</li> <li>- Physician's order on 3/4/19 for the client's blood sugar levels (BSL) to be checked three times each day</li> <li>- An August 2019 MAR documenting staff</li> </ul>	V 118		

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V 118	<p>Continued From page 11</p> <p>checked his BSL three times each day as ordered by his physician. - However, no BSL's were recorded.</p> <p>Interview on 8/23/19 with Client #1's endocrinologist revealed the following concerns related to staff management of the client's medical conditions:</p> <ul style="list-style-type: none"> <li>- Staff initially were instructed to check the client's BSL once daily, later changed to three times daily due to inconsistent taking and recording of his BSL's on a daily basis.</li> <li>- Staff failed to check his BSL's daily as ordered</li> <li>- Staff did not bring in client's glucometer or a log with daily recordings of the his BSL's for her to review at every appointment</li> <li>- Client has had several "no shows." Staff canceled or missed the appointments.</li> <li>- Client's BSL was 39 at his 8/12/19 appointment. Staff have not notified her of Client #1's high or low BSL's and are not aware of how/when to respond to out of range BSL's. They have never requested information on managing his diabetes. However, the client's feet and skin condition has improved since she expressed concern at their condition and instructed them on care.</li> <li>- Staff did not follow through with the client's appointment for an ultrasound on 8/22/19. He is in Stage 4 Chronic Kidney Disease and the appointment was critical to the management of his condition/progress.</li> </ul> <p>During interview on 8/20/19, the House Manager confirmed:</p> <ul style="list-style-type: none"> <li>- The above findings related to Client #1:               <ol style="list-style-type: none"> <li>1. No physician's orders available for the above identified medications</li> <li>2. Medications on hand and medications being administered were not consistent with physician's orders for the medications as identified above</li> </ol> </li> </ul>	V 118		

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V 118	<p>Continued From page 12</p> <p>3. Staff checked the client's BSL's every day, however they did not record them because the numbers were in his meter.</p> <p>4. Staff had not obtained information on acceptable BSL ranges for the client and did not have instructions/information/orders from his physician related to the client's BSL ranges.</p> <p>5. Insulin in the client's medications-on-hand was expired.</p> <ul style="list-style-type: none"> <li>- He was unable to confirm the client's insulin was administered as ordered.</li> <li>- He said he never checked the dates on the insulin medication and was unable to confirmed the client had not been administered any of the expired insulin.</li> </ul> <p>Review on 8/15/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 2/3/16</li> <li>- Diagnoses of Schizophrenia; Bipolar I Disorder; Osteoarthritis; Hyperlipidemia and Vitamin D Deficiency</li> <li>- Physician's orders included the following as dated:</li> </ul> <ol style="list-style-type: none"> <li>1. 7/29/19 - Amoxicillin 500mg, one capsule two times a day for 14 days; Biaxin (Clarithromycin) 250mg, one pill two times a day for 14 days and Prilosec Dr. 40mg, one tablet two times a day for 14 days.</li> <li>2. 3/20/19 - Peridex 0.12% Liquid, Rinse and swish and spit one-half ounce for 30 seconds twice each day</li> </ol> <p>Review on 8/16/19 of Client #2's August 2019 MAR revealed the client was administered:</p> <ul style="list-style-type: none"> <li>- one tablet each of Amoxicillin 500mg, Biaxin (Clarithromycin) 250mg and Prilosec Dr. 40mg at 8:00 AM from 8/1 thru 8/15 (15 days) and one at 8:00 PM from 8/1 thru 8/14 (14 days.)</li> </ul> <p>Observation on 8/16/19 at 3:30 PM of Client #2's</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>medications-on-hand revealed the following medications remained:</p> <ol style="list-style-type: none"> <li>1. Three capsules of Amoxicillin 500mg</li> <li>2. One tablet of Biaxin (Clatithromycin) 250mg,</li> <li>3. Three capsules of Prilosec Dr. 40mg</li> </ol> <p>Additional review on 8/16/19 of Client #2's May through August 2019 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Staff documented the client was using the Peridex 0.12% Liquid, twice daily as instructed by his physician</li> </ul> <p>During interview on 8/16/19, Client #2 said:</p> <ul style="list-style-type: none"> <li>- He "ran out" of the oral rinse "a long time ago."</li> <li>- He was unable to explain why he was using the medication or why additional medication was not available.</li> </ul> <p>Review on 8/15/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 12/2/15</li> <li>- Diagnoses of Alzheimer's Disease; Schizophrenia; Advanced Dementia; Seizure Disorder; Chronic Atrial Fibrillation; Hypertension; Hyperlipidemia and Vitamin B Deficiency.</li> <li>- May through August 2019 MARs documenting staff administered Vitamin B12, 1000mg to the client once each day.</li> <li>- No physician's order was found for the client to be administered Vitamin B12, 1000mg.</li> </ul> <p>During further interview on 8/20/19, the House Manager confirmed:</p> <ul style="list-style-type: none"> <li>- The above findings related to Client #2 and #1.</li> </ul> <p>Review on 8/27/19 of the Plan of Protection completed by the Licensee revealed:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?"</p> <p>Director will ensure staff is properly trained and</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>knowledgeable on the correct procedure to disregard expired and unused medicine. Director will assure house manager or charge staff will check medication daily. Director/responsible person have reviewed all medication to ensure all expired medication has been properly discarded. Director will schedule mandatory medication training for all staff. Describe your plans to make sure the above happens. Director will ensure that all staff has continuous education on medication. Director will ensure that house manager/responsible person monitor all medication and check medication logs. Director will ensure that all staff understands how to safely administer and discard medication. Director will/has inform all staff to contact pharmacy."</p> <p>Client #1 had diagnoses of Schizophrenia, Diabetes Type II and Chronic Kidney Disease-Stage 4. Staff did not maintain a supply of insulin medication with current dates for Client #1. Staff a) did not take and document blood sugars daily for Client #1; b) did not have knowledge of medically desired BSL ranges for him and c) did not coordinate with his physician in the proper management of his medical conditions. Additionally, staff did not document the date they opened each container of insulin medication and began to administer the medication to Client #1. Staff kept insulin with expired dates in the client's medications on hand and may have administered him expired insulin, thus subjecting him to serious risk of harm. Client #1's insulin was left unsecured in the facility refrigerator, thus exposing the medication to be</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>misused and/or ingested by other clients in the facility. Further, staff were not trained in the management and care of persons with diabetes. Lastly, staff did not have accurate information about medications prescribed for Client #2 and Client #3. Staff neglected to complete the course of treatment prescribed by their physicians to manage their medical conditions. These areas constituted serious neglect which subjected Clients #1, #2 and #3 to conditions that could further complicate their medical conditions and result in harm.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person</p>	V 119		



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V 119	<p>Continued From page 16</p> <p>witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed to dispose of all prescription medication in a manner that guarded against diversion or accidental ingestion affecting 1 of 4 audited clients (#1.) The findings are:</p> <p>Review on 8/15/19 of Client #1's record revealed: - Admission date of 12/16/16. - Diagnoses of Schizophrenia, Diabetes Type II. Chronic Kidney Disease - Stage 4; Hyperlipidemia; Nicotine Addiction</p> <p>Observation on 8/20/19 at 6:00 PM of contents of the facility refrigerator revealed: - Multiple boxes of Lantus Solo Star Insulin labeled as prescribed for Client #1 - "Inject 10 Units Subcutaneous each night. Discard 28 days after first use." - Each box contained the following: #1 use by date 1/12/19 - was unopened and contained 5 pens #2 use by date 2/16/19," originally dispensed with</p>	V 119		

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V 119	<p>Continued From page 17</p> <p>5 individual pens, contained 4 pens #3 use by date 5/16/19 contained 5 pens #4 use by date 7/10/19 was unopened and contained 3 pens - None of the pens were labeled with a date of first use. - Pens were stored on the shelf of the refrigerator and were not contained in a locked box.</p> <p>During interview on 8/20/19, the House Manager confirmed: - Client #1's medication supply contained expired Insulin pens. - He had not properly disposed of the expired medication and could not verify the Insulin had not been administered to Client #1. - The date of first use was not identified on the pen. - He was unaware the Insulin had dates of expiration. He said the pharmacy kept sending the medication. However, he would now dispose of the expired medication and inform the pharmacy when to continue sending the medication.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p>	V 120		

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V 120	<p>Continued From page 18</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed to assure medication stored in the refrigerator with client food was kept in a separate, locked compartment or container. The findings are:</p> <p>Review on 8/15/19 of Client #1's record revealed: - Admission date of 12/16/16. - Diagnoses of Schizophrenia, Diabetes Type II. Chronic Kidney Disease - Stage 4; Hyperlipidemia; Nicotine Addiction</p> <p>Observation on 8/15/19 at 6:00 PM of contents of the facility refrigerator revealed: - Multiple boxes of Lantus Solo Star Insulin labeled as prescribed for Client #1 - "Inject 10 Units Subcutaneous each night. Discard 28 days after first use." - Each box contained the following: #1 use by date 1/12/19 - was unopened and contained 5 pens #2 use by date 2/16/19," originally dispensed with</p>	V 120		

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V 120	<p>Continued From page 19</p> <p>5 individual pens, contained 4 pens #3 use by date 5/16/19 contained 5 pens #4 use by date 7/10/19 was unopened and contained 3 pens #5 use by date 8/17/19 contained 4 pens #6 use by date 10/1/19 was unopened and contained 5 pens</p> <p>During interview on 8/16/19, the House Manager confirmed - Client #1's Insulin was not locked in the separate container stored in the refrigerator. - He said the Insulin should be placed in the container and locked.</p> <p>Interview on 8/16/19 with Staff #2 revealed: - He does not lock Client #1's Insulin in the storage container in the refrigerator. However, he usually keeps the refrigerator door locked.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the</p>	V 133		

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V 133	Continued From page 20  applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history	V 133		

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V 133	<p>Continued From page 21</p> <p>check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol>	V 133		

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V 133	<p>Continued From page 22</p> <p>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 that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(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.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary</p>	V 133		

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V 133	<p>Continued From page 23</p> <p>and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in</p>	V 133		



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V 133	<p>Continued From page 24</p> <p>subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the state and national criminal history record check was requested within five business days of making the conditional offer of employment affecting two of three audited staff (Staff #2 &amp; #3). The findings are:</p> <p>Review on 8/15/19 of Staff #2's personnel file revealed: - No hire date - No documentation of criminal history record check.</p> <p>Review on 8/15/19 of Staff #3's personnel file revealed: - No hire date - File only contained documentation of the Health Care Personnel Registry check, completed on 5/7/19 - No documentation of criminal history record check. - No other documentation was contained in the staff's record as required.</p> <p>During interview on 8/15/19, the House Manager</p>	V 133		

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V 133	<p>Continued From page 25</p> <p>said:</p> <ul style="list-style-type: none"> <li>- He was responsible for completing and maintaining staff personnel files.</li> <li>- He was uncertain where the documentation for Staff #3 was located. He said "It's probably in the other house."</li> <li>- He said Staff #2 has worked in the facility for about three months on a 24/hour shift for three days at a time.</li> <li>- He would provide the required documentation for the survey.</li> </ul> <p>- No additional information was received for Staff #2 nor Staff #3 by the close of the survey on 8/27/19, therefore, it could not be determined if state and national criminal history record checks had been requested within the required time frame.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail,</p>	V 367		

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V 367	<p>Continued From page 26</p> <p>in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of</p>	V 367		

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V 367	<p>Continued From page 27</p> <p>client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents within 72 hours of becoming aware of the incident. The findings are:</p> <p>Interview on 8/14/19 with Staff #2 revealed: - Former Client (FC) #4 did not have unsupervised time. He was only in the facility for a few months. - FC #4 continuously walked away from the</p>	V 367		

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V 367	<p>Continued From page 28</p> <p>facility without permission and without staff supervision multiple times during his stay.</p> <ul style="list-style-type: none"> <li>- FC #4 was usually located in the hospital or found in a local store several miles away.</li> <li>- FC #4 would have candy, cigarettes on other goods when/if he returned to the facility independently. He was uncertain how the client acquired the items. However, he thought the client might be panhandling because he did not have money to purchase anything.</li> <li>- "[FC #4] left on me twice. He ended up at the hospital. I don't know how he got there. We called the police. They found him there."</li> <li>- He had to restrained FC #4 approximately three months ago. He described the incident as follows:               <ol style="list-style-type: none"> <li>1. The client walked away from the facility</li> <li>2. He searched and found the client in a local store stealing candy.</li> <li>3. The store clerk had called the police.</li> <li>4. He tried to talk to FC #4 to get him to leave the store however, the client did not respond to his directions.</li> <li>5. He restrained FC #4 to remove him from the store and walked him back to the facility so he would not be arrested.</li> </ol> </li> </ul> <p>Review on 8/16/19 of local police reports for police response to incidents at the facility for January 2019 through July 2019 revealed the following:</p> <ul style="list-style-type: none"> <li>- 6/15/19 = Missing Person report from facility. FC #4 identified as missing since 6/14/19</li> <li>- 7/2/19 = Missing Person report from facility. FC #4 identified as missing since 6/30/19.</li> <li>- 7/17/19 = Missing Person report from facility. FC #4 identified as missing (No timeline provided.)</li> </ul> <p>Request was made on 8/16/19 for Former Client (FC) #4's record. However, no record was available.</p>	V 367		

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V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <p>(1) scope of search;</p> <p>(2) reason for search;</p> <p>(3) procedures followed in the search;</p> <p>(4) a description of any property seized;</p> <p>and</p> <p>(5) an account of the disposition of seized property.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to develop and implement policy that specified the search and/or seizure of clients or client living areas affecting 1 of 1 Former Client (FC #4.) The findings are:</p> <p>Request was made on 8/16/19 for FC #4's record. - However, no record was available.</p> <p>Interview with the House Manager on 8/16/19 revealed: - FC #1 was in the facility for approximately three months. - He searched FC #4's room and found "drug</p>	V 503		

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V 503	Continued From page 30  paraphernalia." - He said "I believe he was getting high." - He confirmed there was no documentation of the following as required by rule: 1) scope of search; 2) reason for search; 3) procedures followed in the search; 4) a description of any property seized; and 5) an account of the disposition of seized property.	V 503		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility management failed to ensure facility grounds were maintained in a clean, attractive and orderly manner. The findings are:  Observation of the facility during the survey from 8/14 -16/19 revealed the following: 1. Client Bedrooms: - Room #1 located directly beside the kitchen: a. Several drawers in the dresser were not usable. The dresser drawers were broken and could not be easily opened. b. Mattresses were covered with plastic - Room #2 on the side of the kitchen next to the	V 736		

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V 736	<p>Continued From page 31</p> <p>laundry area:</p> <ul style="list-style-type: none"> <li>a. Several drawers in the dresser were not usable. The dresser drawers were broken and could not be easily opened without risk of the front or side sections falling out.</li> <li>b. Window seals were dirty, paint was chipped and peeling and there were no screens on the windows.</li> <li>c. Mini blinds on the window had dirt and dust. Blinds were not securely attached and could not be opened without risk of falling from window when opened.</li> </ul> <p>- Room #3 located by the front entrance door:</p> <ul style="list-style-type: none"> <li>a. Mattresses on beds were very thin, worn and dirty.</li> <li>b. Box springs had torn edges and metal springs protruded through the edges</li> <li>c. Pillows on bed were worn, dirty and soiled.</li> <li>d. Floor was dirty with peeling paint/stain</li> <li>e. Window seals were dirty and contain thick cobwebs and bugs</li> </ul> <p>2. Client Bathroom, entered from the laundry area:</p> <ul style="list-style-type: none"> <li>a. Strong smell of urine</li> <li>b. Bathtub and sink contained dark, mold-like stains.</li> <li>c. The shower curtain was dirty/mildewed.</li> <li>d. A white, 5 gallon utility bucket with dark brownish-yellow stains and a strong smell of urine was under the sink area</li> <li>e. Toilet seat cover/lid was smaller than the toilet bowl.</li> <li>f. A large, unsealed crack was in the wall near the window over the bathtub</li> </ul> <p>3. Facility kitchen:</p> <ul style="list-style-type: none"> <li>a. Kitchen cabinets under kitchen counters were held closed with bent nails.</li> <li>b. The linoleum on the kitchen floor was cracked and broken in several places revealing sections of a stained/dirty wooden section underneath.</li> </ul>	V 736		



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V 736	<p>Continued From page 32</p> <p>Interview on 8/16/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- Home was built sometimes in the 1920's and owned by someone not affiliated with the facility.</li> <li>- The Licensee had been working on getting the building owner to complete the necessary repairs, however, the building owner was being uncooperative.</li> <li>- He had started painting facility on day of the previous survey however, he was aware additional painting was needed.</li> <li>- He did not know that kitchen cabinets were not to be held together by bent nails.</li> <li>- He was aware that linoleum flooring needed to be changed.</li> <li>- He confirmed facility grounds were not maintained in a clean, attractive and orderly manner</li> </ul> <p>This deficiency has been recited seven (7) times since the original cite on 1/15/17 and must be corrected within 30 days.</p>	V 736		