STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			
		MHL049-121	B. WING		02/13/2020		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
BROOKDA	LE		OKDALE DRIVE ORDS CROSS ROA	D, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	13, 2020. The complet was substantiated. D	as completed on February aint (Intake #NC00160440) eficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illnesses.						
V 109	27G .0203 Privileging	/Training Professionals	V 109				
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be not qualified professional (b) Qualified professionals professionals shall de and abilities required (c) At such time as a employment system i then qualified professionals shall de (d) Competence shall exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal ski (6) communication sis (7) clinical skills. (e) Qualified professions NCAC 27G .0104 (18) met the requirements employment system i MH/DD/SAS. (f) The governing boo develop and implements	SSIONALS privileging requirements for s or associate professionals. ionals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: dge; ss; s; lls; skills; and ionals as specified in 10A a)(a) are deemed to have s of the competency-based					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL049-121	B. WING		02/13/2020	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		02	2/13/2020
BROOKD	ALE		ORDS CROSS ROA	D, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 1	V 109			
	(g) The associate pr supervised by a qual population served for	h associate professional. ofessional shall be ified professional with the r the period of time as 04 of this Subchapter.				
 	This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional/Program Manager (QP/PM) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:					
	Review on 2/12/2020 revealed) of the QP/PM's record				
	-A hire date of 1/1/20 -A job description of					
	-					
	Review on 2/12/2020 revealed:) of client #1's record				
	-An admission date of	of 9/1/2009				
	-Diagnoses of Schizo	ophrenia, Attention Deficit				
		er, Hypothyroid, Morbid				
	Obesity, Seasonal Al					
		eflux Disease (GERD)				
		ed 9/1/2009 noting "health,				
	important, needs to i	ople be kind to her are				
		ince, needs to continue to				
		nanagement and group				
		eds daily structure and				
	assistance, needs to	-				
		nd group therapy sessions,				
		and assistance, needs to				
		anagement skills, social				
	skills, daily living skill	ls, prevocational skills, needs				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL049-121	B. WING		02	2/13/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE		OOKDALE DRIVE			
		BRADF	ORDS CROSS ROA	D, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 109	Continued From page	e 2	V 109			
	to improve her inhibit protective measures needs to increase he develop supportive a at times she has soci due to her need to fix lacks sufficient copins mental health needs. -A treatment plan dat reduce daily stressor increase/maintain inc symptom manageme motivation, anxiety, a withdrawls and any o appropriate and effect develop/practice soci are appropriate, posit daily living skills such services and will atte therapy to help her m independence, will de personal boundaries, proactive in needed of has deficits daily with prompts to help incre self-reliance." -Staff would "teach [o help her participate in improve self-esteem Review on 2/12/2020 female voices reveale -Client #1 identified th recording -Client #1 identified th	ions and learn needed when it comes to strangers, r social skills to help her nd meaningful relationships, ial conflicts with her peers the problems of others and g skills to address her " red 7/31/19 noting "will s, manage symptoms and dependence, will learn int techniques to help with agitation, depression, ther symptoms, will learn of the self-advocacy, will ial and leisure activities that tive self-advocacy, will al and leisure activities that tive and healthy, will learn of a smoney management and individual and group hanage symptoms and regain evelop a better sense of will develop and be daily living skills in which she no more than 2 verbal case her independence and client #1] needed skills to n different activities to and improve self-worth."				
	several minutes. -The recording had th	ne following information on it				
vision of Hea	 has deficits daily with no more than 2 verbal prompts to help increase her independence and self-reliance." Staff would "teach [client #1] needed skills to help her participate in different activities to improve self-esteem and improve self-worth." Review on 2/12/2020 of a recording between two female voices revealed: Client #1 identified her own voice on the recording Client #1 identified the second voice on the recording as the QP/PM The recording was not played in its entirety, just 					

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	MHL049-121	B. WING		0:	2/13/2020
AME OF PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
		OOKDALE DRIVE			
ROOKDALE	BRADF	ORDS CROSS ROA	D, NC 28677		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 109 Continued From page	e 3	V 109			
I heard you. You don You don't realize how -The QP/PM stated " have a lot in store for -Client #1 stated "Lik -The QP/PM stated " people. You will see." -Client #1 stated "Is t -The QP/PM stated " You just need to shut van. You've got some Interview on 2/12/202 -Had recorded a com QP/PM and herself w November 2019 -"I think it was on 11/ exact time. I know it w morning around 10ar had already happene -The QP/PM was not recorded -"She told me to shut She should not talk to her because no one w to me sometimes. It w in the van when I rec Interview on 2/13/202 -Client #1 didn't like to facility. -"I am a rule follower consistency. I don't k military upbringing bu do what she wanted doesn't do anything w to get rid of me and h	't have to respond like that. y you sound." Don't hurt yourself girl. I r you." e what?" I don't speak to ignorant " that a threat?" You just need to shut up. t up until you get out of this e nerve." 20 with client #1 revealed: versation between the vith her cell phone back in 22/2019, but I don't know the was sometime in the m. I know the change in shift ed." t aware she had been t up and called me ignorant. o anyone like that. I recorded would believe how she talks was just me and [the QP/PM]				

V80D11

If continuation sheet 4 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:			
		MHL049-121			02/13/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE		OOKDALE DRIVE ORDS CROSS ROA	D, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 109	Continued From page	e 4	V 109			
	in the past. -"I don't when, but we said just shut up and realized that wasn't n say that. It was one of and it wasn't meant in was just a reaction to having at the time. I ji shut up and let it go. told her I don't enterta Interview on 2/13/202 revealed: -The QP/PM had been to the investigation. -She would not return been completed. -"Things need to chan [the QP/PM] return to	·				
V 120	10A NCAC 27G .020 REQUIREMENTS (e) Medication Storage (1) All medication sha (A) in a securely lock well-lighted, ventilate and 86 degrees Fahr (B) in a refrigerator, it degrees and 46 degrees refrigerator is used for shall be kept in a sep or container; (C) separately for eace	9 MEDICATION ge: all be stored: ed cabinet in a clean, d room between 59 degrees enheit; f required, between 36 ees Fahrenheit. If the or food items, medications arate, locked compartment	V 120			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY IPLETED
		MHL049-121	B. WING		02/13/2020	
NAME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE,		02	2/13/2020
				2 0002		
BROOKD	ALE		ORDS CROSS ROAL	D, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 120	Continued From page	e 5	V 120			
	for a client to self-me (2) Each facility that i controlled substance registered under the	maintains stocks of s shall be currently North Carolina Controlled . 90, Article 5, including any				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to store medication in a refrigerator for 1 of 5 clients (client #1). The findings are:					
	Hyperactivity Disorder Obesity, Seasonal Al Gastroesophageal R -An assessment date family and having pe important, needs to in increased independer receive medication m therapy sessions, ner assistance, needs to management skills an needs daily structure develop symptom ma skills, daily living skill to improve her inhibit protective measures needs to increase her develop supportive a	of 9/1/2009 ophrenia, Attention Deficit er, Hypothyroid, Morbid lergies and eflux Disease (GERD) ed 9/1/2009 noting "health, ople be kind to her are mprove her skills for once, needs to continue to nanagement and group eds daily structure and				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL049-121	I		02	2/13/2020	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
BROOKD	ALE		OKDALE DRIVE	D, NC 28677			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		D SUMMARY STATEMENT OF DEFICIENCIES ID PROVID IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CC		PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 120	Continued From page	e 6	V 120				
	mental health needs. -A treatment plan data reduce daily stressore increase/maintain ind symptom manageme motivation, anxiety, a withdrawals and any appropriate and effect develop/practice soci are appropriate, positi daily living skills such services and will attent therapy to help her main independence, will de personal boundaries, proactive in needed of has deficits daily with prompts to help increase self-reliance." -A physician's order,	ed 7/31/19 noting "will s, manage symptoms and lependence, will learn nt techniques to help with gitation, depression, other symptoms, will learn tive self-advocacy, will al and leisure activities that tive and healthy, will learn as money management nd individual and group anage symptoms and regain evelop a better sense of					
	-Her prescription for V supposed to be kept used for the first time -The Qualified Profes (QP/PM) had failed to refrigerator on severa -"I told her it had to go she wouldn't listen to other medications." Interview on 2/13/202 -Client #1's prescripti	sional/Program Manager store her medication in the					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL049-121	B. WING		02/13/2020	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
BROOKD	ALE		OKDALE DRIVE ORDS CROSS ROA	D NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 120	Continued From pag	e 7	V 120			
	medication by the QF ago -"I told her it was to b she said it would be o -Was unable to provi this occurred but stat least 4 different occa Interview on 2/13/202 -Was aware client #1 was to be kept in the for the first time. -Had kept the Victoza the first use by client Interview on 2/13/202 revealed:	20 with the QP/PM revealed: 's prescription for Victoza refrigerator until it was used a in the refrigerator until after #1 20 with the Licensee #1's Victoza was kept in the				
V 290	of this Rule shall be of enable staff to respon- needs. (b) A minimum of on present at all times w premises, except who habilitation plan docu capable of remaining without supervision. as needed but not less the client continues to	2 STAFF above the minimum Paragraphs (b), (c) and (d) determined by the facility to nd to individualized client e staff member shall be when any adult client is on the en the client's treatment or uments that the client is in the home or community The plan shall be reviewed ss than annually to ensure o be capable of remaining in nity without supervision for	V 290			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		MHL049-121	B. WING		02	2/13/2020		
NAME OF PR	OVIDER OR SUPPLIER	I	DDRESS, CITY, STATE,	ZIP CODE	02			
			OKDALE DRIVE					
BROOKDA	LE	BRADFO	ORDS CROSS ROAL	D, NC 28677				
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIV			(X5) COMPLET DATE
V 290 Continued From page 8		e 8	V 290					
	following client-staff of child or adolescent c (1) children or abuse disorders shal of one staff present f clients present. How present during sleep emergency back-up the governing body; (2) children or developmental disab one staff present for present and two staff more clients present. need be present duri specified by the eme determined by the go (d) In facilities which diagnosis is substand (1) at least one duty shall be trained withdrawal symptom secondary complicat drug addiction; and (2) the service abuse counselor sha as-needed basis for This Rule is not met Based on record revi Qualified Professiona (QP/PM)) failed to as	adolescents with substance Il be served with a minimum or every five or fewer minor wever, only one staff need be ing hours if specified by the procedures determined by or adolescents with ilities shall be served with every one to three clients f present for every four or . However, only one staff ng sleeping hours if rgency back-up procedures overning body. a serve clients whose primary ce abuse dependency: e staff member who is on in alcohol and other drug s and symptoms of ions to alcohol and other s of a certified substance Il be available on an each client. as evidenced by: iews and interviews, the al/Program Manager ssess the client's capability of the home and in the						

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL049-121	B. WING		02/13/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		711 BRC	OKDALE DRIVE			
BROOKD	ALE	BRADFO	ORDS CROSS ROA	D, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
-				DEFICIEN	CY)	
V 290	Continued From page	e 9	V 290			
	Review on 2/12/2020 of client #1's record					
	revealed:					
	-An admission date of					
	-Diagnoses of Schizo	ophrenia, Attention Deficit				
	Hyperactivity Disorde	er, Hypothyroid, Morbid				
	Obesity, Seasonal Allergies and					
	Gastroesphalgeal Reflux Disease (GERD)					
	-An assessment date	ed 9/1/2009 noting "health,				
	family and having pe	ople be kind to her are				
	important, needs to in	mprove her skills for				
	increased independe	nce, needs to continue to				
	receive medication m	nanagement and group				
	therapy sessions, needs daily structure and					
	assistance, needs to	develop symptom				
	management skills a	nd group therapy sessions,				
	needs daily structure	and assistance, needs to				
	develop symptom ma	anagement skills, social				
	skills, daily living skill	s, prevocational skills, needs				
	to improve her inhibit	ions and learn needed				
	protective measures	when it comes to strangers,				
	needs to increase he	r social skills to help her				
	develop supportive a	nd meaningful relationships,				
	at times she has soci	ial conflicts with her peers				
	due to her need to fix	the problems of others and				
	lacks sufficient coping	g skills to address her				
	mental health needs.					
	-A treatment plan dat	ed 7/31/19 noting "will				
		s, manage symptoms and				
	increase/maintain inc	lependence, will learn				
	symptom manageme	ent techniques to help with				
	motivation, anxiety, a					
	-	ther symptoms, will learn				
		ctive self-advocacy, will				
		ial and leisure activities that				
		tive and healthy, will learn				
		n as money management				
		nd individual and group				
		nanage symptoms and regain				
		evelop a better sense of				
	personal boundaries,	will dovelop and be				1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:			
		MHL049-121	B. WING		02	2/13/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
BROOKDA	ALE		OKDALE DRIVE ORDS CROSS ROA	D. NC 28677			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 290	Continued From page	e 10	V 290				
	provactive in needed daily living skills in which she has deficits daily with no more than 2 verbal						
		ease her independence and					
	self-reliance."						
		f unsupervised time for					
	employment which b	egan in January 2020.					
	Review on 2/12/2020) of the facility's Authorization					
		ne for client #1 revealed:					
		12/12/19 and signed by					
		Legal Guardian and the					
	QP/PM.	-					
		t: In my opinion, the above					
	•	f spending unsupervised					
	-	a friend, 6 hours; with a					
		ours, with an overnight visit / member, 2 to 5 days; a					
	-	ty, 4 hours; going to the					
		center, 4 to 6 hours; going to					
		ours; going to the local					
	community/neighborl						
	attending church/con	nmunity function, 4 to 8					
	hours; remaining in t	he home without presence of					
		to the beauty/barber shop, 6					
		ctor/dental appointments for					
	4 to 5 hours."						
	Interview on 2/12/202	20 with client #1 revealed:					
	-She had started a jo	b at a local fast food chain in					
	January 2020	am to 3pm several times a					
	week.	an to opin several unles a					
		ained with her at her place of					
	employment						
	-"They pick me up ar	nd drop me off."					
	Interview on 2/12/202	20 with staff #1 revealed:					
		ponsible for assessing					
		sed time in the home and					
	community.						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED			
		NUL 040 404	B. WING						
	ROVIDER OR SUPPLIER	MHL049-121	ADDRESS, CITY, STATE		02	2/13/2020			
			OKDALE DRIVE						
BROOKD		BRADFO	ORDS CROSS ROA	D, NC 28677					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORREC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page	e 11	V 290						
	 -Client #1 started a job in January 2020 -The facility staff dropped off and picked up client #1 from her place of employment -No facility staff remained with client #1 while she worked Interview on 2/13/2020 with the QP/PM revealed: -Was responsible for assessing clients for unsupervised time -Would discuss the unsupervised time a client's guardian if they had one. -Client #1 had 4 hours of unsupervised time. -Client #1 started a job in January 2020 -Had not assessed client #1 for unsupervised time while she worked. -"It (client #1's job) happened out of the blue. She said she was going to do an interview with [the name of the fast food place]. All I can say is that is slipped through the cracks. The job only came to light recently. It has come about so fast. I honestly don't have an answer as to why she wasn't assessed." 								
	unsupervised time fo -Was not aware clien January 2020 and wo a day at her job. -Would ensure client	ponsible for assessing r the clients t #1 had started a job in orked approximately 4 hours #1 was assessed for s soon as possible so she							