STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-871	A. BUILDING: _____ B. WING _____	R 02/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLORIOUS HOME CARE	4418 KARLBROOK LANE RALEIGH, NC 27616

(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	INITIAL COMMENTS An Annual and Follow Up Survey was completed February 28, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The Administrator/Licensee of this facility rented the property to a Licensee of previous facility in which the clients resided. The Licensee of the previous facility will be referred to as Tenant for this report.	V 000	property was rented to the tenant on Emergency basis. Renting for 3 months. Lease Signed and dated.	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105	DHSR-Mental Health MAR 31 2020 Lic. & Cert. Section	

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

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview the governing body failed to implement its admission, delegation of management authority and client assessment policies. The findings are: A. Review on 02/28/20 of the facility's admission policy revealed: -Qualified Professional, Administrator or his designee will be allowed to admit clients to these services after reviewing all materials including assessments, diagnoses, and FL-2 forms from the referral source. -Procedures included that new clients must have current PPD (Purified Protein Derivative) tests not more than a year old and admission findings and assessments shall be documented in admission form. During interview on 02/14/20, the Administrator/Licensee of this facility reported: -The clients in the group home belonged to her. -She did not know the names of the clients in the home -The clients previously resided at a facility licensed by Tenant -02/08/20, she visited the group home and ate with the clients -She did not conduct admission assessments of clients or review materials in the clients' records due to "HIPAA" (Health Insurance Portability and Accountability Act) per Tenant. During a telephone interview and face to face conference on 02/17/20 between	V 105		

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V 105	Continued From page 3 Administrator/Licensee of this facility and Tenant, the Administrator/Licensee of this facility reported the clients in this group home "belonged to [Tenant]" Review on 02/19/20 and 02/20/20 of two copies of the same lease agreement signed and dated 12/05/19 by both the Administrator/Licensee of this facility (Landlord) and Tenant revealed: -Both lease agreements submitted were identical -Both Landlord and Tenant entered to lease/rental agreement for the property located at 4418 Karlbrook Lane -Agreement was for three months (12/05/19 - 04/05/20) -Agreement outlined the Licensee of this facility (Landlord) should be allowed in the home to make sure that "the clients are in good condition..." -"This lease is three months to give clients a temporal home to stay until the find a permanent home." -Addendum: Clients referred to in the contract "belonged to" and cared for by the Tenant. "The rental of the home of [Tenant] is for the purpose of temporary relocation of clients while our facility is being renovated." During interview on 02/27/20, the Administrator/Licensee of this facility reported: -Clients should be admitted to her home by both a physical and mental assessment as well as ask questions about the guardians -For clients #1- #6 that currently resided in the home, she "did it...admission (assessment)...but not in detail. I know they are 5600C, IDD (Intellectual Developmental Disability)."	V 105		

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V 105	Continued From page 4 B. Review on 02/28/20 of the facility's delegation of management authority policy revealed: -"Operating Authority policy- Administrator is additionally responsible for allocating adequate personnel...In the absence of the home's Administrator, inquiries concerning residents care will be referred to the appropriate senior staff" Review on 02/28/20 of the facility's Organizational chart listed Governing body, Qualified Professional and Habilitation Technician During interviews between 02/14/20 and 02/27/20, the Administrator/Licensee of this facility reported: -02/14/20: The staff at the facility "belonged to [Tenant]" -02/26/20, she would not be available to conduct an exit conference with DHSR (Division of Health Service Regulation) until Friday March 4th at 4:00 PM. She worked another job from 7:00 AM-11:00 PM with two thirty minute breaks. She had a Qualified Professional but did not know her name or contact information. She agreed to an exit conference on 02/27/20 between 1:00-2:00 PM via telephone. -02/27/20: She explained the delegation of management authority policy as, "the Manager managed the house, the Activity Director managed taking clients out of the home and the certified nurse assistant (CNA) did medical duties. Right now the agency only had a Manager and a CNA. The Manager is also the Activity Director. I did not know the name of the CNA but know the name of the Manager. The Manager was hired and paid by the [Tenant]." -She had two Qualified Professionals. Initially, she stated she did not recall the name of the first Qualified Professional (QP #1). She later clarified QP #1 worked with a management company she	V 105	Yes clients belong to tenant.	

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V 105	Continued From page 5 contracted with. She last used that management company in October . She thought she had a current contract with that management company because she had not received documentation of termination of contract agreement. -The second Qualified Professional's (QP #2) surname, she could not recall and did not initially have her contact information available. Further interview revealed QP #2 was not a current employee or paid but someone who provided assistance as needed. QP #2 was anticipated to assist her in the future with securing clients and managing the home. QP #2 had not been to the group home since December 2019 but was aware of the agreement with the Tenant. [This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B]	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all	V 108		

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V 108	Continued From page 6 times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure three of three paraprofessional staff (House Manager, staff #1 and staff #2) were trained in general organizational orientation. The findings are: Review on 02/19/20 and 02/20/20 of two copies of the same lease agreement signed and dated 12/05/19 by both the Administrator/Licensee of this facility (Landlord) and Tenant revealed: -Both Landlord and Tenant entered to lease/rental agreement for the property located at 4418 Karlbrook Lane -Agreement was for three months (12/05/19 - 04/05/20) Review on 02/19/20 of the facility's personnel records revealed the following: -House Manager, staff #1 and staff #2 were hired prior to December 2019	V 108		

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V 108	Continued From page 7 -No evidence of training in general organization orientation for this facility after December 2019 During interview between 02/14/20 - 02/28/20, the Administrator/Licensee of this facility reported: -The current staff were employed by the agency operated by the Tenant. -No orientation was completed after December since the staff operated out of her Licensed facility	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110		

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V 110	Continued From page 8 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview, the facility's Administrator/Licensee failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: A. During interview on 02/14/20, the Administrator/Licensee of this facility reported: -Clients in the group home "belonged to" her and the staff "belonged to" the Tenant -She last visted the group home 02/08/20. During past visits at the group home, she ate with the clients and looked at the physical plant of the property. During a telephone interview and face to face conference on 02/17/20 between Administrator/Licensee of this facility and the Tenant both reported clients in this group home "belonged to [Tenant]." True During interview on 02/17/20, the Administrator/Licensee of this facility reported on 02/14/20, she did not identify the clients at this facility as hers. During interview on 02/17/20, the Tenant reported:	V 110		

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V 110	Continued From page 9 -The Administrator/Licensee of this facility had never had dinner at the group home or been inside the group home. -She was not sure why the Administrator/Licensee indicated the clients were hers During interviews between 02/19/20- 02/20/20, four of four clients reported they were not familiar with a person by the name of the Administrator/Licensee nor had they seen the person who came to the home for the face to face consultation on 02/17/20. B. During a tour of the facility and interview on 02/17/20, the Administrator/Licensee of this facility could not identify the following: -Client names, sex of clients, diagnoses of clients, names of guardians, where or if clients attended day programs -Client medications, where medications and records were stored in the group home -Client bedroom assignment During interview on 02/17/20, the House Manager asked the Administrator/Licensee of this facility to "please tell the truth....property was leased and you collect the rent...you don't know the clients, never met them or know anything about them or what they do." During interview on 02/17/20, the Administrator/Licensee of this facility was asked, how would she explain not being able to identify any information about the clients at the home she served as licensee. The Administrator/Licensee of this facility reported "I am not sure how to answer that but will respond in writing when you complete the report."	V 110	The tenant who is also the responsible person for clients is not allowing the Landlord to look into any Confidential File of the client witnessed MS Insley The Surveyor. Clients belong to tenant. They are renting for 3 months	

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V 110	Continued From page 10 C. During interviews between 02/27/20 and 02/28/20, the Administrator/Licensee of this facility identified two different persons as her Qualified Professionals. She reported: -One Qualified Professional (QP #1) she may not be able to locate. She could not recall that person's name. QP #1 worked last in October 2019. She contracted with QP #1 through a management company. -The second Qualified Professional (QP #2) she could not recall the person's surname as it had changed, nor did she initially have contact information for that person. She had spoken with QP #2 on 02/27/20 using someone else's phone while at work. QP #2 worked for her previously and had credentials as a Nurse. She did not have any paperwork or personnel record for QP #2. She did not pay QP #2. QP #2 assisted her from time to time. She requested Division of Health Service Regulation (DHSR) obtain a Plan of Protection (POP) from QP #2 and share the cited deficiencies from this survey. During interview on 02/28/20, QP #2 reported she: -Did not work for the Administrator/Licensee of this facility -Agreed to assist the Administrator/Licensee of this facility with citations. Prior to this interview, she was not aware of the deficiencies from this survey. -Was not sure if she would be able to assist Administrator/Licensee of this facility with the facility's POP. D. During interviews between 02/17/20 and 02/28/20, the Administrator/Licensee of this facility acknowledged she was responsible for the day to day operation of the facility. As the Administrator/Licensee would be responsible for	V 110	The QP has gotten married changed names. Because I am just renting out the facility I have no permanent QP because of the cost. The tenant who the owner of the client is not allow me entrance of the facility at all.	

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V 110	Continued From page 11 implementing procedures and processes regarding the following: -Personnel Requirements...Refer to V108 for specifics regarding organizational orientation of staff. Staff #1, #2 and the House Manager were not trained in her agency's organizational orientation. -Health Care Personnel Registry (HCPR) Verification prior to hire as well as Criminal History Checks...Refer to V131 and V133 for specifics in which Health care personnel registry as well as criminal record checks were not accessed or requested prior to hiring of staff. She did not see herself as managing or being responsible for the staff that provided services to clients in the group home she operated. Prior to this interview, she did not see conducting criminal record checks and accessing the HCPR as her responsibility. -Medication Requirements...Refer to V118 for specifics regarding inaccurate Medication Administration Record as the staff who administered medications did not initial. This Administrator/Licensee of this facility reported she had not reviewed medication processes at the group home. Per the Tenant, due to HIPAA (Health Insurance Portability and Accountability Act), she was told she could not review client information. -Facility and Ground Maintenance...Refer to V736 for specifics regarding repairs needed to the home. The Administrator/Licensee of this facility indicated she visited the home monthly but was not aware of water stains in the ceiling, banister needed repair and unused appliances on the property. [This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B]	V 110	The clients and personnels belong to the tenants, and therefore with their documents hiring and training is solely for the tenants, she is on temporary stay until she relocate. The tenant refused me looking the files because HIPAA The roofing company was called and they confirmed there is no licks in the roofing But stain has been taken care of.	

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V 118	Continued From page 12	V 118		
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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review and interviews, the	V 118	The tenant is not allowing the Landlord to look in clients records Because the clients are for are company not For the Landlord	

Division of Health Service Regulation

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V 118	Continued From page 13 facility failed to assure the MAR was current for three of three audited clients (#2, #5 and #6). The findings are: During interview on 02/07/20, the Tenant revealed clients #5 and #6 were admitted to this location December 9, 2019. Client #2 was admitted December 31, 2019. Review on 02/17/20 of staff #1's personnel record revealed -Hired prior to December 5, 2019 -Medication Administration training dated November 16, 2019 by the Tenant who was a Registered Nurse and provided the training. Review on 02/17/20 of client #2's record revealed the following: -Diagnoses: Autism, Schizoaffective, Depression and Attention Deficit Hyperactivity Disorder -December 2019 - February 2020 MARs listed medications which included Cogentin (psychotropic), Trilipetal (used to treat seizures), Azathioprine (used for arthritis), Lithium Carbonate (used to treat manic-depressive disorder), Loxapine Succinate (used to treat schizophrenia) and Remeron (antidepressant). Review on 02/17/20 of client #5's record revealed the following: -Diagnoses: Schizophrenia, History of Cardiac Stent, Pacemaker and Diabetes. -December 2019-February 2020 MARs listed medications which included Zoloft (used to treat mental health disorders), Lipitor (used to treat hypertension) and Risperdal (used to treat schizophrenia). Review on 02/17/20 of client #6's record revealed	V 118	The tenant relocated to my home because her clients were living in my girl Friend House which is not a Group Home and moved to my home to stay 3 months and therefore was the obeying the role of HIPAA management solely by My tenant and her personnels.	

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V 118	Continued From page 14 the following: -Diagnoses: Schizophrenia Paranoid Type and History of Alcohol Abuse -December 2019-February 2020 MARs listed medications which included Clozapine (antipsychotic), Fish Oil and Tamsulosin (used to treat enlarged prostate). During record review and interviews between 02/17/20 and 02/19/20, four of four clients reported: -Staff #1 lived in the group home. She admnistered medications when she worked. -Staff #1 administered medications as recent as the mornings of 02/18/20 and 02/19/20 -Review of December 2019-February 2020 MARs revealed staff #1's initials were not listed as having administered medications During interview on 02/17/20, staff #1 reported she did not administer medications. During interviews between 02/17/20 and 02/20/20, the House Manager reported: -She maintained the keys to the clients' medications. She did not give the medication key to staff #1 -Staff #1 did not administer medications. Staff #1's job duties were to cook, clean and provide assistance on tasks asked to complete.	V 118	Management by the tenant who is renting my home for emergency purposes	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care	V 131	Hiring, Screening done by the clients responsibility party.	

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V 131	Continued From page 15 Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) checks were accessed before hiring 3 of 3 audited paraprofessional staff (#1, #2 and House Manager). The findings are: Review on 2/17/20 of staff #1's personnel records revealed: -Staff #1: Hired 09/30/19 at a different location by the Tenant. No HCPR check completed prior to 02/15/20. -Staff #2: Hired 03/2019 at a different location by the Tenant. HCPR check was completed 03/17/19 by the Tenant. Another HCPR check was completed 02/15/20. -House Manager: Hired 10/2018 at a different location by the Tenant. HCPR check was completed 10/10/19 by the Tenant. Another HCPR check was completed 02/15/20. During interview on 02/17/20, staff #1 reported: -She cleaned and cooked at the group home During interviews between 02/17/20 - 02/19/20, four of four clients described staff #1 with duties of overnight stays alone, monitoring clients and administer of client medications. During interview between 02/14/20-02/28/20, the Administrator/Licensee of this facility reported:	V 131	Hiring And Firing done by the tenant who owns the clients.	

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V 131	Continued From page 16 -She leased her facility to the Tenant. The lease was from 12/05/19- 04/05/20. -The current staff were employed by the Tenant. -Since December 2019, she had not completed HCPR checks prior to staff working at the facility This deficiency constitutes a re-cited deficiency.	V 131	The facility was leased out the the tenant, it was emergency relocation because her clients were staying a private and unlicensed home which is not good for clients because of out break of virus or communicable disease.	
V 133	G.S. 122C-80 Criminal History Record Check 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 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	V 133		

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V 133	Continued From page 17 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 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	V 133		

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V 133	Continued From page 18 (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. (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: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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. (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: (1) The failure of the provider to employ an	V 133	The Landlord did not hired those personnel The tenant hired them	

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V 133	Continued From page 19 individual on the basis of information provided in the criminal history record check of the individual. (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. (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 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,	V 133	The personnels were hired by the tenant And Admission of the clients done by the tenant and her QP.	

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V 133	Continued From page 20 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. (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. (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: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in 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.) This Rule is not met as evidenced by: Based on record review and interview, the facility	V 133	The tenant hired the employees some before moving into my group home OR After moving into my home.	

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V 133	Continued From page 21 failed to ensure Criminal History Record checks were requested within 5 days of making an offer to hire 3 of 3 audited paraprofessional staff (#1, #2 and House Manager). The findings are: Review on 02/19/20 and 02/20/20 of two copies of the same lease agreement signed and dated 12/05/19 by both the Administrator/Licensee of this facility (Landlord) and Tenant revealed: -Both Landlord and Tenant entered to lease/rental agreement for the property located at 4418 Karlbrook Lane -Agreement was for three months (12/05/19 - 04/05/20) Review on 2/17/20 of the facility's personnel records revealed: -Staff #1: Hired 09/30/19 at a different location by the Tenant. No Criminal History Record check requested by the Administrator/Licensee of this facility. -Staff #2: Hired 03/2019 at a different location by the Tenant. Criminal History Record checks was requested 05/01/18 by the Tenant. No other Criminal History Record checks had been requested by the Administrator/Licensee of this facility. -House Manager: Hired 10/2018 at a different location by the Tenant. Criminal History Record check was requested 05/01/18 by the Tenant. No other Criminal History Record checks had been requested by the Administrator/Licensee of this facility. During interview on 02/17/20, staff #1 reported: -She cleaned and cooked at the group home During interviews between 02/17-02/2/19/20, four of four clients described staff #1 with duties of overnight stays alone, monitoring clients and	V 133	All these defaults were done by the tenant who moved her clients and her personnel to my group home on emergency relocation.	

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V 133	Continued From page 22 administer of client medications. During interview between 02/14/20-02/28/20, the Administrator/Licensee of this facility reported: -The current staff were employed by the agency operated by the Tenant. -She had not requested criminal history record checks prior to staff working at this facility.	V 133		
V 138	27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility accepted more clients than	V 138	License must renewed every year.	

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V 138	Continued From page 23 the number for which it was licensed affecting six of six clients (#1-#6). The findings are: Observations between 02/17/20-02/19/20 revealed the following: -Total of 6 beds in the facility in bedrooms identified as client living quarters Review on 02/17/20 of the facility's client records revealed client #1- #6 resided in the group home. During interview on 02/07/20, the Tenant revealed: -Clients #1, #3 - #6 were admitted to this location December 9, 2019. Client #2 was admitted December 31, 2019. -She was not aware this location had a capacity limit of 3. -Initially, she was not aware this facility was a group home During interview on 02/17/20, the Administrator/Licensee of this facility reported: -A week prior to this interview, she visited DHSR (Division of Health Service Regulation) and obtained paperwork to increase capacity to 6 clients. She had not completed the paperwork for capacity increase -Prior to this interview, she was not aware 6 clients resided at the facility -She explained the capacity increase inquiry was initiated because her home used to serve 6 clients. The change was made because of her management company. [This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B]	V 138	The Number of clients initially agreed upon before moving in was three. Not knowing she moved in more 3 clients in a group Home licensed for 3 beds. License on the wall of the facility. Not aware 6 clients in the group Home.	

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V 289	Continued From page 24	V 289		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or	V 289	facility is licensed for 5600 C, which serves Adults.	

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V 289	Continued From page 25 (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a developmental disability or disabilities and require supervision when in the residence for six of six (#1 - #6) clients. The findings are: I. A. Cross reference tag (V105). Based on record review and interview the governing body failed to	V 289		

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V 289	Continued From page 26 implement its admission, delegation of management authority and client assessment policies. B. Cross reference tag (V110). Based on record review and interview, the facility's Administrator/Licensee failed to demonstrate knowledge, skills and abilities required by the population served. C. Cross reference tag (V762). Based on observation, record review and interview, the facility failed to assure bedroom occupied by clients (#2 and #6) met space requirements of at least 160 square feet. D. Cross reference tag (V138). Based on observation, record review and interview, the facility accepted more clients than the number for which it was licensed affecting six of six clients (#1 - #6). II. Review on 02/14/20 of the facility's public record maintained by the Division of Health Service Regulation (DHSR) revealed the following: -2020 Renewal of Licensure Application dated 12/10/19 -License effective 01/01/20 issued to "[Administrator/Licensee] at 4418 Karlbrook Lane...Capacity 3... Service Category 5600C Supervised Living Adults with DD (Developmental Disability) Adult" -Change in license capacity in 2014 from 6 to 3 clients A. Other usage of property Review on 02/19/20 and 02/20/20 of two copies	V 289	Management done by the tenant Not allowing land Lord to help in the management, Not agreed on moving in The Landlord showed the tenant the three beds to use for 3 clients but she hided and moved in extra beds with letting Lord know. The default corrected now.	

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	MHL092-871	A. BUILDING: _____ B. WING _____	R 02/28/2020

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V 289	Continued From page 27 of the same lease agreement signed and dated 12/05/19 by both the Administrator/Licensee of this facility (Landlord) and Tenant revealed: -Both lease agreements submitted were identical -Both Landlord and Tenant entered to lease/rental agreement for the property located at 4418 Karlbrook Lane -Agreement was for three months (12/05/19 - 04/05/20) During interviews between 02/14/20 and 02/20/20, the Tenant revealed: -She needed to relocate clients from a previous location due to physical environment concerns and renovations. -Prior to late December 2019, she was not aware this location was a licensed property. She was just "renting the property." -In December 2019, she faxed an emergency relocation request to DHSR. She could not find previous documentation/verification regarding the faxed document. Prior to this interview, she was not aware the emergency relocation request was not received During interview on 02/17/20, the Administrator/Licensee of this facility reported: -The property had been vacant since October 2019. In December 2019, she entered a rental agreement for the location -The Tenant was aware the location was already licensed by DHSR -She was not aware she could not rent out the property to another licensee -As the Licensee of this facility, she was aware she was responsible for the care and services in the group home. B. Client diagnoses	V 289	When I found out that I supposed to look into management by a friend of mine I wanted but the tenant is respecting HIPAA RoLeo	

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V 289	Continued From page 28 Review on 02/17/20 of clients' records revealed the following: -Client #1...primary diagnosis of Schizoaffective Disorder Bipolar Type..no developmental disability diagnosis -Client #3...primary diagnoses of Schizophrenia and Personality Disorder...no developmental disability diagnosis -Client #4...primary diagnoses of Schizophrenia and Depressive Disorder...no developmental disability diagnosis -Client #5...primary diagnosis of Schizophrenia...no developmental disability diagnosis -Client #6...primary diagnosis of Schizophrenia...no developmental disability diagnosis During interviews between 02/14/20 and 02/27/20, the Administrator/Licensee of this facility reported: -02/14/20: The clients in the group home "belonged to" her -02/17/20: The clients in the group home all had diagnosis of Intellectual Developmental Disability (IDD) -02/27/20: She was not aware the clients did not have diagnoses of IDD. She had never seen the clients' records as the Tenant indicated it was against HIPAA (Health Insurance Portability and Accountability Act) Review on 02/27/20 of the facility's plan of protection dated 02/27/20 submitted by the Administrator/Licensee revealed: "-What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Personnel Requirements- All personnel most provide their	V 289	She insisted is HIPAA violation	

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V 289	Continued From page 29 social security card, driver's license, TB (Tuberculosis) test most be done on each of the personnel. All training, CNA (Certified Nursing Assistant) license most be valid, criminal record check most be run on each personnel before hire. -Describe your plans to make sure the above happens. My plans to make sure they happen is by immediately implementing them without wasting a day, hour or minutes, Immediate action is need tomorrow. I most be in the group home least every day to check the room, check their files, to make sure they are getting the treatment that doctor prescribed for them. Tomorrow I will get all the files and look at them, check for pantry, check MAR to make sure they are being administer properly and sign and dated according to state rule. Plan of protection starts tonight and tomorrow morning. Heater thrown away. Beds reduced and rearranged. 3 beds one in each room. Client medications most be given to them as prescribed by the doctor. The right route, the right medication and the right client signed and dated. Governing body. Serious reviewing of the policy and procedure most be revisit often for the good management of the group home. And those policy and procedure they guiding principle on (1) Admission, delegation of management and assessment of client be placing them in their rooms. (3) Me [Administrator/Licensee of this facility], the licensee from tomorrow morning will be there to make sure the under written deficiencies and to be look at and start correction of them as from tomorrow. Most get to socialize with both the clients and staff. Know what they like and do not like and check the food pantry and make sure the clients have enough food to eat. Take their medications and in time to the right client. Providing good ask trays for clients who smokes, try and remove the electrons or fridges outside	V 289		

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V 289	Continued From page 30 that are not being used. (4). The Plan of Protection: All staffs will be called for emergency meeting to look into all the deficiencies areas of practice found with the present survey. The Manager and the Licensee most pay close attention to all the deficiencies areas and start correcting them as of tomorrow morning. The handy man most be called and the roofing repair man called tomorrow to look at the roofing. And make sure that specialists are called from time to time to examine the roof. The whole room for licks. My manager will monitor the house to make sure that nothing licks in the house no electric heater, alocated place for smoking... (5) Health Care Personnel Registry: Before hiring health care personnel, his or her social security card, driver's license and the facility manager most access the personnel registry prior to hire to make sure the personnel is listed in the health care personnel registry with no criminal record pending on the personnel and to make sure the personnel is listed in the registry And all the information about the personnel on the health care personnel registry is right and correct. Before allowing the personnel to work at all. (6) Licks or stains in one of the rooms most examine by tomorrow and my handy man most call on the roofing and maintance worker to repair the stain. -The refrigerator outside most be removed immediately from the yard. -Electric heater most be removed immediately from the house and the yard, tonight or tomorrow morning. -The small bed where there is two beds most be taken away tonight or first thing tomorrow morning. One bed most be kept in room -Common place most be located for cigarette smoking and stand ask trash most be provided (7) The knowledge of client most be know by all	V 289		

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V 289	Continued From page 31 the staffs and the Manager including the owner of the home. Study their different behaviors know what they like and what they do no like, know their names, their guardians and activity, food the like best. And most make sure that the own socialize with their parents or guardian. Know the names of the clients and parents names (8) Making sure the take their medications, drink enough water, and eat a balance diet everyday. The laundry is also important. Knowledge of when to do their laundry. And help in keep their rooms and closet clean. Shower day most be observe by all the works, both manager and owner most make sure the clients take shower on their shower day (9) Activity all clients most go to their schedule activities at the day they suppose to go with good supervisions. -Doctor's visit most be done. Making sure the clients go to the specific doctors as written in their files. -Most training most be given to the care givers to make sure medications are give in time, frequency, route, date and the right amount give right client and dated. -The stairs in the back of the house most be repair, the carpenter most be called tomorrow to look at the stairs a the back and start repairing them. After that paint the stairs or steps or deck to look attractive. If there are nails, the carpenter to repair it tomorrow morning -The yard work must be done. Keeping the whole yard attractive and clean. Remove the refrigerator that is outside that is not working and send it to the trash to be pick-up. All equipments that are not working and they are outside will be removed tomorrow. And a standing Ash tray provided tomorrow to the client that smokes (10) Scope of 3 beds. Three clients most be left	V 289		

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V 289	Continued From page 32 in the home, because it is license for 3 client until the state approve the home again for 6 clients. So immediate actions most be taken to remove those clients and keep three clients and rearrange the rooms for only 3 clients. Making policy and procedure my guiding principle to manage the group home. Study every time." The Administrator/Licensee of this facility operated the location as rental property opposed to a group home. The lack of oversight resulted in Administrator/Licensee's inability to have any knowledge of clients #1 - #6's identifying information inclusive of diagnoses, pertinent history and services to meet their needs. As the Administrator/Licensee of this facility, she initially reported the clients belonged to her and the staff belonged to the Tenant. There was no evidence she had a delegation of management authority system in place as she did not have staff that reported to her. Due to her lack of involvement and management style, the facility operated above licensed client census. Furthermore, her non implementation of policies/procedures including admissions, assessments and delegation of management authority impacted the daily operation of the home. These deficient practices are detrimental to the health, safety and welfare of clients #1 - #6 which constitutes a Type B rule violation.	V 289	The tenant has experienced QP and manager helping in the up keep of the clients.	
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.	V 736		

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V 736	Continued From page 33 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and orderly manner. The findings are: Observations on 02/17/20 between 12:30-1:00 PM and 02/19/20 between 9:00-10:00 AM revealed the following -Space Heater in the staff office located upstairs near client bedroom -Water stains- ceilings of living room and bedroom #4 occupied by client #2 and #6 -Emergency Escape- loose handrails -Outside patio- 2 unused refrigerators, bottom of Weber grill used to extinguish cigarette butts. The bottom was covered with butts -Bedroom #2- carpet not cover flooring near the emergency exit During interviews on 02/17/20 and 02/28/20, the Administrator/Licensee of this facility reported she: -Was not aware of the water spots in the ceilings prior to this interview. -Had repairs done to the ceiling a few months ago. - Not aware of the other citations (loose handrails, cigarette butts, carpeting in bedroom #2) noted until the 02/28/20 interview. -Would have the repairs completed as soon as possible	V 736	All Rule that were not met were taken care of as soon as the plan of correction was sent out	
V 762	27G .0304(d)(1) Client Bedrooms	V 762		

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V 762	Continued From page 34 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure bedroom occupied by clients (#2 and #6) met space requirements of at least 160 square feet. The findings are: Review on 02/19/20 and 02/20/20 of two copies of the same lease agreement signed and dated 12/05/19 by the Administrator/Licensee of this facility (Landlord) and Tenant revealed: -Both Landlord and Tenant entered to lease/rental agreement for the property located at 4418 Karlbrook Lane -Agreement was for three months (12/05/20-04/05/20) -Agreement was temporary until their previous location was renovated Review on 02/17/20 of client #2's record revealed: -Admitted: 12/31/19 -Diagnoses: Autism, Schizoaffective, Depression and Attention Deficit Hyperactivity Disorder	V 762	The building is well taken care of now by the landlord Action was taken one bed in that small room Now.	

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V 762	Continued From page 35 Review on 02/17/20 of client #6's record revealed: -He was admitted to a property operated by Tenant -Diagnoses: Schizophrenia Paranoid Type and History of Alcohol Abuse Observation on 02/17/20 and 02/19/20 of bedroom #4 as labeled by facility's fire evacuation map revealed: -Two twin size beds in the room -Measurement of the room 144 square feet of living space During interview on 02/17/20, the Administrator/Licensee of this facility reported: -Prior to 02/17/20, she was not aware bedroom #4 had two beds inside. -She last toured the group home in December 2019 and one bed was in bedroom #4 -She did not provide additional beds for the clients at the group home [This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B]	V 762	DHSR-Mental Health MAR 31 2020 Lic. & Cert. Section The Landlord was not aware of tenant having in those bed and going against the State rules and regulations o now those bed removed and placed correctly.	

Gloria Daniel
Glorioushome care
4418 Karl brook Lane
Raleigh N-C 27616
@ 919 400 0270

Respond to defficaency
at Glorious home care.