

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/11/2021
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NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on February 11, 2021. The complaint was unsubstantiated (intake# NC00173770). Deficiencies were cited.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based record review and interviews the facility failed to ensure one of two clients (#1) had strategies to address her needs and behaviors. The findings:</p> <p>Review on 2/9/21 of client #1's record revealed: -Admission date of 11/24/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Asthma, Hypertension, Hypothyroidism, Gastroesophageal Reflux Disease, Type 2 Diabetes Mellitus, Obesity, Cannabis Use, Thyrotoxicosis, Moderate Intellectual Disabilities, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Anxiety Disorder and Schizophrenia-Undifferentiated. -"Consumer Admission" document dated 11/24/20 had the following: "[Client #1's] sudden move request was prompted by sequence of behavioral disturbances that disrupted the health, welfare and safety for herself and other residents at her current place of living." -Individualized Support Plan dated 11/1/20 had no strategies to address verbal and physical aggression, throwing away soiled clothing, incontinence issues and defecation issues.</p> <p>Review of police reports on 2/9/21 revealed: On 1/17/21 client #1 and staff #2 had an incident. Police officers responded to a disturbance. Client #1 stated she was assaulted by staff #2. Staff #2 said client #1 had thrown a bucket of water on her. After completing the investigation, there were no charges filed against either party. -On 12/29/20 police officers responded to a disturbance between clients #1 and #4. Client #1 got into a physical altercation with client #4. Clients #1 and #4 had to be separated by staff.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>According to client #1, client #4 got mad and called her a "n****r." Client #1 said she threw a roll of paper towels at client #4. Client #1 said client #4 threw the roll of paper towels back at her. Client #4 said client #1 was mad because she had to wash dishes. Client #4 also said client #1 slapped her and she slapped her back.</p> <p>-On 12/21/20 clients #1 and #4 got into an altercation. "[Client #4] stated [client #1] threw water on her after [client #4] had mentioned something to another resident about [client #1] not wearing a mask around the house."</p> <p>Interview with staff #1 on 2/10/21 revealed:</p> <ul style="list-style-type: none"> -She thought client #1 was having more behaviors due to a new client being admitted. -Client #1 would threaten to hit other clients. -Client #1 had been doing good in the last month. -Once client #2 was admitted, client #1's behaviors got worst. -Client #1 had a few issues at the beginning of January 2021. -Client #1 pulled the alarm and police department came out. -In December 2020 client #1 had arguments with staff and other clients. -Small things would trigger client #1. -Client #1 had a habit of leaving the bathroom dirty. -Client #1 would leave her dirty clothes on the floor. -Client #1 would hide soiled clothing or underwear. -Client #1 defecated and urinated on herself several times since living in the home. -They saw feces on the kitchen chair when client #1 did not wipe properly. -She confirmed client #1 had no strategies to address the verbal and physical aggression, throwing away soiled clothing, incontinence 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>issues and defecation issues.</p> <p>Interview with staff #2 on 2/10/21 revealed:</p> <ul style="list-style-type: none"> -She primarily worked with client #1. -Client #1 was triggered by client #3 earlier today. -Client #3 was bragging about money. -She thought she saw client #1 act out three or four times since December. -Client #1 was also physically aggressive with her in the past. -Client #1 threw water and Lysol spray on her. -Client #1 also set off the alarm during that incident and the police station were contacted. -Client #1 had an incident with client #2 one or two days ago. -Client #1 said client #2 threatened her. -Client #1 tried to hit client #2 , however staff intervened. -Client #1 did urinate and defecate on herself. -She was not sure how often this had occurred with client #1. -She confirmed client #1 had no strategies to address the verbal and physical aggression, throwing away soiled clothing, incontinence issues and defecation issues. <p>Interview with the Qualified Professional on 2/11/21 revealed:</p> <ul style="list-style-type: none"> -She knew client #1 had some aggressive behaviors. -She was not aware of the two December 2020 physical altercation incidents with clients #1 and #4. -She was aware of client #1 having a few incontinence accidents at the group home. -She thought client #1 had two separate incidents. -Client #1 also defecated on herself and smeared the feces on the commode. -She was not aware of client #1 throwing away 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>soiled clothing due to toileting accidents. -She thought client #1 had a crisis plan to address her needs and behaviors. -She confirmed client #1 had no strategies to address the verbal and physical aggression, throwing away soiled clothing, incontinence issues and defecation issues.</p> <p>Interview with the Director on 2/10/21 revealed: -She was aware client #1 had been verbally and physically aggressive with staff and other clients in the home. -She was not sure if client #1's treatment plan addressed those behaviors. -Client #1 does urinate and defecate on herself. -She thought client #1 was throwing her underwear and clothes away after having the toileting accidents. -She confirmed client #1 had no strategies to address the verbal and physical aggression, throwing away soiled clothing, incontinence issues and defecation issues.</p>	V 112		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 5</p> <p>to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 6</p> <p>follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 7</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a policy governing their response to Level II incidents as required. The findings are:</p> <p>a. Review on 2/9/21 of client #1's record revealed: -Admission date of 11/24/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Asthma, Hypertension, Hypothyroidism, Gastroesophageal Reflux Disease, Type 2 Diabetes Mellitus, Obesity, Cannabis Use, Thyrotoxicosis, Moderate Intellectual Disabilities, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Anxiety Disorder and Schizophrenia-Undifferentiated.</p> <p>b. Review on 2/10/21 of former client #5 (FC #5) record revealed: -Admission date of 10/1/20. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Borderline Intellectual Functioning and Cocaine Use Disorder. -Discharge date of 11/2020.</p> <p>Review of police records on 2/9/21 revealed: -On 1/17/21 client #1 and staff #2 had an incident. Police officers responded to a disturbance. Client #1 stated she was assaulted by staff #2. Staff #2 said client #1 had thrown a</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 8</p> <p>bucket of water on her. After completing the investigation, there were no charges filed against either party.</p> <p>-On 12/29/20 police officers responded to a disturbance between clients #1 and #4. Client #1 got into a physical altercation with client #4. Clients #1 and #4 had to be separated by staff. According to client #1, client #4 got mad and called her a "n****r." Client #1 said she threw a roll of paper towels at client #4. Client #1 said client #4 threw the roll of paper towels back at her. Client #4 said client #1 was mad because she had to wash dishes. Client #4 also said client #1 slapped her and she slapped her back.</p> <p>-On 12/21/20 clients #1 and #4 got into an altercation. "[Client #4] stated [client #1] threw water on her after [client #4] had mentioned something to another resident about [client #1] not wearing a mask around the house."</p> <p>-FC #5 eloped from the group home on 11/27/20, 11/17/20, 11/15/20, 11/14/20 and 11/12/20.</p> <p>Review of facility records on 2/9/21 revealed:</p> <p>-There was no documentation of incident reports completed by group home staff for any of the above issues. There was no documentation to determine the cause of the incident; developing and implementing corrective measures according to the provider specified timeframes not to exceed 45 days; developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days and assigning person(s) to be responsible for implementation of the corrections and preventive measures.</p> <p>Interview with the Qualified Professional on 2/11/20 revealed:</p> <p>-She was not aware of the two December 2020 physical altercation incidents with clients #1 and</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 9</p> <p>#4.</p> <ul style="list-style-type: none"> -She was not aware of the incident with client #1 and staff #2 from January 2021. -When FC #5 lived at the group home she had several incidents of elopement. -She was responsible for putting all incidents into the Incident Response Improvement System (IRIS). -Staff would normally write out the incident on a Level I incident report form. -She would put the information from that Level I incident report form into the IRIS. -She thought staff possibly forgot to let her know about some of the incidents that occurred at the group home. -She confirmed the facility failed to develop and implement a policy governing their response to Level II incidents as required. <p>Interview with the Director on 2/10/21 revealed:</p> <ul style="list-style-type: none"> -She thought staff did the incident reports for the elopement with FC #5. -She thought staff also did the incident reports for the aggression issues with client #1. -She thought the Qualified Professional was responsible for putting those incidents into IRIS. -She doesn't know how to put the incidents into IRIS. -She confirmed the facility failed to develop and implement a policy governing their response to Level II incidents as required. 	V 366		
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</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 10</p> <p>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, 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>	V 367		

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V 367	<p>Continued From page 11</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 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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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>	V 367		

Division of Health Service Regulation

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V 367	Continued From page 12 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Refer to V-366 for specific details.	V 367		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/11/2021
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NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 540	<p>Continued From page 13</p> <p>impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming was implemented affecting one of two audited current clients (#1). The findings are:</p> <p>Observation of the facility on 2/9/21 at approximately 9:20 AM revealed: -Client #1 was sitting at kitchen table with her panties and pants pulled down. -Client #1's thighs and buttocks were exposed.</p> <p>Review on 2/9/21 of client #1's record revealed: -Admission date of 11/24/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Asthma, Hypertension, Hypothyroidism, Gastroesophageal Reflux Disease, Type 2 Diabetes Mellitus, Obesity, Cannabis Use, Thyrotoxicosis, Moderate Intellectual Disabilities, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Anxiety Disorder and Schizophrenia-Undifferentiated.</p> <p>Interview with client #1 on 2/11/21 revealed: -She did not have any pants that fit. -Sometimes her pants will slide down because they are too small. -When her pants slide down, her buttocks will show. -She must constantly pull up her pants. -She had no panties that fit since she was admitted to the home in November 2020. -She just got new panties on 2/10/21.</p>	V 540		

Division of Health Service Regulation

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V 540	<p>Continued From page 14</p> <p>-Her adult diapers don't fit either.</p> <p>Interview on 2/9/21 with the staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #1 had to constantly be redirected to pull up her pants as they are too small. -Client #1 did not like to wear undergarments such as bras and panties. -Client #1 did not have underwear that fit. -Client #1 had at least 10 pairs of panties. -Client #1 would not wear the underwear because they do not fit. -Client #1 just recently started wearing a bra and adult diapers. <p>Interview with the Qualified Professional on 2/11/21 revealed:</p> <p>She was aware client #1 did not have pants and panties that fit properly.</p> <ul style="list-style-type: none"> -She noticed when client #1 was admitted she had limited clothing to wear. -She thought client #1 was supposed to have some clothes purchased in December 2020. -She had been to the home and saw client #1's pants not fitting properly. -Client #1's pants were too small. -If client #1 was sitting a certain way you could see her buttocks exposed. -Staff had to prompt client #1 to pull up her pants. <p>Interviews with the Director on 2/10/21 and 2/11/21 revealed:</p> <ul style="list-style-type: none"> -She thought client #1 came to the group home with panties and pants. -Client #1 would urinate and defecate on herself. -She thought client #1 was throwing away her panties and clothes after having toileting accidents. -Client #1 was a "big girl" and it is not easy to find panties and clothes to fit her. -Client #1 also wore adult diapers. 	V 540		

Division of Health Service Regulation

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V 540	Continued From page 15 -The adult diapers she had are too small. -They just ordered new adult diapers for client #1 on 2/8/21.	V 540		
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 observations and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 2/9/21 at approximately 9:20 AM of the facility revealed the following: - The front porch area: There was a copier and television Observation on 2/11/21 at approximately 9:40 AM of the facility revealed the following: -There was a strong body odor smell in Client #1's bedroom. -Client #1's bedroom door was hanging off the hinges. Interview on 2/11/21 with the Director revealed: -The door to client #1's bedroom was fixed about three times. -She thought the door had been broken for about	V 736		

Division of Health Service Regulation

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V 736	Continued From page 16 a week. -She thought clients were slamming the door and that was why it was broken. -She thought the room smelled that way due to client #1's personal hygiene issues. -They try to encourage her to bath two times daily. -She will normally bath, however they don't force her. -Client #1 must bath when she is ready. -The television was hers on the front porch. -The copier was not hers, it belonged to her daughter. -She was not sure how long the copier had been on the front porch. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736		