STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-215	A. BUILDING: _____ B. WING _____	R 04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOMES	625 N MEBANE STREET BURLINGTON, NC 27217

(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, follow-up and complaint survey was completed on April 15, 2021. The complaint was substantiated (intake #NC00175961). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jon B. Rose TITLE Director/Owner (X6) DATE 5/10/21

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop a current treatment plan affecting one of four audited clients (#5). The findings are: Review on 4/13/21 of Client #5's record revealed: -Admission date of 11/11/2013. -Diagnoses of Bipolar Disorder Type I, Depressive Disorder, NOS, Polysubstance Dependency, Chronic Back Pain and Arthritis. -Treatment Plan expired on 12/20/2020. -There was no current treatment plan in the record. Interview o 4/13/21 with the Qualified Professional revealed: -She worked as a contract QP and would meet with clients once a month. -She was responsible for completing client's treatment plans. -She reported the treatment plans were current and should be in client's charts. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes:	V 113		

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V 113	Continued From page 2 (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113	Clients treatment Plans have been placed in their Personal Charts Face Sheets, Consent forms, treatment plans, Guardian info. and all Proper Forms have been Placed in clients Personal Charts	4/20/21 4/20/21

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V 113	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were completed for one of four audited clients (#2). The findings are: Review on 4/13/21 of Client #2's record revealed: -No Admission date. -Diagnoses Schizoaffective Disorder, Bipolar Type, Seizure Disorder, Hyperlipidemia, Altered Mental Status and Hypertension. -No face sheet and guardian information available. -No intake and/or assessment was available. -No treatment plan available. -No consent form available. -Medical chart was available. Interview on 4/13/21 with the Director revealed: -Client #2 received services from the community support team. -The community support team requested for client #2's record about one week ago. -Reported the information was in client #2's record. -Confirmed giving the community support team client #2's original record. -Confirmed he did not have a duplicate. -Confirmed he would request the community support team to fax requested documents to surveyor. -Upon exit surveyor did not receive requested documents.	V 113	Community Support Team Sent out all Proper documents	4/22/21
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	Continued From page 4 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 interview medications shall be administered only by	V 118		

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V 118	Continued From page 5 licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting three or three audited staff (Staff #7, Staff #8 and Staff #9). The findings are: Review on 4/15/21 of Staff #7's personnel record revealed: - No hired date. - Job title: Paraprofessional - one day on and one day off; 8a.m. - 8a.m. - There was no evidence of medication administration training in the record. Review on 4/15/21 of Staff #8's personnel record revealed: - Hired date: 2012; no exact date in record. - Job title: Paraprofessional - one day on and one day off; 8a.m. - 8a.m. - There was no evidence of medication administration training in the record. Review on 4/15/21 of Staff #9's personnel record revealed: - Hire date: 5/8/19. - Job title: Paraprofessional - one day on and one day off; 8a.m. - 8a.m. - There was no evidence of medication administration training in the record. During interview on 4/13/21 with the Director revealed: -Staff completed all trainings. -Confirmed a record of staff trainings would be in their personnel file. -Confirmed all staff administered medication to clients.	V 118	Hire Dates, Job Title, and med. Trainings have been placed in Staff records	4/27

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V 131	Continued From page 6	V 131		
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 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 access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#7). The findings are: Review on 4/15/21 of Staff #7's personnel record revealed: - No hired date. - Job title: Paraprofessional - There was no evidence HCP was assessed prior to employment. Interview on 4/13/21 with the Director revealed: -He would provide staff personnel file per surveyor's request. -Confirmed he had all the information for the personnel file per surveyor's request. -Upon exit staff #7's HCPR was not available. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131	All Healty Reg. checks are placed in personnel files	4/27

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V 133	Continued From page 7	V 133		
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 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	V 133		

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V 133	Continued From page 8 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 (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:	V 133		

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V 133	Continued From page 9 (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 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	V 133		

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V 133	Continued From page 10 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, 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.	V 133		

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V 133	Continued From page 11 (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 failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for two of three audited staff (staff #7 and staff #9). The findings are: Review on 4/15/21 of Staff #7's personnel record revealed: - No hired date. - Job title: Paraprofessional	V 133		

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V 133	Continued From page 12 - There was no evidence the criminal record check was ordered. Review on 4/15/21 of Staff #9's personnel record revealed: - Hire date: 5/8/19. - Job title: Paraprofessional. - There was no evidence the criminal record check was ordered. During interview on 4/13/21 with Staff #7 revealed that she worked at both homes for the company. During interview on 4/15/21 with Staff #9 revealed his criminal background check should be in his personnel records. He reported paying for the criminal background check two times. Interview on 4/13/21 with the Director revealed: -He would provide staff personnel file per surveyor's request. -Confirmed he had all the information for the personnel file per surveyor's request. -Upon exit the criminal record check was not in staff #7 and staff #8's personnel record. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133	Staff criminal check is placed in personnel file	5/3
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the	V 290		

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V 290	Continued From page 13 premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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	MHL001-216	A. BUILDING: _____ B. WING _____	R 04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOMES	626 N MEBANE STREET BURLINGTON, NC 27217

(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 290	Continued From page 14 This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure supervision in the home affecting one of four audited clients (#3). The findings are: Observation on 4/15/21 at 8:20 a.m. revealed: -Staff #8 was at the back door. -Client #3 was walking from up the block crossing the street to the front of the home. -Staff #8 was not visibly supervising client #3 walked down the block. Review on 4/15/21 of Client #3 ' s record revealed: -Admission date of 8/5/11. -Diagnoses of Schizophrenia, Anxiety Disorder, NOS, Moderate Intellectual Functioning, Post Traumatic Stress Disorder and Hyperlipidemia. -Treatment plan dated 12/14/20. -No unsupervised time allowed. Interview on 4/15/21 with Staff #8 revealed: -He was leaving for the day waiting for his relief staff #9. -He knew client #3 left the home. -He was unaware where client #3 walked to. -Reported client #3 wandered and walked the street. Interview on 4/15/21 with Staff #9 revealed: -Worked as a paraprofessional. -He reported surveyor would exit the survey with him. -Confirm client #3 walked down the street. -Client #3 was supposed to walk to the corner and back. -Client #3 should let staff know when he left the house.	V 290	All clients are supervised visibly and monitored. Checked on visibly while walking on the sidewalk and never leave eye sight of staff.	4/16

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V 290	Continued From page 15 -He would watch client #3 walk down the street on his shift.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation, the facility failed to ensure facility grounds were maintained in a safe, clean and attractive manner. The findings are: Observation on 4/13/21 at 10am revealed: -The office bathroom door knob on door needs to be replaced. -Client #2's clothing was kept in the staff bathroom bathtub . -Camera hanging on wall in the office area for where staff sleep and complete personal grooming. -Door to client's bathroom had nail that blocked door from being able to close. -Bathroom lighting was dim. -Bathroom smelled of urine. -Toilet tissue holder needed in bathroom. -No paper towel or hand towel available for clients to dry hands. -Kitchen cabinets under sink did not completely closed. -Kitchen cabinet in far-right corner unable to	V 736	Door knob has been replaced. Clothing has been removed from bathtub. Camera is only pointed to med. closet and nothing else is visible. Changed lighting in bathroom mopped floor Cabnets have been fixed	4/23 4/23 4/15 4/23 4/15 4/23

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	MHL001-215	A. BUILDING: _____ B. WING _____	R 04/16/2021

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V 736	Continued From page 16 open. -Kitchen cabinet handle in right corner loose from the door -Kitchen drawer in right corner loose from the drawer. -Hallway area closest to front door entrance had no lighting. -First bedroom to the left had strong smell of urine and large black soiled spots on carpet. -First bedroom to the left had mouse trap by dresser drawer. -First bedroom to the left of the front did not have a dresser. -Second bedroom to the left needed 2 lightbulbs replaced in ceiling fan fixture. -First bedroom to the right needed doorknob replaced. -First bedroom to the right needed 2 lightbulbs replaced in ceiling fan fixture. -Removal of all old smoke detectors above door of all bedrooms and had exposed wires. -All doors and walls were dirty and need to be cleaned and painted. Interview on 4/15/21 with Staff #9 revealed: -Surveyors was allowed to exit the survey with him. -Confirmed issues in the home. -Reported the Director was in the process of updating and fixing the home but it would take time. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	Handle has been tightened Drawer is tightened That closet is kept locked and is personal use of owners. New flooring ordered from Lowes All light fixtures have been fixed old detectors have been removed walls have been cleaned	4/23 4/23 4/15 5/7 4/30 4/30 4/30
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 738		

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	MHL001-215	A. BUILDING: _____ B. WING _____	R 04/15/2021

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V 738	Continued From page 17 (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain an insect free environment. The findings are: Observation on 4/13/21 at 10:35 a.m. revealed: -There was a mouse trap on the floor in the first bedroom on the right of the back door. Interview on 4/13/21 with Clients #1, Client #2, Client #3, Client #5 and Client #6 revealed: -No one reported seeing bed bugs in the home. -All denied the home had issues with bed bugs. -Client #5 reported the mouse trap was in his room. -Client #5 reported there was a mouse "running" around the home. -Client #1 and Client #2 did not see any rodents. -Client #6 reported he killed about three mice. -Client #5 and client #6 reported the exterminator came quarterly. -Client #6 stated, "we're near a land and grass. The mice would keep coming." -Client #4 was unavailable. Interview on 4/13/21 with Staff #7 reported: -She worked at the home every other day. One day on and one day off. -She did not see any bed bugs. -Clients did not report issues with bed bugs. -An exterminator came to the house quarterly. Interview on 4/13/21 with the Director revealed:	V 738	Traps have been removed.	4/20

Division of Health Service Regulation

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V 738	Continued From page 18 -He had a contract with an exterminator company to exterminate the facility quarterly. -Last year a former client was bringing stuff from outside. -No one at the home reported or ever seeing bed bugs. -It was a complaint with people that worked with him for a short time. -They just took precautions to get treatment. -He purchased new mattresses throughout the home. -There was no exterminator receipts produced per surveyor's request on before or on exit.	V 738	We have a contract with Sawyer exterminating. We renew it yearly. They treat Quarterly unless there is a complaint. Our Contract renews every November.	4/15

1806 Jeffries Cross Rd.
Burlington, NC
Phone 336-266-7073
Fax 336-229-5118

Alamance Homes LLC

Fax

To:	Caitlin Hicks	**From:**	Timmy Rogers
Fax:	1 (919) 715-8078	**Pages:**	32
Phone:	1 (919) 855-3963	**Date**	03/16/2021
Re:	Alamance Homes I and II	**cc:**	

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Documents for Plan of Corrections for Division of Health Service Regulations for facilities I MHL-001-215 and II MHL-001-237.