	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY
,	o. oo		A. BUILDING:			
		MHL055062	B. WING		07/2	2 <mark>8/2021</mark>
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
TURNER	3		NER STREET ITON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	ΓS	V 000			
	7/28/21. The comp	plaint survey was completed plaints were substantiated. 77920). Deficiencies were				
	category:	sed for the following service 600C Supervised Living for omental Disability				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL realth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.				
	facility failed to ens substantiated findir on the North Caroli Registry (HCPR) pro- staff (Qualified Prof- are:	view and interviews, the ure each staff member had no not of abuse or neglect listed na Health Care Personnel rior to hire for 1 of 3 audited fessional (QP). The findings				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MULAFFACA	B. WING		07/0	
		MHL055062	B. W		0712	8/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TURNER	₹3	******	IER STREET TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 131	Continued From pa	ae 1	V 131			
	_					
	-HCPR check dated	1 5/6/21.				
	Interview on 7/28/2 Administrator revea -Their corporate Huresponsible for combackground checks -HR must have mis	nled: Iman Resources (HR) was Inpleting these hiring				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIREI APPLICANTS FOR (a) Definition As a provider applies to program and any program and is licer. (b) Requirement A provider licensed un applicant to fill a possible applicant to have an conditioned on conscriminal history reconstituted and programment of the applicant has be less than five years is conditioned on conscriminal history reconstituted a check of the applicant has be five years or more, on consent to a Stacheck of the applicant criminal history reconstituted and programment of the applicant has be five years or more, on consent to a Stacheck of the applicant history reconstituted and programment hist					

Division of Health Service Regulation

STATE FORM FZ9B11 If continuation sheet 2 of 12

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL055062	B. WING		07/2) 8/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	•	
NAME OF I	NOVIDEN ON OUT FIELD		IER STREET			
TURNER	. 3		TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	ф	ge 2 ive business days of making	V 133			
	the conditional offer	of employment, a provider est to the Department of				
	criminal history reco	114-19.10 to conduct a ord check required by this				
	entity to conduct a	mit a request to a private State criminal history record his section. Notwithstanding				
	G.S. 114-19.10, the	Department of Justice shall national criminal history				
		mployment positions not				
	Department of Hea	Ith and Human Services, Theck Unit. Within five				
	history of the perso	ceipt of the national criminal n, the Department of Health				
	Unit, shall notify the	es, Criminal Records Check provider as to whether the				
	of the applicant. In	d may affect the employability no case shall the results of the				
	with the provider. P	story record check be shared roviders shall make available cation that a criminal history				
	check has been cor	mpleted on any staff covered punty that has adopted an				
	appropriate local or	dinance and has access to inal Information data bank				
	criminal history reco	half of a provider a State ord check required by this				
	request to the Depa	provider having to submit a artment of Justice. In such a				
	criminal history reco	all commence with the State ord check required by this				
	conditional offer of	usiness days of the employment by the provider. nformation received by the				
	provider is confiden	itial and may not be disclosed, ant as provided in subsection				
	(c) of this section. F					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: A. BUILDING:					
		A. DOILDING.			
	MHL055062	B. WING			, 8/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURNER 3		ER STREET			
		TON, NC 28			
PREFIX (EACH DEFICIENCY MI	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
business regularly engeriminal history records obtained from (c) Action If an appli record check reveals a relevant offense, the of the following factors hire the applicant: (1) The level and seric (2) The date of the cric (3) The age of the per conviction. (4) The circumstances commission of the crir (5) The nexus betwee the person and the job filled. (6) The prison, jail, prorehabilitation, and emperson since the date (7) The subsequent coar relevant offense. The fact of conviction shall not be a bar to elisted factors shall be lifthe provider disqualic consideration of the reprovider may disclose the criminal history reato the disqualification, of the criminal history applicant. (d) Limited Immunity. or employee of a provemplies with this sectivil liability for: (1) The failure of the process of the criminal history (1) The failure of the provembles with this sectivil liability for: (1) The failure of the process of the criminal history (1) The failure of the provembles with this sectivil liability for: (1) The failure of the process of the criminal history (1) The failure of the process of the criminal history (2) The failure of the process of the criminal history (3) The failure of the process of the criminal history (4) Limited Immunity.	"private entity" means a gaged in conducting d checks utilizing public in a State agency. Ilicant's criminal history one or more convictions of e provider shall consider all its in determining whether to ousness of the crime. Ime. If the criminal conduct of the ime, if known. It is surrounding the ime, if known. If the criminal conduct of the duties of the position to be robation, parole, apployment records of the extreme was committed. It is of a relevant offense alone employment; however, the considered by the provider. If it is an applicant after elevant factors, then the extreme information contained in accord check that is relevant, but may not provide a copy of record check to the information shall be immune from the contained in the cord check to the immune from the contained in the cord check that is relevant, but may not provide a copy of record check to the immune from the contained in the cord check that is relevant that, in good faith, cotion shall be immune from	V 133			

Division of Health Service Regulation

AND DI AN OF CORRECTION \ \ \ \ \ \ IDENTIFICATION NUMBER:	TIPLE CONSTRUCTION DING:	(X3) DATE SURVEY COMPLETED
		С
MHL055062 B. WING		07/28/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CI	TY, STATE, ZIP CODE	
TURNER 3 311 TURNER STR	EET	
LINCOLNTON, NO	28092	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	ODOGO DEFEDENCED TO THE ADDRO	D BE COMPLETE
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 40,	DEFICIENCY)	

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					C	,
		MHL055062	B. WING		07/2	8/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TURNER	3		ER STREET TON, NC 28			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	Intoxication; and Ar Crime. These crimes sale of drugs in viol Controlled Substan 90 of the General Soffenses such as siviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furniapplicant for emplosupplies, or otherw an employment approximinal history recishall be guilty of a (g) Conditional Emplement approximinal history recishall be guilty of a (g) Conditional Employ an applicant obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history recishall beginning the criminal history recishall beginning the following requirement (1) The provider shippior to obtaining the criminal history recishall beginning the criminal history recishally beginning the criminal history	ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, is e gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Class A1 misdemeanor. Soloyment A provider may at conditionally prior to so fa criminal history record e applicant if both of the				
		et as evidenced by: el record review and staff ity failed to request a state or				

Division of Health Service Regulation

STATE FORM FZ9B11 If continuation sheet 6 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL055062	B. WING		07/2	8/2021
NAME OF	PROVIDER OR SUPPLIER	311 TURN	DRESS, CITY, S ER STREET TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	of making the cond 1 of 3 audited staff The findings are: Review on 7/23/21 revealed: -Hire Date: 11/18/20 -Lived in New York Licensee. -Criminal Backgroudid not include SBI Interview on 7/28/2 Administrator reveal	ckground check within 5 days itional offer of employment for (Qualified Professional (QP). of the QP's personnel record O. prior to being hired by nd check ordered on 10/12/20 check. 1 with the Regional sled: Iman Resources (HR) was upleting these hiring	V 133			
V 291	10A NCAC 27G .56 (a) Capacity. A factorial forms of the developmental disation on June 15, 2001, at than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he	sed Living - Operations OPERATIONS cility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more nat time, may continue to no more than the facility's mation. Coordination shall be not the facility operator and the als who are responsible for on or case management. The Family or Legally note and the country to maintain an ongoing or or his family through such the facility and visits outside	V 291			

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STATE FORM FZ9B11 If continuation sheet 7 of 12

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
71101 1211	OF CONTROL OF THE CON	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL055062	B. WING		07/2	: :8/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
TURNER	2 3		IER STREET			
			TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ige 7	V 291			
	the facility. Reports annually to the pare legally responsible Reports may be in conference and sha progress toward me (d) Program Activitiactivity opportunitie needs and the treat Activities shall be dinclusion. Choices or legal system is in	s shall be submitted at least ent of a minor resident, or the person of an adult resident. writing or take the form of a all focus on the client's eeting individual goals. ies. Each client shall have s based on her/his choices, tment/habilitation plan. esigned to foster community may be limited when the court hvolved or when health or me a primary concern.				
	facility failed to coo	view and interviews, the rdinate with the legal guardian atment for 1 of 3 audited clients				
	-Date of admission- Il diabetes, cortical chronic kidney dise constipation, urinar Esophageal Reflux convulsions, bipola disorder, mild Intell Traumatic Stress D disorder, Generaliz history of TBI. -consent for medica signed 4/12/21 by grange 100-400 milli					
	revealed:	of May-July 2021 MARs Clozapine (antipsychotic)				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
7.1.12 . 2.1.1	o. oo2011011		A. BUILDING:			
		MHL055062	B. WING		07/2	28/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURNER	3		ER STREET TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 291	Continued From pa	ige 8	V 291			
V 291	changed from 100 to 150mg twice dail-on 6/15/21 physici. 100mg in AM 150m lethargyno evidence the guincrease or decrease. Review on 7/23/21 visits since admississeen on: -7/28/20 -front up-1/25/21-dental ci-2/2/21- front toot-No evidence the guincrease on 7/23/21 appointments from -Medical appointments from -In addition to consumer and colonos -She was seen in the department twice a guardian was notificational notificational notificational for an incommented for	mg in AM, 150mg at bedtime ly on 6/8/21. an changed dosage back to ag at bedtime due to increased duardian was informed of the se of psychotropic medication. of nursing notes of dental on revealed Client #1 was per tooth removal (#8) leaning the removed (#30) leaning the remov	V 291			
	-Yes she was happ -Staff treat her goo -She gets her medi -She had never fall fallen at her other p -She can use the p	d. cation. Staff never forget. en in the shower. She had				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
,	0. 0020		A. BUILDING:			
		MHL055062	B. WING		07/2	8/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0112	0/2021
10,4012 01	THOUBER OR SOLVE ELER		ER STREET			
TURNER	2 3		TON, NC 28			
(V4) ID	SI IMMA DV STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 9	V 291			
	since I've talked to -Only once a previo my sister cause I w her."	ous staff "wouldn't let me call as gonna tell something on oroke but she sits on another				
	Interview on 7/26/2 revealed: -"Staff are under str. They are burned ou -"The administrator administrator] is go she's got a 30 year -"None of the staff or -"[The Registered Not medical records but appointments not medical records a lot of mismanipulative things of the staff o	1 with Client #1's guardian ress; working 12 hour shifts. at. They are not trained." is not listening to me". [The ing thru a lot. She tells me background." can talk to me." Nurse (RN)] called. I wanted t she only sent doctors' nedical records." a good relationship with staff. scommunication. So many have gone on." very time Client #1 goes to the or called to ask about it." get her medical records out of I have not scheduled a visit ow about restrictions. It's been we seen my sister. I have been				
	dealing with an adn -"No one (staff) is a nurse] said she car have to get it from [Organization]." -"I can't speak to [th #1] broke her toes. Saturday for 34 mir would have to talk t	ninistrator who doesn't care." illowed to talk to me. [The o't send medical information; I				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
,	0. 0020		A. BUILDING:			
		MHL055062	B. WING		07/2	28/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	0172	0/2021
TO THE OT	THO VIDER OR GOLF EIER		IER STREET			
TURNER	2 3		TON, NC 28			
(Y4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
V 291	Continued From pa	ge 10	V 291			
	[the Administrator]					
	Interview on 7/28/2 revealed:	1 with the Registered Nurse				
	-Any new medications or medication increases required a guardian's consentA new LPN (licensed practical nurse) for that facility just started mid-April although she had previously worked as direct care. She may not document in the nurses notes every time she contacts the guardianThis LPN was currently on vacation.					
	this guardian but sh -Client #1's guardia witnessed for Cloza Clozaril stayed with -She did not know i	n gave consent and was aril. Administration of the in the consent. f Client #1's guardian had of the doctor's appointments or				
	revealed: -Client #1 was with were lots of accusa (guardian) after Clie	with the Administrator another provider where there tions. Talking with sister ent #1 moved in and began will only talk to sister with a				
	-"Two weeks ago [0 LPN] and complain talk on the phone, of outings and broke -"[The RN] sent her appointments" -"[Client #1's guard #1] needs access to don't answer phone	dates of medical ian] complained that [Client phone at all times and staff				
	-Client #1's guardia	n was condescending with the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING.			
	MHL055062	B. WING			, 8/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURNER 3		ER STREET TON, NC 28			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
The house phone is -The guardian need changes and wanted -Communication wit increasingly difficult.	fied Professional and staff. working and has voice mail. ed to approve any medication d to sign consents. h this guardian had become . Due to the concerns of the guardian, she always had	V 291			

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