

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2021
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NAME OF PROVIDER OR SUPPLIER DALTON'S DUGOUT-LIFESPAN, INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 532 PLEASANT VALLEY ROAD MURPHY, NC 28906
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 17, 2021. The complaint intake #NC00175583 was unsubstantiated. The complaint intake #NC00179308 was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Intellectual and Developmental Disabilities and Other Diagnosis.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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 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.</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure at least one staff member available in the facility at all times, was trained in basic first aid including seizure management and cardiopulmonary resuscitation, for one (Staff #2) of three staff audited. The findings are:</p> <p>Review on 8/5/21 of Staff #2's employee record: -hire date 10/2/17; -position, Residential Enrichment Specialist; -Adult and Pediatric First Aid/CPR (Cardiopulmonary Resuscitation) expired July 31, 2021.</p> <p>Interview on 8/4/21 with Staff #2 revealed: -he worked the day shift Monday through Friday, 8:00 a.m. to 4:00 p.m. -he was the only staff member during the day. -he was trained in First Aid/CPR</p> <p>On 8/9/21 the Qualified Professional was asked if Staff #2 had a renewed First Aid/CPR certificate.</p> <p>Review on 8/10/21 of Staff #2's First Aid/CPR from American Red Cross revealed: -updated 8/9/21; -expired 8/30/23. -Staff #2 worked 8/2/21 through 8/6/21 as the</p>	V 108		

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V 108	Continued From page 2 only staff member while his First Aid/CPR certification was expired.	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. (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.	V 110		

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V 110	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, 1 of 3 paraprofessionals (Staff #2) failed to demonstrate knowledge skills and abilities required by the population served. The findings are:</p> <p>Review on 8/5/21 of Staff #2's employee record: -hire date 10/2/17; -position, Residential Enrichment Specialist.</p> <p>Review on 8/5/21 of Client #1's record revealed: -Admission date 9/12/17. -Diagnoses of Autism Spectrum Disorder, Vitamin D Deficiency, PICA Disorder and Constipation.</p> <p>Review on 8/4/21 and 8/5/21 of Client #2's record revealed: -Admission date 10/19/20. -Diagnoses of Autistic Disorder, Mild Intellectual Disabilities, Other Reactions to Severe Stress, Gender Identity Disorder of Childhood, and Other Paraphilias.</p> <p>Review on 8/28/21 of Former Client #3's record revealed: -Admission date 8/28/19. -Diagnoses of Autism Spectrum Disorder, Intellectual Developmental Disability, Mild, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Bipolar Disorder, current episode manic without psychotic features, severe, Reaction Severe Stress, Unspecified, Obesity, Pre-Diabetes, and Personal History of neglect and suspected physical abuse in childhood.</p> <p>Interview on 8/4/21 with Staff #2 revealed:</p>	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> -He worked the day shift Monday through Friday, 8:00 a.m. to 4:00 p.m. -His job entailed making sure the clients were fed, safe, socialized and learned life skills. -His de-escalation techniques used for FC #3 were to "...tell him to stop and think about what he was trying to do, to listen instead of flying off the handle...it's what ever he wants to see at that particular time...getting what he wants or whatever he wants to destroy. He thinks he can destroy stuff, get away with it and thinks it's going to be replaced." -Regarding televisions being broken - "Like I said, he destroys stuff and expects it to be replaced. I don't know if it rubbed off on [Client #1] but recently he broke his tv." -Training - "No, I haven't had training specific to Autism or Dual Diagnoses, but I've been working in this field for 25 plus years." <p>For confidentiality purposes and to provide anonymity, the following identifier's and dates of the interview have been purposely omitted.</p> <ul style="list-style-type: none"> -Staff #2 was heard as being rude when he spoke to clients. -Examples of what he said to clients included: "If you would close your mouth and listen then we wouldn't have this problem." -He would repeat things like, "You're not listening...quit arguing with me...quit fighting...you're being a child." -When discussing a client Staff #2 would say, "He [client] pitches a fit to get what he wants...He breaks his tablet to get a new one...He pouts because he wants attention...He rips the TV off the wall because he doesn't know any better." -It seemed Staff #2 did not know much about client's who had Autism and effective ways to communicate with them. 	V 110		

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V 110	<p>Continued From page 5</p> <p>Interview on 8/11/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The basics of Autism and mental health conditions were covered in Orientation: Overview of Disabilities, and during annual updates. -She realized there was a virtual training in April 2021 that was specific to Autism, she had something already scheduled. -None of her staff attended the virtual training or have been to any training specifically regarding Autism and dual diagnosis. -She had not witnessed Staff #2 being rude, yelling or talking over client's. -She had witnessed Staff #2 talking loud as he was moving around the kitchen doing other things while on a Zoom call. -She believed he talked louder than normal due to doing other things at the same time. -She never heard him talk down to clients. <p>Interview on 8/16/21 with the facility Compliance Specialist revealed:</p> <ul style="list-style-type: none"> -He participated on a few calls where Staff #2 was present. -He was known to be loud as he was trying to deal with the other client's from room to room and multi-task. -He could see how Staff #2 may come across as rough. -He would be direct with a former client; he had not heard him be demeaning or rude. -Staff #2 was an excellent staff member and he wished they had more. -They do need more training specifically on Autism Disorder; it is covered in Overview of IDD, but could be more in depth. -They do not have a class regarding Dual Diagnosis. 	V 110		

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V 118	Continued From page 6	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure MARs were kept current and accurate and failed to administer medications on the written order of a physician affecting 2 of 2 clients audited for medications (Clients #1, and #2). The findings are:</p> <p>Review on 8/5/21 of Client #1's record revealed: -Admission date 9/12/17. -Diagnoses of Autism Spectrum Disorder, Vitamin D Deficiency, PICA Disorder and Constipation.</p> <p>Review on 8/5/21 of physician's orders for Client #1 revealed: -Triancinolone Acetonide Ointment USP 1% - apply 2 times a day to affected areas, except for face, apply every day - signed 2/11/21. -Non-prescription medications - Acid-Sinetricone Liquid, Triple Antibiotic Ointment, Robitussion, Cough drops, Clearlax Powder - all PRN (as needed) - signed 2/11/21.</p> <p>Observation on 8/4/21 at 2:00 p.m. of Client #1's medications revealed: -Triancinolone Acetonide Ointment USP 1% - apply 2 times a day to affected areas, except for face, apply every day - last dispensed 2/11/21. -Non-prescription medications - Acid-Sinetricone Liquid, Triple Antibiotic Ointment, Robitussion, Cough drops, Clearlax Powder were not present in the medication cabinet.</p> <p>Review on 8/4/21 and 8/5/21 of Client #1's MARs from May 2021 to 8/5/21 revealed: -Triancinolone Acetonide Ointment USP 1% - apply 2 times a day to affected areas, except for face, apply every day - was not listed. -Acid-Sinetricone Liquid, Triple Antibiotic Ointment, Robitussion, Cough drops, and Clearlax Powder were not listed for June, July</p>	V 118		

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V 118	<p>Continued From page 8 and August.</p> <p>Review on 8/4/21 and 8/5/21 of Client #2's record revealed: -Admission date 10/19/20. -Diagnoses of Autistic Disorder, Mild Intellectual Disabilities, Other Reactions to Severe Stress, Gender Identity Disorder of Childhood, and Other Paraphilias.</p> <p>Review on 8/4/21 and 8/5/21 of Client #2's MAR for May 2021 to 8/5/21 revealed: -Mupirocin 2% ointment - apply a small amount to affected area by topical route 3 times a day. -Between the dates of 5/14/21 to 5/23/21 Mupirocin 2% ointment was not given; the reason was "out of med." -on 5/27/21 Mupirocin 2% ointment was documented as "no order at this time." -Hydroxyzine PAM 50 mg capsules - 5/1/21 - 5/31/21- showed transcription for 1 capsule 2x day. -Hydroxyzine PAM 50 mg - In June a dose change on 6/9/21 to 1 capsule 1x day; another dose change on 6/28/21 to 1 capsule 2x day. -Hydroxyzine HCL 25 mg - 1 tab 2 x day PRN listed May, June, July, and August - were not initialed as given. -Melatonin 10 mg - 1 tablet 1 x day for 30 days - initialed as given in July; August highlighted and a note "d/c'd 7/29/21." -Triamcinolone 0.1% - apply thin layer 2x day - PRN - started 6/7/21. -Lexapro 10 mg 1 tab 1 x day - 6/9/21 5 mg 1 x day was given; dose change on 6/28/21 to 10 mg 1 x day.</p> <p>Observation on 8/4/21 at 2:15 p.m. of Client #2's medications revealed: -3 tubes of Mupirocin 2% ointment with</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>instructions of: apply 2 times daily for 5 days. -The dates dispensed were: 7/1/21, 8/1/21, and one could not be read. -Hydroxyzine PAM 50 mg - 1 capsule 2 x day - dispensed 8/1/21 -Hydroxyzine HCL 25 mg - 1 tab 2 x day PRN - was not observed. -Melatonin 10 mg - 1 tablet 1 x day for 30 days-dispensed 8/1/21. -Aripiprazole 2 mg - 1 tablet 1 x day for 30 days-8/1/21. -Triamcinolone 0.1% - apply thin layer 2x day - PRN - dispensed 6/7/21. -Lexapro - 10 mg - 1 tablet 1 x day - dispensed 8/1/21.</p> <p>Review on 8/4/21 and 8/5/21 of Client #2's physician's orders revealed: -Mupirocin 2% ointment - apply 2 times daily for 5 days -signed 6/2/21. -Hydroxyzine PAM - 50 mg - 1 capsule 2 x day - signed 6/28/21. -Hydroxyzine PAM - 50 mg - 1 capsule 1 x day - no order. -Melatonin 10 mg - 1 tablet 1 x day for 30 days-signed 11/20/20 for 4 refills; this order expired on 3/20/21; no new order or discontinued order. -Aripiprazole - 2 mg - 1 tablet per day for 30 days - no order. -Hydroxyzine HCL 25 mg - 1 tab 2 x day PRN - no order. -Triamcinolone 0.1% - apply thin layer 2x day - PRN - no order. -Lexapro - 10 mg - 1 tablet 1 x day - no order. -Lexapro - 5 mg - 1 tablet 1 x day - no order.</p> <p>Interview on 8/5/21 with the Qualified Professional revealed: -A nurse from Lifespan came once a month to look at the medications, MARs and physician</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>orders.</p> <p>-The nurses made sure everything was correct and up-to-date.</p> <p>-She was not aware over-the-counter medications ordered PRN should be in the client's medication box and available if needed.</p> <p>-Requested the above physician orders for Client #2 that were not found at the time of the review.</p> <p>Review on 8/5/21 of Client #2's physician orders provided by the Qualified Professional revealed:</p> <p>-Hydroxyzine PAM - 50 mg - 1 capsule 2 x day - signed 3/26/21.</p> <p>-Hydroxyzine PAM - 50 mg - 1 capsule 1 x day - signed 6/2/21 (per above MAR 1x day was not started until 6/9/21).</p> <p>-Melatonin 10 mg - 1 tablet 1 x day for 30 days - signed 11/20/20 for 4 refills; this order expired on 3/20/21; no new order or discontinued order was provided.</p> <p>-Aripiprazole - 2 mg - 1 tablet per day for 30 days - signed orders 11/10/20, 12/1/20, 3/26/21, 6/2/21, and 6/28/21.</p> <p>-Hydroxyzine HCL 25 mg - 1 tab 2 x day PRN - no order and no discontinue order provided.</p> <p>-Triamcinolone 0.1% - apply thin layer 2x day - PRN - no order provided.</p> <p>-Lexapro - 10 mg - 1 tablet 1 x day - signed order 7/1/21 and 8/1/21.</p> <p>-Lexapro - 5 mg - 1 tablet 1 x day - signed order 6/9/21.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 11</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 8/4/21 between 1:45 PM - 4:00 PM revealed: -At least 15 white trash bags piled outside of 2 trash cans under the covered carport. -The two trash cans were full with additional white trash bags.</p> <p>-Bedroom #1 had multiple holes (minimum of 12) on all 4 walls of the room. Varying in size up to approximately 6 inches in diameter. One of the closets bifold doors was off the hinges and laying inside the closet. A 6-drawer dresser was in the room with the top 2 drawers broken and laying inside of the closet. The kickplate going into the bedroom from the hallway was broken. The mattress was torn and had holes in it and was sunken in the middle.</p> <p>-Bedroom #2 (Client #1) had several holes in the wall (about the size of a snow globe), above the bed. Several dents and dimples were in the wall surrounding the holes. Behind the head of the bed, there was a large hole in the wall about the size of a square foot. Blinds in one window were missing the middle half of the slats. The mattress appeared worn and was sunken in the middle. The ceiling fan in the room did not have a light bulb</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2021
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NAME OF PROVIDER OR SUPPLIER DALTON'S DUGOUT-LIFESPAN, INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 532 PLEASANT VALLEY ROAD MURPHY, NC 28906
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(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 736	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Bathroom #1 (outside of bedroom #2) had a small hole in the wall behind the door where the doorknob has hit the wall. -Bedroom #3 (Client #2) had a small dent in the wall behind door. -The extra bedroom had a hole in closet door. -The back deck had a hole in the deck approximately 12 inches by 4 inches. <p>Interview on 8/4/21 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -There was a service that took the trash but he was unsure as to why they have not picked up the trash. -The damage to bedroom #1 was caused by a former client that was discharged about a month ago (note: FC discharged 6/30/21). -The damage to bedroom #2 was caused by the current client when he would get upset. He thinks the holes were created by a snow globe that was later found broken in the room. The dents and dimples in the wall were caused by the client using books to hit the wall when he was upset. The missing light bulb was reported to be missing because the client unscrews it, so they leave it out. -The clients do go out on the back deck and they try to keep them on the other side of the deck away from the hole except when he cuts their hair and then he pushes the hair through the hole in the deck. <p>Interview on 8/4/21 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -There was a disagreement between the Qualified Professional and trash service as to whether payment was current for service. 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2021
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NAME OF PROVIDER OR SUPPLIER DALTON'S DUGOUT-LIFESPAN, INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 532 PLEASANT VALLEY ROAD MURPHY, NC 28906
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V 774	Continued From page 13	V 774		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(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:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility bedrooms had minimum furnishings. The findings are:</p> <p>Observation on 8/4/21 at 2:00 p.m. of Client #2's bedroom revealed:</p> <ul style="list-style-type: none"> -approximately 3 plastic storage tubs along the side of the wall. -the plastic tubs were overflowing with his belongings which included games, movies, coloring books, markers, etc. -additional items were strewn along the floor next to the plastic tubs. -there was no bedside table for personal belongings of the client. -he had two items hung up in his closet; there were no extra hangers to hang client's clothing. <p>Interview on 8/5/21 with the Qualified</p>	V 774		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2021
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NAME OF PROVIDER OR SUPPLIER DALTON'S DUGOUT-LIFESPAN, INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 532 PLEASANT VALLEY ROAD MURPHY, NC 28906
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V 774	Continued From page 14 Professional revealed: -the client puts his belongings on the floor.	V 774		