

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2021
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NAME OF PROVIDER OR SUPPLIER DAVIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 711 DAVIS AVENUE WHITEVILLE, NC 28472
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 8/11/21. The complaint was substantiated (Intake #NC00179953). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</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> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

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 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#3) was trained in goals and strategies as identified in the treatment plans. The findings are:</p> <p>Review on 8/11/21 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired for the company on 7/30/20 - Started a permanent position in this facility on 8/2/21 - Title was direct care staff - No documented training specific to the clients' individualized treatment plans <p>Interview on 8/10/21 Staff #3 reported:</p> <ul style="list-style-type: none"> - Been with the company for 14 years - Just started working at this group home on a permanent basis on August 2, 2021 - She worked 1st shift from 8am - 4pm - Did not work on goals with the clients - That was not her job on 1st shift - The clients had a 1:1 worker that worked with them on their goals - Client #1 was the only client that did not have a 1:1, so she temporarily worked 1:1 with her - She didn't know client #1's goals because she just started working in this position a week ago - "How would I know how long she (client #1) been here? I just started a week ago." 	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2 - She cooked, cleaned up the group home and helped the clients with anything they "needed" - The clients' needs were, "It's whatever they need, I mean, you know" Interview on 8/11/21 the Executive Director reported: - Every staff hired had orientation either prior to or the day they started employment - Treatment goals were something that every staff worked on with the clients - Staff #3 was probably nervous - Staff #3 probably didn't want to give a wrong answer - Staff #3 should have just said what she did on a daily basis at work - She will speak with staff #3 about this situation	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 08/11/21 of facility record from August 2020 thru July 2021 revealed: - No fire drills documented from August 2020 thru April 2021. - No disaster drills documented from August 2020 thru April 2021.</p> <p>Interview on 08/10/21 staff #1 stated: - She had completed drills at the facility. - She thought the drills were completed every 6 months.</p> <p>Interview on 08/10/21 and 08/11/21 the Licensee/Qualified Professional stated: - The facility operated 5 shifts. - 3 shifts during the week and 2 shifts on the weekends. - She was only able to locate the documentation of drills from May 2021 thru July 2021.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</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: Based on observation, record review and interview, the facility failed to assure the MAR was accurate and to have medications available to administer for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 8/10/21 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted on 5/18/20 - 15 years old - Diagnoses: Mild Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Bipolar I Disorder, Attention Deficit Hyperactivity 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>Disorder, Oppositional Defiant Disorder and Mixed Expressive Receptive Language Disorder</p> <ul style="list-style-type: none"> - Physician's order dated 6/9/21 included Miralax 17 grams (gms) mixed with 8 ounces of water daily (constipation) - There was no physician order for Polyethylene Glycol 3350 <p>A. MARs not accurate</p> <p>Review on 8/10/21 of Client #3 June - August 2021's MARs revealed:</p> <ul style="list-style-type: none"> - Polyethylene Glycol 3350 17 gms daily (constipation) - Miralax 17 gms daily (constipation) - Both medications were signed off by staff <p>Interview on 8/10/21 with Staff #1 reported:</p> <ul style="list-style-type: none"> - Client #3 only received one dose of Miralax daily <p>Interview on 8/11/21 the Licensee/Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Polyethylene Glycol and Miralax are the same medications - It should not have been on the MARs twice - The pharmacy must have made a mistake - The staff should not have signed off on both of the same medications - It was not brought to her attention that the Polyethylene Glycol and Miralax were on the MAR together - Reviewing the MARs was "sort of everyone's job" - She will look into getting that fixed <p>B. Medications not available for administration</p> <p>Observation on 8/10/21 at 12:50pm of client #3's medication box revealed no Polyethylene Glycol</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>(Miralax) for constipation, Clindamycin for acne and Benzacel Gel for acne.</p> <p>Review on 8/10/21 of Client #3's August 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Above medications were being administered as directed but was not available <p>Review on 8/10/21 of Client #3's Physician orders revealed:</p> <ul style="list-style-type: none"> - Dated 9/30/20 included: Benzacel Gel 1%/5% (Acne) - Dated 6/9/21 included: Miralax 17 gms and Clindamycin cream (Acne) <p>Interview on 8/10/21 the Associate Professional (AP) reported the medications were ordered yesterday 8/9/21 and should be delivered today.</p> <p>Interview on 8/11/21 the Licensee/QP reported:</p> <ul style="list-style-type: none"> - All medications should have been in the facility - Medications are supposed to be reordered 2 days before they run out - Medications should never run out - She didn't know what happened with the medications running out 	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 7</p> <p>refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a refrigerated medication was kept in a locked compartment or container as required. The findings are:</p> <p>Observation on 08/10/21 at approximately 11:15am revealed:</p> <ul style="list-style-type: none"> - The refrigerator in the kitchen contained multiple food items for the client's use. - A bottle of over-the-counter liquid Tussin (treats coughs, stuffy nose and chest congestion) cough medicine in the door of the refrigerator. - The Tussin cough medicine was not in a separate locked container. - No label for an individual client. <p>Interview on 08/11/21 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> - She was aware that medication in the client refrigerator should be in a locked container. 	V 120		

Division of Health Service Regulation

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V 131	Continued From page 8	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>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 hiring 1 of 3 staff (#3). The findings are:</p> <p>Review on 8/11/21 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Employed 11/17/08 - Went on leave of absence 12/31/19 and was rehired 7/30/20 - Title was direct care staff - No evidence HCPR had been accessed prior to her being rehired <p>Interview on 8/11/21 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> - An HCPR check should have been completed - She didn't know why it wasn't completed - Confirmed that staff #3 had no documentation of a HCPR being completed prior to her hire date 	V 131		

Division of Health Service Regulation

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V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. <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>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 10</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 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</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>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> <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 document their response to level II incidents. The findings are:</p> <p>Review on 08/11/21 of facility records from June 2021 thru August 2021 revealed no documented incident reports.</p> <p>Review on 08/11/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 16 year old female. - Admission date of 02/17/21. - Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Moderate Intellectual Developmental Disability, Bereavement Disorder and Other Specified Trauma and Stressor Disorder. 	V 366		

Division of Health Service Regulation

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V 366	Continued From page 12 Interview on 08/10/21 staff #1 stated: - She worked at the facility for 15 years. - She worked with client #4 1:1 4 hours a day Monday thru Friday. - She recalled an incident in June 2021 when the police were called due to client #4's behavior. - She had taken client #4 to a local store. - Client #4 got upset and was hitting staff. - The police and an ambulance was called. - The ambulance took client #4 to the hospital and she was released later in the day. - She notified office staff what had occurred with client #4. Interview on 08/11/21 the Licensee/Qualified Professional stated: - No incident reports had been generated from June 2021 thru August 2021. - She understood an incident report should be documented for level II incidents.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during 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,	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2021
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NAME OF PROVIDER OR SUPPLIER DAVIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 711 DAVIS AVENUE WHITEVILLE, NC 28472
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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 367	<p>Continued From page 13</p> <p>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> <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</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report a critical incident to the home and host Local Management Entity (LME) as required. The findings are:</p> <p>See Tag V366 for specifics.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 15</p> <p>Review on 08/11/21 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident report for the client #4's behavior and subsequent law enforcement involvement at a local store in June 2021.</p> <p>Interview on 08/11/21 the Licensee/Qualified Professional stated: - There had been no level II incident reports for the past 3 months. - Client #4 was in the community when law enforcement was involved with her behavior. - She understood a consumer act which involved law enforcement involvement was required to be submitted through IRIS.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 08/10/21 revealed:</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 16</p> <p>Approximately 10:56am on the outside of the facility:</p> <ul style="list-style-type: none"> - The grass in the facility yard was approximately knee height. - A broken dining room type chair was on the right side of the facility. - The wood fence had 6 broken slats. - Multiple broken window blind slats were visible from the street in client #3's bedroom. <p>Approximately 11:15am of the facility:</p> <ul style="list-style-type: none"> - The kitchen floor had bits of debris scattered on the surface. the floor vent register was rusty. - The hallway bathroom had white streaks on the wall and a torn shower curtain. - Client #1's bedroom revealed an electrical receptacle had been taped to the wall. A closet door was off the rail. - Client #3's bedroom had one of three light bulbs which worked on the ceiling. The storm window was difficult to raise. - Client #4's bedroom window blind had 5 broken slats. The window sill was dusty. The window was difficult to open and raised approximately 5 inches. <p>Interview on 08/10/21 the Licensee/Qualified professional stated:</p> <ul style="list-style-type: none"> - She had a local agency to provide lawn care. - She had a maintenance person for the needed repairs. 	V 736		