

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP H</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE</b> <b>CAMERON, NC 28326</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 23, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>failed to implement their written policy criteria for admission for 2 of 3 audited clients, (#1 &amp; #2). The findings are:</p> <p>Review on 11-16-2021 of the facility's admission policy revealed: "Intake Process- After the initial admission process has been completed and an individual has been approved for admission by CEO (Chief Executive Officer) and Clinical Director a meeting will be set up to complete the following intake packet items: B-Admissions Assessment</p> <p>Review on 11/16/21 of client # 1's record revealed: - Admission: no documentation of admission however, admission date 02/23/21 to a sister facility - Age: 11 - Diagnoses: Disruptive mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder -No documentation of admission assessment for this facility</p> <p>Review on 11/16/21 of client # 2's record revealed: -Admission: Not listed for current facility, was previously in a sister facility -Age: 11 -Diagnoses: Post traumatic stress disorder, ADHD, Adjustment Disorder, with disturbance, Oppositional Defiant Disorder -No documentation of admission assessment for this facility</p> <p>Interview on 11/16/21 the Office Administrator stated: -Had not done an admission assessment for this facility -The client was transferred to another house</p>	V 105		

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V 105	Continued From page 3  -She was unaware that another assessment should have been completed -Would complete new assessments in the future  Interview on 11/16/21 the Qualified Professional stated: -Had not thought of the transfer from another home as a new admission -The admission assessment was completed when a client was admitted to the company	V 105		
V 118	27G .0209 (C) Medication Requirements  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.	V 118		

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V 118	<p>Continued From page 4</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 record reviews and interviews the facility failed to ensure medications administered were recorded on the MAR's immediately after administration for 2 of 3 audited clients (#1 &amp; #2). The findings are:</p> <p>Review on 11/16/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 9/14/20</li> <li>- Age: 14</li> <li>- Diagnoses: Disruptive mood Dysregulation disorder, Attention deficit /hyperactivity disorder (ADHD), Unspecified intellectual disability</li> <li>- A physicians order dated 7/15/20 for</li> <li>- Guanfacine 2 milligram (mg), take 1 tablet by mouth at bedtime (ADHD),</li> <li>- Melatonin 3mg take 1 by mouth at bedtime (sleep)</li> <li>- Abilify 10mg tablet take 1 tablet by mouth twice a day (antipsychotic)</li> <li>- November 2021 MAR had no documentation of any of the above medications being administered on 2, 3 ,4,6,7,13,14, &amp;15</li> </ul> <p>Review on 11/16/21 of client # 2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: no admission date listed</li> <li>- Age: 11</li> <li>- Diagnoses: Disruptive mood Dysregulation</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <p>disorder, ADHD</p> <ul style="list-style-type: none"> <li>- A physician's order dated 6/22/21 for</li> <li>- Concerta 36 mg take 1 tablet by mouth every morning (ADHD),</li> <li>- Clonidine HCL ER 0.1 mg, take 1 tablet by mouth twice a day (ADHD)</li> <li>- A physician's order dated 11/03/21 for</li> <li>- Guanfacine 1 mg tablet, take 1 tablet by mouth every morning and night (ADHD)</li> <li>- Lamictal 25mg tablet, take 2 tablets by mouth once a day (bipolar disorder)</li> <li>-November 2021 MAR had no documentation of any of the above medications being administered on 2, 3 ,4,6,7,13,14, &amp;15</li> </ul> <p>Interview on 11/16/21 staff #3 stated:</p> <ul style="list-style-type: none"> <li>-She had given medications to the clients</li> <li>-She doesn't remember blanks on the MAR</li> <li>-Unsure of why the blanks were on the MAR</li> <li>-Unsure of how often the Qualified Professional (QP)checks the MAR</li> </ul> <p>Interview on 11/16/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-There should not be any blanks on the MAR</li> <li>-"Staff probably forgot to put therapeutic leave (tl) the clients went home for the weekend"</li> <li>- She checks the MAR daily when coming into the home</li> <li>-A training with staff would be done soon about MAR documentation</li> </ul>	V 118		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to provide the minimum number of direct care staff required. The findings are:</p> <p>Review on 11/16/21 of client #1's record revealed: - Admission: 11/11/21 - Age: 10 years old - Diagnoses: Post traumatic stress disorder, ADHD-combined presentation, Adjustment disorder with disturbance, Oppositional defiant disorder (ODD)</p> <p>Review on 11/16/21 of client #2's record revealed: - Admission: Not listed for current facility - 11 year old - Diagnoses : DMDD, ADHD</p> <p>Review on 11/16/21 of client #3's record revealed: - Admission: 9/14/20 - 14 year old - Disruptive mood Dysregulation disorder (DMDD), Attention Deficit /Hyperactivity Disorder (ADHD), Unspecified intellectual disability</p> <p>Observation on 11/16/21 at 9:38am arrived at the home and there was 1 staff with 1 client at the home.</p> <p>Observation on 11/16/21 at 4:30pm DHSR Surveyor arrived at the home simultaneously with the Qualified Professional. Upon arrival at the home there was 1 staff present with 2 clients.</p> <p>Interview on 11/16/21 client #2 stated:</p>	V 296		



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V 296	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-Had therapy in the on the computer</li> <li>-One staff stayed at home with him when he had therapy</li> <li>-Doesn't remember how often there is one staff at the house</li> <li>-Had therapy 1 time a week</li> </ul> <p>Interview on 11/16/21 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-She had to leave to take client #2 to school</li> <li>-They were completing his online therapy appointment</li> <li>-There was no other staff at the home with her</li> <li>-One staff is allowed to transport clients</li> <li>-Not aware of staffing ratios</li> </ul> <p>Interview on 11/16/21 staff # 3 stated:</p> <ul style="list-style-type: none"> <li>-She has worked at the home since March 2021</li> <li>-Was at the home with 2 clients</li> <li>-She picked up 2 clients from school in the afternoon, she was usually there with the 2 clients until the other staff arrived with the client she picked from another school</li> <li>-Not usually at the home with the 2 clients alone for a long time before the other staff arrive at the home with the other client</li> </ul> <p>Interview on 11/16/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-It was in the plan that staff can pick up the clients from school and transport them home</li> <li>-Hadh't thought about when the staff arrived at the home at different times</li> <li>-Unsure of the 1700 staffing rules</li> <li>-The clients were expelled from the bus, and the pick up from school was the solution</li> <li>-Doesn't know how often staff are alone with the clients until another staff arrive</li> </ul>	V 296		

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V 366	Continued From page 9	V 366		
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> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>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</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 11/16/21 former client (FC) #4's record revealed: -Admission date 5/28/21 -Discharge date 10/20/21 -Diagnoses: Attention deficit/hyperactivity disorder (ADHD)-combined presentation, Unspecified depressive disorder (with Anxious Distress), Child neglect</p> <p>Review on 11/16/21 of the facility's incident report</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl043-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA'S RESIDENTIAL SERVICES GROUP H</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 LAKE RIDGE DRIVE CAMERON, NC 28326</b>
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V 366	Continued From page 12  revealed: - Former client #4 (FC) eloped out of the bedroom window on 10/27/21 - Police were called and EMS also arrived at the home - Did not list a time frame of how long FC #4 was missing  Interview on 11/16/21 the Office Administrator stated: - No other documentation completed on this incident due to fc #4 was taken to local hospital where he was involuntary committed -The 10/27/21 incident former client was discharged and no other documentation related to that incident	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, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	<p>Continued From page 13</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 client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity as required. The findings are:</p> <p>Review on 11/16/21 of the facility's incident report revealed:</p> <ul style="list-style-type: none"> <li>- Former client #4 (FC) eloped out of the bedroom window on 10/27/21</li> <li>- Police were called and EMS also arrived at the home</li> <li>- Did not list a time frame of how long the FC #4</li> </ul>	V 367		

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V 367	Continued From page 15  was missing  Review on 11/15/21 of the Incident Reporting Information System (IRIS) revealed: -No entries reported for the 10/27/21 911 call/response  Interview on 11/16/21 the Office Administrator stated: - She is responsible for the entry of incidents into IRIS -The facility's incident report was given to her to enter the information into IRIS -The 10/27/21 incident was not entered. It was an oversight	V 367		
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 and interview, the facility failed to ensure facility were maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 11/16/21 at 11:36 am of the group home revealed the following: -Living room area-There no covers for the receptacles.	V 736		



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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-Kitchen lower cabinet, beside the refrigerator, the cabinet front was split down the middle, the length of the door</li> <li>-Bathroom #1-1 light bulb out of six were working.</li> <li>-Hallway area- walls were stained and holes were repaired and unpainted</li> <li>-Bathroom #2-1 bulb out of 2 missing</li> <li>-Client #1's bedroom-globe missing from ceiling fan, light cover missing from closet .</li> <li>-Client #2's bedroom-floor vent was broken, repaired holes to the wall were unpainted</li> <li>-Smoke detector chirping throughout the house</li> </ul> <p>Interview with the Qualified Professional on 11/16/21 revealed:</p> <ul style="list-style-type: none"> <li>-She was not sure why the cover was removed from the sockets</li> <li>-They had a maintenance man to fix the cabinets and one of the client kicked the cabinet and broke it, but a work order has been put in</li> <li>-Smoke detector just started chirping will change the battery</li> <li>-She will get all the light bulbs replaced</li> <li>-They had the walls painted throughout the group home about a month ago</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		