

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2021
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NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint was completed on 11/23/21. The complaint was unsubstantiated(intake #NC183041). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
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. (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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Operations Director* (X6) DATE *11/16/2021*

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications administered were recorded immediately after administration 3 of 3 clients(#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 11/9/21, 11/20/21 and 11/12/21 of client #1's record revealed: -admission date of 1/5/21; -age 15 years; -Diagnoses of Other Reactions to Severe Stress and DMDD(Disruptive Mood Dysregulation Disorder); -physician's order dated 8/27/21 for Melatonin 5mg one tablet at night; -physician's order dated 10/8/21 for Melatonin 10mg one at night.</p> <p>Observation on 11/9/21 at 3:36pm of client #1's medications revealed Melatonin 10mg one at night dispensed 10/21/21.</p> <p>Review on 11/9/21 of client #1's MARs from</p>	V 118		
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V 118	<p>Continued From page 2</p> <p>9/1/21-11/9/21 revealed Sept 2021 MAR says 10mg one tablet at night instead of 5mg one tablet at night.</p> <p>Finding #2: Review on 11/9/21 of client #2's record revealed: -admission date of 8/10/21; -age age 14 years; -Diagnoses: Conduct Disorder, DMDD, Unspecified Trauma and Stressor Related Disorder and ADHD(Attention Deficit Hyperactivity Disorder -physician' orders dated 8/27/21 and 10/8/21 for fluticasone 50mg one spray into each nostril two times a day.</p> <p>Observation on 11/9/21 of client #2's medications revealed fluticasone 50mg one spray into each nostril two times a day dispensed 11/1/21.</p> <p>Review on 11/9/21 of client #2's MARs from 9/1/21-11/9/21 revealed: -9/27/21 7am Fluticasone 50 mg use one spray nasally every 12 hours was not given due to not having medication; -10/1/21-10/2/21 Fluticasone 50mg use one spray nasally every 12 hours was not given due to not having medication- reported on MAR for both 7am and 7pm -10/3/21, 10/4/21 and 10/5/21 Fluticasone 50mg use one spray nasally every 12 hours was not given due to not having medication- reported on MAR 7pm but documented as administered on 10/3, 10/4 and 10/5 at 7am.</p> <p>Finding #3: Review on 11/9/21, 11/10/21 and 11/12/21 of client #3's record revealed: -admission date of 8/3/21; -age 14 years;</p>	V 118	<p>Provider will ensure that an In-Service is completed with staff, by way of documentation reminders for Medication Administration and Documentation. Provider will hold QP staff more accountable to increased oversight of MARs/doctor's order and will follow up behind pharmacy, to ensure that packing labels are dispensed according to the doctor's written orders.</p> <p>The Ongoing training of staff regarding Medication Requirements will continue to be provided as needed.</p>	12/15/2021 4 organs
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V 118	<p>Continued From page 3</p> <p>-Diagnoses of Adjustment Disorder w/mixed anxiety and depressed mood, PTSD(Post Traumatic Stress Disorder), Autistic Disorder and ADHD;</p> <p>-physician's orders dated 8/3/21 and 10/8/21 for Advair HFA 115-21mcg inhale two puffs by mouth every day;</p> <p>-physician's order dated 8/27/21 and 10/8/21 Aripiprazole 10mg Take one by mouth every evening.</p> <p>Observation on 11/9/21 at 445pm of client #3's medications revealed:</p> <p>-Advair HFA 115-21mcg inhale two puffs by mouth every day dispensed 9/7/21;</p> <p>-Aripiprazole 10mg Take one by mouth every evening dispensed 11/4/21.</p> <p>Review on 11/9/21 of client #3's MARs from 9/1/21-11/9/21 revealed:</p> <p>-Advair HFA 115-21mcg inhale one puff by mouth daily instead of 2 puffs daily listed on MARs;</p> <p>-Sept 2021 MAR listed Aripiprazole 5mg instead of 10mg.</p> <p>Interview on 11/9/21 with staff #2 revealed:</p> <p>-the Qualified Professional sets up the MARs;</p> <p>-she is the only one who sets up MARs.</p>	V 118		
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>	V 131	<p><i>Admin. Provider has spoken with the HR Team to ensure that they are following up behind employee and checking records to ensure that accurate information is reflected</i></p>	

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V 131	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry(HCPR) was accessed prior to hire for 3 of 5 audited staff(#1, #3 and #4). The findings are:</p> <p>Review on 11/16/21 and 11/22/21 of personnel records revealed: -staff #1 was hired on 10/20/21 and the HCPR was accessed on 10/21/21; -staff #3 was hired on 3/11/21 and the HCPR was accessed on 4/20/21; -staff #4 was hired on 2/18/20 and the HCPR was accessed on 2/19/20; -an email dated 9/4/20 sent to the licensee from staff #4 with the resignation date of 9/8/20 was in staff #4's personnel file, staff #4 was rehired on 7/31/21 and the HCPR was not accessed prior to the rehire date.</p> <p>Interview on 11/16/21 and 11/22/21 with the Program Director revealed: -Human Resources(HR) staff provide the hire package to the prospective staff; -the staff sign the paperwork for hire and also complete the needed documentation; -the form on the front of the personnel record has the hire date listed on it; -it appears the staff were writing in the hire date themselves; -will address this with HR staff.</p>	V 131	<p>on the charts. Provider explained to reviewer that for 2 of the 3 staffs that records that were out of compliance, was a result of the new hire employee writing their own hire date on the form and the HR team not catching it. This has been brought to the HR's team attention, to be able ensure that they are doing more quality review checks to ensure that accurate information is reflected on the charts. HR will ensure that HCPR and Criminal History Checks are performed prior to and within 5 days of hire of staff, and that accurate dates are reflected on personnel records.</p>	12/15/21 & ongoing
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V 133	Continued From page 5	V 133		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall</p>	V 133	<p><i>See previous page notes.</i></p>	<p><i>blf/axd & axp/qg</i></p>

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V 133	<p>Continued From page 6</p> <p>return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p>	V 133	<p><i>See previous response that addresses this deficiency.</i></p>	<p><i>12/15/2021 & ongoing</i></p>
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V 133	<p>Continued From page 7</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(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</p>	V 133	<p><i>See previous response on page 5 that addresses this.</i></p>	
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V 133	Continued From page 8 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.	V 133	<i>See page 5.</i>	

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V 133	<p>Continued From page 9</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to request a criminal history record check not later than five business days after the individual begins conditional employment for 3 of 5 audited staff(#1, #3 and #4). The findings are:</p> <p>Review on 11/16/21 and 11/22/21 of personnel records revealed: -staff #1 was hired on 10/20/21 and the criminal records check was requested on 11/1/21; -staff #3 was hired on 3/11/21 and the criminal</p>	V 133	<p><i>See page 5</i></p>	
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V 133	Continued From page 10 records check was requested on 4/20/21; -staff #4 was hired on 2/18/20 and the criminal records check was requested on 3/16/20; -an email dated 9/4/20 sent to the licensee from staff #4 with the resignation date of 9/8/20 was in staff #4's personnel file, staff #4 was rehired on 7/31/21 and no new criminal records check was requested within 5 business days of the rehire date. Interview on 11/16/21 and 11/22/21 with the Program Director revealed: -Human Resources(HR) staff provide the hire package to the prospective staff; -the staff sign the paperwork for hire and also complete the needed documentation; -the form on the front of the personnel record has the hire date listed on it; -it appears the staff were writing in the hire date themselves; -will address this with HR staff.	V 133	<i>See page 5</i>	
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		

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V 367	Continued From page 11 in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/23/2021
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V 367	<p>Continued From page 12</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:</p> <ol style="list-style-type: none"> (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>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p>	V 367	<p>Provider will ensure that all level 2 and higher incidents are reported appropriately and in a timely manner in TRIS, per the requirements. Provider will ensure that direct-care staff are reporting incidents appropriately and accurately, so that they can be categorized and reported according to the timeframes designated.</p>	<p>12/15/2021 & ongoing</p>
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V 367	<p>Continued From page 13</p> <p>Review on 11/10/21 of the facility's level 1 incident reports from 8/1/21-11/10/21 revealed: -10/29/21 client #3 ran away, police involved, was located by police at nearby store; taken to local ER by CMPD as he was in crisis and admitted for evaluation and observed for rest of the night -8/19/21 client #3 ran away, went to store with BB gun and attempted to steal, demanded cash, beer, wine and cigars, was returned to facility by store manager, later police came and arrested him, BB gun was recovered by police, client person and room searched thoroughly, returned to the facility by his social worker.</p> <p>Review on 11/10/21 of IRIS(Incident Response Improvement System) from 8/1/21-11/10/21 revealed: -searched by clients name, county location of the facility, name of facility and name of parent agency; -no incident reports in IRIS.</p> <p>Interview on 11/9/21 with client #3 revealed: -" I have my right to remain silent;" -"Don't want to talk about it;" -happened in the day time; -2 staff was her,; -don't remember what he was doing; -staff calls the police when he runs.</p> <p>Interview on 11/23/21 with the Program Director revealed: -police showed up at store for client #3; - police did not transport client #3 to the facility; -client #3's Social Services social worker met at police station with client #3; -why did not do IRIS; -store called police afterwards to get client #3</p>	V 367	<p style="text-align: center;"><i>See page # 13</i></p>	
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V 367	Continued From page 14 banned from store; -police called facility and said bring client #3 in to talk to him; -client #3 was not charged; -interpretation of IRIS rules.	V 367		12/15/2021
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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 11/9/21 at 12:02pm revealed: -A mattress box spring leaning against the chain link fence around the back yard at end of the driveway; -Gutters filled with leaves, sticks and other green plants; -Front storm door has no handle.</p> <p>Continued observation on 11/9/21 at 4:45pm revealed: -kitchen: broken cabinet over counter to left of sink, handle unattached on one end and cabinet only attached by one hinge; -kitchen table with four mismatched chairs; -first bedroom on left: walls paint scratched and</p>	V 736	<p>Provider agency will ensure that the Facility Grounds are maintained safe, clean, attractive and orderly. Staff will continue to be required to report any damaged or broken items to the Facility Administration, so that Work Orders can be submitted for repair. Provider will continue to work with its Maintenance Team and local garbage collection & removal to have bulky items removed and disposed of accordingly. Provider still follow up with Maintenance Team to ensure that landscaping is addressed, in addition to</p>	

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V 736	Continued From page 15 marked; -connecting bathroom between first bedroom on left and second bedroom on left had broken cracked tiles by door leading to second bedroom, walls had scratches and marks, written over shelves over sink "clean this s**t" several marks in bottom of tub, light switch with several cracks to left of door leading to second bedroom; -second bedroom(client #1's bedroom): hole in wall to right of window by door leading to bathroom, scratches and marks on walls, numerous writings on wooden frame by closet entrance and inside closet and blue writing on shutter doors to another closet in client #1's bedroom with a box springs in the closet; -client #2's room last bedroom on right of hall: broken curtain rod over window, one of two nightstands in room had a broken drawer and the top of the night stand was broken, a piece of wood of the wooden nightstand in the closet; -client #3's bedroom first one to the right on hall had a sheet over the window secure by silver brackets and writing on the wooden door frame; -exposed box of doorbell on hall on right side past client #3's bedroom. Interview on 11/9/21 with client #1 revealed -been at the facility for 9 months; -writing been there since he came to the facility. Interview on 11/23/21 with the Program Director revealed: -not aware of the writing on the walls and in closet; -clients very destructive; -mattress probably outside to be placed for trash pick-up.	V 736	<i>needed repairs in the facility to include wall painting and other items. Admin. team will increase Facility Walk-throughs to ensure ongoing compliance.</i>	<i>12/15/2021</i>