

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/16/2022
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NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
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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 000	<p>INITIAL COMMENTS</p> <p>An Annual, Follow Up and Complaint Survey was completed February 16, 2022. The complaint was substantiated (Intake #NC00182732). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop goals and strategies to address the needs for one of three audited clients (#4). The findings are:</p> <p>Review on 1/19/22 of client #4's record revealed the following:</p> <ul style="list-style-type: none"> - Admitted: 2/1/13 - Diagnoses: Autism Spectrum, Moderate Intellectual Developmental Disability, Fetishism (foot) , Seizure Disorder, Dermatitis, PICA and Depressive Disorder with mixed Bipolar Disorder - 11/11/21 doctor's visit note "Done Today Patient's calorie intake should not exceed 2000 calories in a day. He may have fast food once a week. Snacks can be fresh fruit. Absolutely no chips, candy, or soda. May have one diet soda a day for Obesity (BMI (body mass index) 30.0-34.9), unspecified." - Treatment plan dated 12/1/21 listed no goals or strategies related to diet. <p>Interviews between 1/19/22 and 1/24/22 staff #1, #2 and #3 all stated:</p> <ul style="list-style-type: none"> - No clients were on diets, the facility did not have a menu for meals. - Client #4 had been restricted by his physician to fast food once a week, no candy, soda or chips. - They were not sure why client #4's physician 	V 112		

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V 112	<p>Continued From page 2</p> <p>made the restrictions except it would be healthier.</p> <ul style="list-style-type: none"> - None were aware of the 2000 caloric intake limitation for client #4 by his physician. <p>Interviews between 1/27/22 and 2/4/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - Prior to these interviews, she was not aware of a diet being noted for client #4. <p>Interview on 2/15/22, the Chief Operational Officer (COO) stated:</p> <ul style="list-style-type: none"> - A Former Community Worker Staff transported client #4 to the November 2021 doctor's visit. - The COO had not shared with staff or the QP about the 11/11/21 visit because she thought client #4's primary care physician recommended a 2000 calorie diet. She was told about the limitations of foods and soda. - When the COO asked client #4's primary care physician for clarity, she never received a prescription. - The COO had been having difficulty receiving feedback from client #4's primary care physician. - The COO would follow up with client #4's primary care physician. 	V 112		
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>	V 118		

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V 118	<p>Continued From page 3</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 record review and interview the facility failed to assure the MAR was current for three of three audited clients (#1, #2 and #4). Additionally, the facility failed to administer medications as prescribed for two of three audited clients (#1 and #2). The findings are:</p> <p>I. Review on 1/19/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/10/20 - Diagnoses: Epilepsy, Type 2 Diabetes, Hypertension, Internal bleeding, Traumatic Brain 	V 118		

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V 118	<p>Continued From page 4</p> <p>Injury (TBI) and Alcohol use in remission</p> <p>- Physician's order dated 6/21/21 of Humalog sliding scale:</p> <p>150-200 give 2 units 201-250 give 4 units 251-300 give 6 units 301-351 give 8 units 351+ give 10 units max</p> <p>A. Review on 1/19/22 of client #1's November 2021-January 2022 "Vital Signs Measurements" form revealed the following errors regarding blood sugar levels (BSL) and units of Humalog insulin per the sliding scale order: (Note: Units Given=UG, Units Prescribed =UP, 0=blank)</p> <table border="1"> <thead> <tr> <th>-Date/Time</th> <th>BSL</th> <th>UG</th> <th>UP</th> </tr> </thead> <tbody> <tr><td>11/6 @8 AM</td><td>202</td><td>0</td><td>4</td></tr> <tr><td>" @8 PM</td><td>232</td><td>0</td><td>4</td></tr> <tr><td>11/13@7:45 AM</td><td>149</td><td>2</td><td>0</td></tr> <tr><td>" @2:20 PM</td><td>224</td><td>2</td><td>4</td></tr> <tr><td>11/16@11:30 AM</td><td>200</td><td>0</td><td>2</td></tr> <tr><td>" @8 PM</td><td>189</td><td>0</td><td>2</td></tr> <tr><td>11/18@8 PM</td><td>210</td><td>0</td><td>4</td></tr> <tr><td>11/20@7 PM</td><td>220</td><td>6</td><td>4</td></tr> <tr><td>11/22@8 PM</td><td>178</td><td>0</td><td>2</td></tr> <tr><td>11/23@8 PM</td><td>187</td><td>0</td><td>2</td></tr> <tr><td>11/25@8 PM</td><td>191</td><td>0</td><td>2</td></tr> <tr><td>11/26@8 PM</td><td>180</td><td>0</td><td>2</td></tr> <tr><td>11/29@8 PM</td><td>170</td><td>0</td><td>2</td></tr> <tr><td>11/30@8 PM</td><td>265</td><td>0</td><td>6</td></tr> <tr><td>12/2 @8 PM</td><td>170</td><td>0</td><td>2</td></tr> <tr><td>12/3 @8 PM</td><td>210</td><td>0</td><td>4</td></tr> <tr><td>12/6 @11:05 AM</td><td>232</td><td>6</td><td>4</td></tr> <tr><td>" @8 PM</td><td>217</td><td>0</td><td>4</td></tr> <tr><td>12/8 @8 PM</td><td>173</td><td>0</td><td>2</td></tr> <tr><td>12/13@8 PM</td><td>171</td><td>0</td><td>2</td></tr> <tr><td>12/14@8 PM</td><td>160</td><td>0</td><td>2</td></tr> <tr><td>12/15@8 PM</td><td>171</td><td>0</td><td>2</td></tr> <tr><td>12/16@8 PM</td><td>173</td><td>0</td><td>2</td></tr> </tbody> </table>	-Date/Time	BSL	UG	UP	11/6 @8 AM	202	0	4	" @8 PM	232	0	4	11/13@7:45 AM	149	2	0	" @2:20 PM	224	2	4	11/16@11:30 AM	200	0	2	" @8 PM	189	0	2	11/18@8 PM	210	0	4	11/20@7 PM	220	6	4	11/22@8 PM	178	0	2	11/23@8 PM	187	0	2	11/25@8 PM	191	0	2	11/26@8 PM	180	0	2	11/29@8 PM	170	0	2	11/30@8 PM	265	0	6	12/2 @8 PM	170	0	2	12/3 @8 PM	210	0	4	12/6 @11:05 AM	232	6	4	" @8 PM	217	0	4	12/8 @8 PM	173	0	2	12/13@8 PM	171	0	2	12/14@8 PM	160	0	2	12/15@8 PM	171	0	2	12/16@8 PM	173	0	2	V 118		
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V 118	<p>Continued From page 5</p> <table border="0"> <tr><td>12/19@8:00 AM</td><td>207</td><td>0</td><td>4</td></tr> <tr><td>" @12:00 Noon</td><td>202</td><td>0</td><td>4</td></tr> <tr><td>12/20@8 PM</td><td>237</td><td>0</td><td>4</td></tr> <tr><td>12/21@8 PM</td><td>239</td><td>0</td><td>4</td></tr> <tr><td>12/22@8 PM</td><td>198</td><td>0</td><td>2</td></tr> <tr><td>12/27@7 PM</td><td>162</td><td>0</td><td>2</td></tr> <tr><td>12/29@5 PM</td><td>221</td><td>0</td><td>4</td></tr> <tr><td>1/18 @5 PM</td><td>208</td><td>6</td><td>4</td></tr> </table> <p>B. Review on 1/19/22 of client #1's record revealed</p> <ul style="list-style-type: none"> - 6/11/21 physician's order "Finger Stick Blood Sugar Check Before meals and at bedtime." <p>Review on 1/19/22 of client #1's November 2021-January 2022 MARs revealed:</p> <ul style="list-style-type: none"> - BSL check times pretyped as 7 AM, 12 Noon, 5 PM and 8 PM - BSL readings were not initialed as given per the 6/11/21 physician's orders as follows: November 2021: 31 of 120 were blank December 2021: 14 of 124 were blank January 1st-19th, 2022: 13 of 74 were blank <p>Review on 1/19/22 of client #1's November 2021-January 19, 2022 "Vital Sign Measurements" forms revealed:</p> <ul style="list-style-type: none"> - BSL were initialed as checked 3 times a day for November and December 2021. At least 1 of the 4 daily BSL reading opportunities was not initialed as checked. - Missed documented opportunities for BSL readings on the Vital Sign Measurements forms were noted as: November 2021: 41 of 120 were missed documentation opportunities December 2021: 46 of 124 were missed documentation opportunities January 1-19th, 2022: 23 of 74 were missed documentation opportunities 	12/19@8:00 AM	207	0	4	" @12:00 Noon	202	0	4	12/20@8 PM	237	0	4	12/21@8 PM	239	0	4	12/22@8 PM	198	0	2	12/27@7 PM	162	0	2	12/29@5 PM	221	0	4	1/18 @5 PM	208	6	4	V 118		
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V 118	<p>Continued From page 6</p> <p>Interview on 1/19/22, the Licensee/Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> - She was not aware of the errors on the MAR or with documentation of the BSLs for client #1. <p>Interview on 2/15/22, the Chief Operational Officer (COO) stated:</p> <ul style="list-style-type: none"> - She thought the facility had two different orders for client #1's BSL check times and insulin sliding scale - She would need to reconcile all orders for client #1's BSL check times and insulin sliding scale <p>C. Review on 1/19/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Physician's orders dated 6/21/21 that included: <ul style="list-style-type: none"> Atenolol 50mg (milligram) one tablet (tab) twice a day (high blood pressure) Atorvastin 40mg one tab daily (high cholesterol) Lisinopril 10mg one tab daily (high blood pressure) Magnesium Oxide 400mg one tab daily (supplement) Vitamin D3 50 microgram (mcg) one tab daily (vitamin) Keppra 1000mg one tab twice day (seizures) Metformin HCL ER 500mg one tab twice daily (diabetes) Trazadone 100mg one tab twice a day (insomnia) <p>Review on 1/19/22 of client #1's December 2021-January 2022 MARs listed the following blanks:</p> <ul style="list-style-type: none"> - December <ul style="list-style-type: none"> all the medications listed on the above 	V 118		

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V 118	<p>Continued From page 7</p> <p>6/21/21 physician's orders on the 3rd</p> <ul style="list-style-type: none"> - January Kepra at 8 PM on the 13th and 14th Metformin at 8 PM on the 7th, 13th and 14th <p>II. Review on 1/19/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/23/20 - Diagnoses: Schizophrenia, Post Traumatic Stress Disorder (PTSD), Anxiety, (Gastroesophageal Reflux Disease) GERD, Insomnia, Cocaine, Asthma, Mild Intellectual Developmental Disability (IDD) due to TBI and Polysubstance Use. - Physician's orders dated 3/31/21 that included: <ul style="list-style-type: none"> Seroquel 200mg one tab at night (schizophrenia) Loratadine 10mg one tab at night (allergies) Norvasc 10mg one tab daily (hypertension) Lipitor 10mg one tab daily (cholesterol) Wellbutrin 100mg one tab daily (anxiety) Melatonin 5mg one tab at night (insomnia) Senokot one tab twice daily (constipation) Gabapentin 300mg one tab three times a day (pain) Zoloft 100 mg one tab daily (PTSD) Fluctanose 50 microgram (mcg) 2 sprays per nostril daily (asthma) <p>A. Review on 1/19/22 of client #2's November 2021-January 2022 MARs listed the following blanks</p> <ul style="list-style-type: none"> - December: <ul style="list-style-type: none"> Norvasc, Lipitor, Wellbutrin and Loratadine on the 25th Seroquel 200 mg for the 26th Senokot at 8 AM on the 3rd, at 8 PM on the 26th Gabapentin at 8 AM on the 3rd, at 2 PM on 	V 118		

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V 118	<p>Continued From page 8</p> <p>the 26th and 27th as well as at 8PM on the 26th Fluctanose on the 3rd</p> <ul style="list-style-type: none"> - January: Senokot, Melatonin and Seroquel 50mg on the 13th and 14th Gabapentin at 4 PM on the 3rd, 6th, 14th as well as at 8 PM on the 13th and 14th Fluticasone Prop 50 mcg spray on the 2nd, 3rd, 8th, 15th and 16th <p>B. Review on 1/19/22 of client #2's December 2021 MAR reflected the following about Zolof: <ul style="list-style-type: none"> - Initialed as administered daily - Reverse of MAR listed comments such as "medication (meds) not given", "(out of medication)" and "(completely out of meds)" - Comments of Zolof not administered to client #2 noted between the 5th-22nd </p> <p>C. Review on 1/19/22 of client #2's November 2021 MAR revealed Senokot not listed as a medication.</p> <p>III. Review on 1/19/22 of client #4's record revealed: <ul style="list-style-type: none"> - Admitted: 2/1/13 - Diagnoses: Autism Spectrum, Moderate IDD, Fetishism (foot) , Seizure Disorder, Dermatitis, PICA and Depressive Disorder with mixed Bipolar Disorder - Physician's orders dated 9/2/21 that included: Depakote Extended Release 500mg two tabs in the AM and one tab in the PM (seizure) Cogentin 1mg one tab twice a day (tremors) Zyprexa 20mg one tab twice a day (mood disorder) Loratadine 10mg one tab in the PM Azelastine 137mcg one spray per nostril twice a day (allergies) Lorazepam 1mg one tab twice daily </p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/16/2022
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NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
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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 118	<p>Continued From page 9</p> <p>(seizures)</p> <p>Review on 1/19/22 of client #4's November 2021-January 2022 MARs listed the following blanks:</p> <ul style="list-style-type: none"> - November: Zyprexa 6th in the PM - December: Cogentin, Loratadine and Azelastine on the 25th in the PM - January: Depakote and Zyprexa on the 13th as well as the 14th in the PM Azelastine and Loratadine on the 13th in the PM <p>Interview on 1/19/22, the Licensee/RN stated:</p> <ul style="list-style-type: none"> - Not aware of any occurrence when clients' medications were not available onsite to administer to the clients <p>Interview on 1/27/22 and 2/7/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She and the COO reviewed medication administration records via video conference. - She did blanks on the MARs and redirected staff to review and sign if they administered medications. - It has been a few months since she last reviewed the MARs - The Licensee/RN mainly reviewed the MARs as she was a nurse. <p>Interview on 2/16/22 the COO stated:</p> <ul style="list-style-type: none"> - She thought with changes in staffing since December, the concerns with blanks on the MAR were resolved. - She would discuss the oversight and monitoring of the medications with the Licensee to assure compliance. 	V 118		

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> - Staff should document on both the MAR and any other designated forms regarding medications. <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected.</p> <p>Review on 2/15/22 of the facility's Plan Of Protection dated 2/15/22 submitted by the COO revealed the following:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Group home agency will promptly retrain staff on Diabetic skills and sliding scales. Review of MAR and training on MAR codes, therapeutic does/leaves and appointed person to review MARs monthly. - Describe your plans to make sure the above happens. Group Home admin team will contact pharmacist, PCP (Primary Care Physician) another prescribing agency to reconcile correct orders and instructions to follow re blood sugar and insulin intake. Group Home will update forms and/or utilize pharmacy blood sugar recording docs per pharmacy policy and procedures. [Name of Licensee/RN] will provide medication training. [Name of COO] will review orders with (Medical Doctor) MD/PCP and pharmacy." <p>Clients whose diagnoses included IDD, Schizoaffective Disorder, Bipolar, Post Traumatic Stress Disorder, Hypertension, GERD, Diabetes and TBI resided at the facility. Client #1 did not have Sertraline for a total of 20 days as the MAR</p>	V 118		

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V 118	Continued From page 11 reflected the facility was out of the medication. Client #1's MAR and log for blood sugar reflected 31 out of 80 occasions in which the correct amount of insulin was not administered if administered at all. Client #1's MARs from November 2021 - Jan 19, 2022 of the 318 times BSL should have been checked 58 were blank. Non insulin medications listed on November 2021-January 19, 2022 MARs for clients #1, #2 and #4 reflected a total of 68 blank entries. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
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 interview and observation the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Observation on 1/19/22 between 3:00 PM-4:00 PM revealed the following:	V 736		

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V 736	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Kitchen... Drawer near sink was sideways. Drawer was off the tracking system as it would not close completely. Over head light fixture with one of four bulbs blown, one bulb missing and no covering to protect where bulb should exist - Upstairs bathroom... Dirty caulk noted on the tile around the bathtub, base board Caulk missing around the bathtub Broken toilet paper holder - Upstairs bedroom occupied by client #4... No covering for overhead light fixture Mattress in client's room sagged in the middle - Bathroom Downstairs... Caulking missing around base of commode Tile around commode dirty - Downstairs bedroom occupied by client #2... Clothes piled up in room on floor, couch, bedding and in closet Accordion closet door off the hinge and propped against the bedroom wall When client sat on bed, the other side of the mattress/bed moved up Ceiling fan covered in thick layer of dust - Downstairs bedroom occupied by client #3... Mattress on bed sagged in the middle <p>Interview on 2/15/22 the Chief Operational Officer stated:</p> <ul style="list-style-type: none"> - Issues with the cleanliness of client #4's room were ongoing. - Staff assisted client #4 with cleaning but 	V 736		

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V 736	Continued From page 13 client #4 would "mess the room up again." - She would follow up with management regarding the maintenance concerns in the home.	V 736		