PRINTED: 03/08/2022 FORM APPROVED

TATEMEN	of Health Service Rent of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	LETED
	National Control of the Control of t	MHL001-095	B. WING		03/0	04/2022
	PROVIDER OR SUPPLIER	529 WILL	DRESS, CITY, ST		, s.	
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE SEAPPROPRIATE	(X5) COMPLETE DATE
∨ 000	2022. Deficiencies This facility is licencategory: 10A NCA Living for Adults with	vas completed on March 4,	V 000		,	
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved i authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaste shall be held at lear repeated for each s under conditions the	ency Plans and Supplies 207 EMERGENCY PLANS on for each facility and plan shall be developed and by the appropriate local of made available to all staff ocedures and routes shall be good of the conducted at simulate fire emergencies. all have basic first aid supplies	V 114	Plan of Correction Staff will be refax in fire and drills when the completed example of the complete of the complete of the complete of the complete of the control of the requirement fulfilled.	d disaster ney are very month. ment drills nsure proper ne quarterly	
	facility failed to con- each shift under co- emergencies. The t	views and interviews the duct quarterly fire drills for nditions that simulate				

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If continuation sheet 1 of 10

Division (of Health Service R	egulation	<u></u>			are time strict
STATEMEN	T OF DEFICIENCIES	I (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE COMP	LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		1	
		A Principles				
		MHL001-095	B, WING		03/0	4/2022
		CTDEET AS	ORESS CITY S	STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER		IAMSON AVE			
WILLIAM	SON AVENUE GROL					
# A \$ Marrier 1221		Market Market 11 111	10.000	SAN TOCOLO DI ANI OS DODDECT	OH .	/V£\
(X4) ID PREFIX TAG	/EACH DESIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	age 1	V 114			
	-2/25/22- 1st shift					And Andrews
	-2/22/22- 2nd shift					***************************************
	-1/14/22- 1st shift					warman www.
	-1/27/22- 3rd shift					mine
	-12/22/21- 1st shift					***************************************
	-12/28/21- 2nd shift					www.
	-11/23/21- 2nd shift					www
	-11/30/21- 3rd shift					vannavevee
	-8/31/21- 2nd shift					
	-7/28/21- 2nd shift					***************************************
	-6/28/21- 1st shift					***************************************
	-5/26/21- 2nd shift					AAAAAAAAAA
	-4/27/21- 2nd shift					manawwww.
	-3/26/21- 2nd shift					**************************************
•		drills for 1st and 3rd shift in				***************************************
	the first quarter of					-
		drills for 3rd shift in the				namanooooo
	second quarter of					and and
		drills for 1st and 3rd shift in				• •••••
	the third quarter of		, de la constante de la consta			***************************************
	Review on 3/4/22 of	of the facility's disaster drill log				
	revealed:					\$ *
	-11/29/21- 2nd shift	t				
•	-11/24/21- 2nd shift					
•	-There were no dis	aster drill for 1st, 2nd and 3rd				
	shift in the first qua	rter of 2021.				
1	-There were no dis	aster drill for 1st, 2nd and 3rd				
	shift in the second		Videbles			
		aster drill for 1st, 2nd and 3rd	***************************************			
l	shift in the third qui		1			
· ·		aster drill for 1st shift and 3rd	A			
	shift in the forth qu	arter of 2021.				
ļ	Intendence on 2/4/2	2 with the Vice President over				
	Residential Service					
	-Agency nad stopp: drills in 2021.	ed making the fire and disaster	•			
1		I daing the strike in Catalan at			ļ	
	2021 after heime of	I doing the drills in October of ed at another facility.	<u> </u>		İ	
	alth Service Regulation	eu ar anviner racility.	<u> </u>		Abores and a second	

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If continuation sheet 2 of 10

PRINTED: 03/08/2022 FORM APPROVED

Division of Health Service Regulation			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVI			
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		COMPLETED	
AND PLAN	OF CORRECTION	INER ILION: IN LANGUAGE.	A BUILDING:	A second		
		i e	l anne		03/04/2022	
		MM-1L001-095	B, WING		UJIV4I EVAL	
MARKE OF C	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, 5	TATE, ZIP CODE		
529 WILL			JAMSON AVE			
WILLIAMSON AVENUE GROUP HOME ELON, N				•		
·**	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF CORRECT	TON (X5)	
(X4) ID PREFIX TAG	/ヒムぐは 竹巻を終りにいぐ	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE COMPLETE OPRIATE DATE	
V 114	Continued From p	age 2	V 114		r i constantino de co	
	-He confirmed the drills for each shift	facility failed to conduct fire and for each quarter.		•		
V 118	27G .0209 (C) Me	dication Requirements	V 118		Constitution and the second	
	10A NCAC 27G .0 REQUIREMENTS (c) Medication adr (1) Prescription or only be administer order of a person drugs. (2) Medications sh clients only when client's physician. (3) Medications, ir administered only unlicensed persor pharmacist or othe privileged to prepa (4) A Medication A all drugs administ current. Medicatio recorded immedia MAR is to include (A) client's name; (B) name, strengti (C) instructions fo (D) date and time (E) name or initial drug. (5) Client requests checks shall be re	ministration: mon-prescription drugs shall red to a client on the written authorized by law to prescribe hall be self-administered by authorized in writing by the holiding injections, shall be by licensed persons, or by his trained by a registered nurse er legally qualified person and are and administer medications administration Record (MAR) of ered to each client must be kep has administered shall be hately after administration. The the following: th, and quantity of the drug; r administering the drug; r administering the drug; the drug is administered; and is of person administering the s for medication changes or accorded and kept with the MAR appointment or consultation	,	• VP and Director retrained Williamson staff on proper documentation of MAR. MAR's will be checked or a weekly basis and gradually move to a monthly basis as improvement occurs. Qi will ensure all updated orders are in med book.	er ·	

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Division	of Health Service Re	egulation			Tiva oute e	NOVEY 1
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP!	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	- Control of the Cont		
		MHL001-095	B. WING		03/04	/2022
				VIC AND		
NAME OF	NAME OF PROVIDER ON OUR CHEN			STATE, ZIP CODE		
		VILLIAMSON AV	ENUE			
WILLIAM	WILLIAMSON AVENUE GROUP HOME ELON, NO		N, NC 27244			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	O RE	(X5) COMPLETE
PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
TAG	TO THE PROPERTY AND A PROPERTY OF THE PROPERTY		1 10%	DEFICIENCY)		
V 118	Continued From pa	ige 3	V 118		***************************************	

			And the second s		1	
			Wasser			
	This Rule is not m	et as evidenced by:	3004 4004			
	Based on records r	eview, observations, and	****			
	interviews the facili	ty failed to have updated	*********			
	physician orders fo	r administered medications	3			
	affecting one of thr	ee audited clients (#1.) The	•			
	findings are		Africana (Article Article Arti			
	-		***			
1		of Client #1's record reveale	ad:			
	-Admission date of		***			
	-Diagnoses of Pers	sonal History of Traumatic	***		***************************************	
	brain Injury; Irritabi	lity: Abnormal Gait; Aphasid	8			
		essive; Urinary Incontinent	;e;			
		Contractures. Allergic to	***		4	!
	Codeine and paper	r tape.	***************************************			
	m					
		of Client #1's physician's or	deis			
	revealed: -Order dated 2/17/2	34.	***			
1		z i. er, Mix 17 gm in 8 ounces (.f		1	
		led for constipation.	J1			
	-Orders dated 2/22		**			
		g, Take one tablet at night	at Í			
	bedtime.	(a) - second access the consistence and configuration				
		mg, Take one capsule thre	e			
	times daily.					
		lers for Trazodone 50 mg,	6		*	
	Take one tablet at r	night at 10:00 PM,				
		***			***************************************	
		/22 at of Client #1's			***************************************	
	medications reveal		****		1	
	-Miralax Powder wa					
	-Melatonin 5 mg wa		C. Harman	,		
	-Fish Oil 1200 mg v	vas available.	**************************************			
			Venezijoheran		j	
		f Client #1's MAR for Janua	ary			
	2022 through Marc		***************************************			
	Miralax Powder w	as listed and marked as gi	ven j			

Division of Health Service Regulation

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If continuation sheet 4 of 10

Division	of Health Service Ru	egulation			LAVAN TRATE SUBMERS
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL001-095	B. WING	- Andrews	03/04/2022
		<u> </u>	DRESS CITY 5	STAYE, ZIP CODE	
	PROVIDER OR SUPPLIER	529 WILL	IAMSON AVE		
WILLIAM	ISON AVENUE GROU	P HOME ELON, NO		•	*ha
(X4) ID PREFIX TAG	(FACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
V 118	from January 2022 -Melatonin 5 mg wifrom January 2022 -Flsh Oil 1200 mg given from January Interview on 3/4/22 Residential Service -Agency relied on to copy of the client's -Physicians were in prescriptions, but it orders electronically electroni	through March 2, 2022. as listed and marked as given through March 2, 2022. was listed and marked as 2022 through March 2, 2022. with the Vice President over as revealed: he pharmacy to give them a physician orders. ot giving them the client's natead were sending the ly to the pharmacy. call the client's physician to litions. he of the physician orders on	V 118		
Physion of He	10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall a practices that employe to restrictive interversion (b) Prior to providing disabilities, staff indemployees, student demonstrate completing training other strategies for which the likelihood or injury to a person property damage is	O RESTRICTIVE implement policies and hasize the use of alternatives entions. hig services to people with cluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in I of imminent danger of abuse the with disabilities or others or		Plan of Correction • QP will be retrained on Alternatives to Restrict Interventions by April 1 2022.	ive

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If continuation sheet 5 of 10

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	
MHL001-095 B. WING	03/04/2022
TO SECOND CONTRACT AND CODE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 529 WILLIAMSON AVENUE	
WILLIAMSON AVENUE GROUP HOME ELON, NC 27244	in we
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD FREE IN THE PREFIX	LO BE COMPLETE
V 536 Continued From page 5 V 536	
based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and	

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If continuation sheet 6 of 10

Division	of Health Service Re	aguiacion		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE	(3) DATE SURVEY COMPLETED	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPI IDENTIFICATION N	JER/CLIA					
AND PLAN	OF CORRECTION	IDEM HEICH WHIC	A PASSAGEMENT AT	A. BUILDING:				
		MHL001-095		B. WING		03/0)4/2022	
	······································	I MILITARY I VITA	**************************************					
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
			IAMSON AV	ENUE				
WILLIAMSON AVENUE GROUP HOME ELON, NC			27244					
	SHAMMARY STA	TEMENT OF DEFICIENC	IES	i D	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLETE	
(X4) ID PREFIX	/PACH DESIGIENCY	Y MUST BE PRECEDED I	3Y FULL	PREFIX	(EACH CORRECTIVE ACT	TON SHOULD BE	DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFOR	MATION)	TAĞ	DEFICIENCE	Y)		
	\			<u> </u>		,	-	
V 536	Continued From pa	one R		V 536				
V 000	,			-				
	means for people v	vith disabilities to c	hoose					
	activities which dire	actly oppose or repl	ace					
	behaviors which ar	e unsafe).						
	(h) Service provide	ers shall maintain						
	documentation of it		training for	\$				
	at least three years			**************************************				
		ntation shall include						
	(A) who partic	cipated in the traini	ng and the					
	outcomes (pass/fai							
		d where they attend	led; and					
	(C) instructo	r's name;						
	(2) The Divis	ion of MH/DD/SAS	may					
	review/request this	documentation at	any time.					
	(i) Instructor Quali	fications and Traini	ng					
	Requirements:							
	(1) Trainers	shall demonstrate o						
	by scoring 100% of	n testing in a trainir	ng program					
	aimed at preventing							
	need for restrictive				1			
	(2) Trainers	shali demonstrate (competence	**************************************				
	by scoring a passir	ng grade on testing	in an					
	instructor training p	orogram.						
		ing shall be						
	competency-based						ĺ	
	objectives, measur							
	observation of beh							
	measurable metho	ds to determine pa	ssing or				;	
	failing the course.							
		ant of the instructor						
	service provider pla							
	approved by the Di		AS pursuant					
	to Subparagraph (i			1				
		le instructor trainin		III.				
	shall include but an			Bhaw			i i	
		iding the adult lear		***				
		for teaching conter	nt of the	***************************************			1	
	course;			A technique				
		for evaluating train	ee	Killhauwa				
	performance; and	1004					!	
				*				

Division of Health Service Regulation

STATE FORM

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If continuation sheet 7 of 10

Division	of Health Service Re	gulation			(X3) DATE	SHRVEY
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	E CONSTRUCTION	COMP	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			

		MHL001-095	B. WING		03/0	4/2022
	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NAME OF	MONINER OR SOLLDER		IAMSON AVE			
WILLIAM	SON AVENUE GROU	P HOME ELON, NO				
			***************************************	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
(X4) ID PREFIX TAG	/EACH DEFICIENCS	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	COMPLETE DATE
V 536	Continued From pa	ige 7	V 536			
	(D) documen	tation procedures.				
	(6) Trainers	shall have coached experience	***************************************			
	teaching a training	program aimed at preventing,	***************************************			***************************************
	reducing and elimit	nating the need for restrictive	**************************************			
		st one time, with positive	arta vita de la companya della companya della companya de la companya de la companya della compa			
	review by the coac	n. shall teach a training program				
	(7) Trainers :	g, reducing and eliminating the	ACHE PARKET			
	need for restrictive	interventions at least once	asvasvass			
1	annually.		v4400444V			
	(8) Trainers	shall complete a refresher	******			
		it least every two years.	****			
	(j) Service provide	rs shall maintain	*vossos***			
]		nitial and refresher instructor	***************************************			
	training for at least	mentation shall include:	***************************************			-
]		cipated in the training and the	******			-
	outcomes (pass/fa		www.church			•
		d where attended; and	*********			
	(C) instructo		**********			
		ion of MH/DD/SAS may	**************************************			
		this documentation any time.	Televan			Africa manager
	(k) Qualifications of					
		shall meet all preparation				
	requirements as a (2) Coaches	trainer. shall teach at least three times				
	the course which is					
		shall demonstrate	***************************************			
		npletion of coaching or	- Agreement			
	train-the-trainer ins					
		shall be the same preparation				
	as for trainers.					
					1	
			-			
			***************************************		ļ	
					{	
					ļ	
Division of He	alth Service Regulation		5		····	

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If continuation sheet 8 of 10

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 03/04/2022 B. WING MHL001-095 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **529 WILLIAMSON AVENUE** WILLIAMSON AVENUE GROUP HOME ELON, NC 27244 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#1) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 3/4/22 of the Qualified Professional's personnel records revealed: -She had a hire date of 6/11/18. -She was hired as Assistant Director II of CRS -Training on Alternatives to Restrictive Intervention expired on 8/31/19. Interview on 3/4/22 with the Human Resources Director revealed: -The group home was using "NCI +-Restrictive" for training in Alternative to Restrictive Interventions. -She reported that trainings had been put on hold due to COVID-19 situation and agency not wanting to bring in anyone and perhaps get someone sick. -The Qualified Professional had originally brought in her own training on alternatives to restrictive -Agency had started to provide trainings again. -She confirmed the Qualified Professional did not have an updated training on Alternatives to Restrictive Intervention. V 736 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

Division of Health Service Regulation

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If continuation sheet. 9 of 10

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	A CONTRACTOR OF THE PROPERTY O		LETED	
		MHL001-095	B, WING		03/0	4/2022
	ROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	······································	
		629 WILL	IAMSON AVE			
WILLIAMSON AVENUE GROUP HOME ELON, N				PROVIDER'S PLAN OF CORRE	TION	(X5)
(X4) ID PPREFIX TAG	(EACH DESIGNER)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
V 736	Continued From pa	ge 9	V 736			<u> </u>
	odor.			' '		
	Based on observational to ensure facilitated and the facilitated to ensure damage and interview on 3/4/22. She had tried to go between tiles with a went away. She had informed interview on 3/4/22 Residential Service and Development (HUD was responsed cleaning. He confirmed the facilitated to ensure the confirmed the service and development (HUD was responsed cleaning.	with staff #1 revealed: at rid of the mold/mildew from different products, but it never management about it. with the Vice President over excealed: the Department of Housing HUD.) ble for making most repairs. Insible for basic maintenance facility failed to ensure facility teined in a safe, clean,		See attached work order #27112. Maintenance he contacted flooring company to replace rotting wood floors/mold/mildew by April 30th, 2022.		

9/17/22, 1:00 PM Print Work Order

Work Order #27112

wood rotten in bathroom

Status:	In-Process	Customer:	Williamson
Priority:	Normal	Contact:	Jessica Peschon
Type:	All planes on	_ , , , , ,	a de St. (5) a a signification of the state of a fill topocyte and a fill and company and compa
Assigned To:	Jeff Johnson	Service Location:	Williamson 529 S, Williamson Avenue Elon, NC 27244
Date Created:		Bill To:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Date/Time:	ида у разримення в выполнения поличения полити. Ду у завишення чення выполнення принсту с ч г г г г г г г г г п		529 S. Williamson Avenue Eion, NC 27244
Next Appt.:	And the or through process and come and come and the state of the stat		And the Superfrequences of the superfrequence
	ation & Custom Fields: Custom Priority: Survey	· · · · · · · · · · · · · · · · · · ·	and the second management of the second seco
	Custom Priority: Survey	, , , , , , , , , , , , , , , , , , ,	. The control of the
alled Descript	Custom Priority: Survey		
alled Descript od rotten in batl	Custom Priority; Survey		
	Custom Priority; Survey lon: room		

Labor Item Added

by Ashley Braxton on Mar 17, 2022, 12:56 PM

A labor item was added:

- Who Ashley Braxton
- Date Worked Mar 16, 2022
- · Duration 0 hrs, 0 min
- · Labor Rate RSL Nonbillable

[PRIVATE]

Ashley has reached out to a flooring company. Floor and shoe mold are scheduled to be replaced by April 30, 2022.

Labor Item Edited

by Ashley Braxton on Mar 17, 2022, 12:54 PM

A labor Item was edited:

[PRIVATE]

Checked shoe mold is rotten, went ahead and patched the wall

3/17/22, 1:00 PM Print Work Order

Labor Item Added

by Jeff Johnson on Mar 9, 2022, 2:25 PM

A labor item was added:

- . Who Jeff Johnson
- . Date Worked Mar 09, 2022
- Start Time 1:15 PM
- Stop Time 2:00 PM
- . Duration 0 hrs. 45 min
- Labor Rate RSL Nonbillable

•

[PRIVATE]

Checked shoe mold is rotten Went ahead and patch on the wall

Detalls

Quantity	Item	Description/Notes	Date	User	Туре	
0.00	RSL Nonbillable	Labor at houses/vehicles not to be billed.	Mar 16, 2022	Ashley Braxton	labor	
0.75	RSL Nonbillable	Labor at houses/vehicles not to be billed.	Mar 9, 2022	Jeff Johnson	labor	



RECEIVED

By cvhicks at 3:18 pm, Mar 24, 2022

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Comments:

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