

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER SAVIN GRACE II	STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SELMA, NC 27576
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 4/14/22. The complaint was unsubstantiated (Intake# NC00186558). 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> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 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 record review and interview, the facility did not administer medication on the written order of a physician affecting one of three audited clients (#3). The findings are:</p> <p>Review on 4/5/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 11-17-21 - 11 years old - Diagnoses: Post-Traumatic Stress Disorder (PTSD), Attention-Deficit Hyperactivity disorder (ADHD) and Disinhibited Attachment disorder-of childhood, Major Depressive disorder -recurrent/moderate, Reactive Attachment disorder - April 2022's MAR revealed: <ul style="list-style-type: none"> -Focalin XR 40 milligram (mg) capsules (caps) (ADHD) -Focalin XR 10mg caps (ADHD) -Clonidine 0.1 tablet (tab) -Sertraline 50mg tab (PTSD, Depression) -Risperidone ODT (Orally Disintegrating Tablets) 1mg tab (mood disorders) - No signed physician orders in the record for any of the above listed medications. <p>Interview on 4/6/22 Staff #2 reported:</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 2 - Client #3's guardian "deals" with her medications - Her guardian obtained the refills and brought them to the facility - They didn't keep the physician orders in her record because her guardian kept them - "It has always been done that way" Interview on 4/6/22 the Director reported: - No physician orders for medications were in the record for client #3 - Her guardian kept her physician orders - Would start requesting that the guardian bring the physician orders with the medication refills.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on interview and record review the facility	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 3</p> <p>failed to ensure a psychotropic drug review was completed for one of three audited clients (#2). The findings are:</p> <p>Review on 4/5/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9-24-21 - 14 years old - Diagnoses: Adjustment disorder with mixed emotions and conduct and post traumatic stress disorder (PTSD) - Physician's order dated 12/15/21 revealed: <ul style="list-style-type: none"> -Hydroxyzine HCL 50milligram (mg) - (anxiety and tension) -Prazosin 1mg- (nightmares and sleep disturbance) -Fluoxetine Hcl 20mg- (depression, obsessive compulsive disorder) -Asenapine 2.5mg - (schizophrenia) - No evidence of drug review at least every 6 months <p>Interview on 4/6/22 the Director reported:</p> <ul style="list-style-type: none"> - Hadn't had any psychotropic medication reviews completed - Didn't know they needed to get them done - Will call the pharmacy to have them completed 	V 121		
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>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 4</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 by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 5</p> <p>who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the 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</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 6</p> <p>treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (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 level II incidents. The findings are:</p> <p>Refer to V367 for specific details regarding police calls to this facility: - Review on 4/11/22 of the police call service log revealed 11 police calls/responses between 10/4/21 - 3/29/22.</p> <p>Multiple requests for the facility incident reports from 10/1/21 - 4/14/22 revealed no documented incident reports involving police responses to the facility for the time period requested.</p> <p>Review on 4/14/22 of facility records revealed no documentation that the facility had responded to the 11 police calls by addressing the following: - The clients health and safety needs - Developing and implementing corrective measures - Assigning staff to be responsible for implementation of the corrections - Maintaining documentation regarding these response measures</p>	V 366		

Division of Health Service Regulation

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V 366	Continued From page 7 Interview on 4/6/22 Staff #2 reported: - Wasn't really sure who was responsible because she just told the Director of incidents and "she did the rest." - Incident reports were filled out by the staff that "witnessed" the incident. Interview on 4/6/22 the Qualified Professional (QP) reported: - Staff that's on shift was responsible for doing incident reports. - She was notified of incidents in the facility and if 911 was called. - Believed the Director did IRIS. - She didn't do IRIS and was unsure if anyone else did IRIS. Interview on 4/14/22 the Director reported: - She had trained every staff on entering into IRIS. - She would oversee the IRIS entries and incident reports from now on. - All staff were responsible for entering into IRIS and filling out incident reports.	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	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 8</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III</p>	V 367		

Division of Health Service Regulation

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V 367	Continued From page 9 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). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report level II incidents. The findings are:	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 10</p> <p>Review on 4/5/22 of the IRIS (Incident Response Improvement System) revealed:</p> <ul style="list-style-type: none"> - No entries reported for any of the below 911 calls/responses. <p>Review on 4/11/22 of the police call service log revealed:</p> <ul style="list-style-type: none"> - 10/4/22 police responded to a missing person call - 12/25/21 police responded to a disturbance call - 12/25/21 police responded to a disturbance call - 1/9/22 police responded to an assault call - 1/9/22 police responded to an assault call - 1/30/22 police responded to a disturbance call - 2/16/22 police responded to an involuntary commitment call - 3/4/22 police responded to an abnormal behavior call - 3/16/22 police responded to a missing person call - 3/25/22 police responded to a missing person call - 3/29/22 police responded to a assist Department of Social Service (DSS) call <p>Interview on 4/5/22 & 4/14/22 the Director reported:</p> <ul style="list-style-type: none"> - Police had been out to the facility. - She would start to oversee the incident reports and IRIS entries. <p>Interview on 4/6/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Staff that's on shift was responsible for doing incident reports. - She was notified of incidents in the facility and if 911 was called. 	V 367		

Division of Health Service Regulation

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V 367	Continued From page 11 - Believed the Director did IRIS.	V 367		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 12</p> <p>provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence</p>	V 537		

Division of Health Service Regulation

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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 537	<p>Continued From page 13</p> <p>by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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V 537	<p>Continued From page 14</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 3 audited staff (#1, #2 & Qualified Professional) were trained in seclusion, physical restraint and isolation time-out. The findings are:</p> <p> </p> <p>Review on of staff #1's personnel record revealed: -Hire date: 7/7/20</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 15</p> <p>-Mindset Foundations deescalation techniques 7/3/21</p> <p>-No evidence of training part B seclusion, physical restraint and isolation time-out</p> <p>Review on of staff #2's personnel record revealed:</p> <p>-Hire date: 6/26/21</p> <p>-Mindset Foundations deescalation techniques 6/17/21</p> <p>-No evidence of training part B seclusion, physical restraint and isolation time-out</p> <p>Review on of the Qualified Professional's personnel record revealed:</p> <p>-Hire date: 5/3/2014</p> <p>-Mindset Foundations deescalation techniques 6/26/21</p> <p>-No evidence of training part B seclusion, physical restraint and isolation time-out</p> <p>Interview on 4/6/22 the Licensee stated:</p> <p>-She was aware that she hadn't scheduled for the instructor to teach part B to complete the part B seclusion, physical restraint</p> <p>-She was responsible for setting up trainings for the staff and ensuring the trainings were completed</p> <p>-She would set up the part B to the Mindset training as soon as possible</p>	V 537		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 4/5/22 at 3:25PM revealed:</p> <p>Client #1's room</p> <ul style="list-style-type: none"> - water stains on the ceiling - closet door not on track and leaning - wood molding around the top of the ceiling coming apart from the ceiling - bed has a 3 drawers at the bottom and the middle drawer was missing <p>Client #2's room</p> <ul style="list-style-type: none"> - piece of the hinge that shuts and connects the door to the frame was broken and stuffed with tissue - wood broken in the door frame <p>Client #3's room</p> <ul style="list-style-type: none"> - main door broken and not attached to the wall - door leaned up against the wall - blinds were broken in numerous places - black marker stains on the wall behind the head of the bed <p>Living Room</p> <ul style="list-style-type: none"> - blinds broken - the middle of the ceiling fan that had the chain attached was hanging and only connected by wires 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> - 2 of 3 lightbulbs missing from the ceiling fan - black chair had rips and was missing some leather from the armrest and the wood was exposed <p>Bathroom #1</p> <ul style="list-style-type: none"> - black marks, peeling paint and unfinished paint on the walls - rusted standing toilet paper holder - missing towel bar - rust and dust surrounding the vents in the ceiling <p>Bathroom #2</p> <ul style="list-style-type: none"> - towel bar missing - dust in and surrounding the vents in the ceiling <p>Kitchen</p> <ul style="list-style-type: none"> - missing and/or loose floor boards <p>Interview on 4/5/22 Staff #1 reported:</p> <ul style="list-style-type: none"> - Client #2's door was broken from her kicking it in. - Client #3's door was broken. - Environmental issues were reported to the Director. <p>Interview on 4/6/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She did a walk through of the facility at least 2-3 times per week when she was there. - Reported all maintenance issues to the maintenance man. - Normally took the maintenance man about a week to complete maintenance requests. - Didn't know that client #3's door was broken. <p>Interview on 4/5/22 & 4/14/22 the Director reported:</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 18 <ul style="list-style-type: none"> - It was hard to keep things fixed in the facility because the clients kept breaking them. - She had called maintenance to fix things but the clients would just break them again. - She knew that she needed to keep replacing the blinds and getting things fixed and had work orders in already. - She would make sure all the things got fixed. - Client #3's bedroom door had been fixed. 	V 736		