| Division | Division of Health Service Regulation | | | | | | | |
|--------------------------|--|---|--|------------------------|---|-------------------|--------------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | | | | (X3) DATE COMF | SURVEY PLETED | |
| | | MHL034-179 | | B. WING | | 04/2 | 27/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
| WAKE F | OREST HEALTH SCIE | ENCES SA PROGI | | STOWN RD, SALEM, NO | SUITES 122, 124, 125 & 217 27103 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE | |
| V 000 | INITIAL COMMEN | TS | | V 000 | | | | |
| | on April 27, 2022. unsubstantiated (in Deficiencies were c This facility is licens category: | take #NC00187437). sited. sed for the following s 7G .4400: SAIOP: Su | service | | | | | |
| V 268 | The survey sample current clients and 27G .4403 Sub. Ab | ly has a census of 11 consisted of audits o 3 former clients. use Intensive Outpt - | of 2 | V 268 | | | | |
| Division of H | from the client's res (b) Each SAIOP sh hours per day, at le maximum of two da (c) A SAIOP shall p of 19 hours for each (d) Each SAIOP sh minimum of nine ho (e) Group counselin program services a (f) Each SAIOP sh written policies to c their clients on a far | operate in a setting se sidence. nall operate at least th east three days per we ays between offered s provide services a ma h client. nall provide services a ours per week for eac ing shall be provided | eparate nree eek with a services. aximum a ch client. each day ement se for | | | | | |
| | ealth Service Regulation Y DIRECTOR'S OR PROVID | DER/SUPPLIER REPRESEN | TATIVE'S SIGI | NATURE | TITLE | | (X6) DATE | |

| STATEMEN | of Health Service Realth of Lealth Service Realth of DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | MHL034-179 | B. WING | | 04/ | 27/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| WAKE F | OREST HEALTH SCIE | | ESTOWN RD, N SALEM, NC | SUITES 122, 124, 125 & 21 27103 | 7 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 268 | Continued From pa | age 1 | V 268 | | | |
| | shall include at a m to face emergency (g) Before discharg a discharge plan at completed services | ay, seven days a week, which ninimum the capacity for face response within two hours. ge, the program shall complete nd refer each client who has s to the level of treatment or ecified in the treatment plan. | • | | | |
| | Based on interview failed to operate at | et as evidenced by: and record review, the facility least three hours per day, with days between offered | | | | |
| | Treatment Program - page 2 has th Schedule" - "Monday, 5:30 - "Tuesday, 5:33 - "Wednesday, - "Thursday, 5: | , of the "Intensive Outpatient n Patient Handbook" revealed: ie "Weekly Treatment 0 pm - 8:30 pm" 30 pm - 7:30 pm" 5:30 pm - 7:30 pm" 30 pm - 7:30 pm" program activities on Fridays, ays | | | | |
| | revealed: - "We operate evenings, then 5:30 Wednesdays and T - "Nothing on F operated this way" | 22 with the Program Director from 5:30 to 8:30 on Monday 0 to 7:30 on Tuesday, Fhursdays" Fridays. We ' ve always is the one the program has | | | | |

STATE FORM

If continuation sheet 2 of 8

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | (X3) DATE SURVEY COMPLETED 04/27/2022 | |
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| | | MHL034-179 | B. WING | | | |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | TATE ZIP CODE | | |
| | | 791 JON | | SUITES 122, 124, 125 & 217 | | |
| VAKE F | OREST HEALTH SCIE | | N SALEM, NC | | | |
| (X4) ID | - | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CC | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | | COMPLET DATE |
| V 268 | Continued From pa | ige 2 | V 268 | | | |
| | sent to the division | is included in the information each year, "when we renew body has ever brought that up' | , | | | |
| V 536 | 27E .0107 Client R Int. | ights - Training on Alt to Rest. | V 536 | | | |
| | practices that empleto restrictive interveto (b) Prior to providir disabilities, staff ince employees, student demonstrate completing training other strategies for which the likelihood or injury to a person property damage is (c) Provider agence based on state compliance and de gathered. (d) The training shainclude measurable measurable testing behavior) on those methods to determine course. (e) Formal refresheit by each service provider wishes to determine | D RESTRICTIVE implement policies and nasize the use of alternatives entions. Ing services to people with cluding service providers, ts or volunteers, shall etence by successfully in communication skills and creating an environment in d of imminent danger of abuse in with disabilities or others or | | | | |

| STATEMENT OF DEFICIENCES DN1 PROVERESUMPLIERULA IDENTIFICATION NUMBER: D2 MAILTIPLE CONSTRUCTION A BUILDING D33 DATE SUMPLY COMPLETED NAME OF PROVIDER OF SUPPLIER INTEGRATON NUMBER: INTEGRATON NUMBER: INTEGRATON 0427/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS; CITY: STATE, 2P CODE T31 JONESTOWN RD, SUITES 122, 124, 125 & 217 WINSTON SALEM, NC 27103 0427/2022 VAKE FOREST HEALTH SCIENCES SA PROD TXC SUMMARY STATEMENT OF DEFICIENCES. INTEGRATONY OR LSC IDENTIFYING INFORMATION D D D CONSTRUCTION WINSTON SALEM, NC 27103 CONSTRUCTION CROSS-REFERENCED FO THE APPRCOMMATE DOWNER DEFICIENCY V 536 Continued From page 3 V 536 V 536 D | Division | of Health Service Re | egulation | | | - | - |
|---|----------|--|--|----------------|--|------|----------|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE_ZIP CODE WAKE FOREST HEALTH SCIENCES SA PROGI TAUJONESTOWN RD, SUITES 122, 124, 125 & 217 WAKE FOREST HEALTH SCIENCES SA PROGI TAUSTON SALEM, NC 27103 PREEX CAULDERCONSTREET OF DEFICIENCIES D PREEX FECULATORY ON LC DENTIFYING INFORMATION) PREEX V 538 Continued From page 3 V 538 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; (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 behavior; (9) positive behavioral supports (providing meas for people with disabilities; (6) recognizing the importance of and assisting in the preson's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; and de-escalating behavior; (1) Documentation shall include: (A) Street shall include: (b) Service providers shall maintain documentation shall | STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | |
| WAKE FOREST HEALTH SCIENCES SA PROGI 791 JONESTOWN RD. SUITES 122, 124, 125 & 217 WINSTON SALEM, NC 27103 OMJ ID PREEK TKG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED bY FULL TKG D PREEK (EACH DEPICENCY MUST BE PRECEDED bY FULL TKG D PREEK (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFIDIENCY) Continued From page 3 V 536 V 538 Continued From page 3 V 536 V 536 D 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; (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; (a) (b) communication strategies for defusing and de-escalating potentially dangerous behavior; and (g) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fai); (B) when and where they attended; and (C) instructor's name; (2) The Division of MIHDD/SAS may review/request this documentation at raining (b) Instructor Qualifications and Training | | | MHL034-179 | B. WING | | 04/2 | 7/2022 |
| WINSTON SALEM, NC 27103 (X4) ID PHEEX TWS SUMMARY STREAMENT OF DEPICIPACIONS (EXAMPRINE NEW MUST BE PRECEDED BY FULL RESULATORY OR LSC UBENTEYING INFORMATION) D PHEEX TWS D REVOLUCENT ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) ODE CONS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 536 Continued From page 3 V 536 V 536 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; (6) 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; and (g) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsale). (h) Service providers shall maintain documentation of shall include: (A) who participated in the training and the outcomes (passFail); (B) when and where they atended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training (c) Instructor audifications and Train | NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| PRÉEX TAG (EACH CORRECT& ACTION SHOLLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE TAG V 536 Continued From page 3 V 536 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; (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 (9) positive behavioral supports (providing means for people with disabilities to choose activities which are unsafe). (1) Documentation shall include: (A) who participated in the training for at least three years. (1) Documentation shall include: (2) The Division of MH/DD/SAS may review/request this documentation at any time. (2) The Division of MH/DD/SAS may review/request this documentation at any time. | WAKE F | OREST HEALTH SCIE | | | | | |
| 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 cultural, environmental and organizational factors that may affect people with disabilities; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and the executive behaviors strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor sume; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor and reference and reference | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | D BE | COMPLETE |
| (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; and de-escalating potentially dangerous behavior; and elevicating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (1) Instructor califications and Training | V 536 | Continued From pa | ige 3 | V 536 | | | |
| Division of Health Service Regulation | | (g) Staff shall dem following core areas (1) knowledg people being serve (2) recognizin behavior; (3) recognizin external stressors to disabilities; (4) strategies relationships with p (5) recognizin organizational factor disabilities; (6) recognizin assisting in the persi- decisions about the (7) skills in assisting behavior (8) communi- and de-escalating p and (9) positive b means for people w activities which dires behaviors which are (h) Service provide documentation of in at least three years (1) Document (A) who partion outcomes (pass/faii (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualiff Requirements: | onstrate competence in the s: e and understanding of the d; ng and interpreting human ng the effect of internal and hat may affect people with s for building positive ersons with disabilities; ng cultural, environmental and ors that may affect people with ng the importance of and son's involvement in making bir life; ssessing individual risk for c; cation strategies for defusing potentially dangerous behavior; ehavioral supports (providing with disabilities to choose betly oppose or replace e unsafe). ers shall maintain nitial and refresher training for tation shall include: cipated in the training and the l); d where they attended; and c's name; ion of MH/DD/SAS may documentation at any time. | | | | |

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| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | MHL034-179 | B. WING | | 04/27/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| WAKE F | OREST HEALTH SCIE | | ESTOWN RD, N SALEM, NC | SUITES 122, 124, 125 & 217 27103 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / 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) | D BE COMPLETE | |
| | by scoring 100% or aimed at preventing need for restrictive | | | | | |
| | by scoring a passin instructor training p (3) The traini | shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning | | | | |
| | observation of beha | able testing (written and by avior) on those objectives and ds to determine passing or | | | | |
| | service provider pla | ent of the instructor training the ans to employ shall be vision of MH/DD/SAS pursuant | | | | |
| | (5) Acceptab shall include but are (A) understan | e instructor training programs e not limited to presentation of: ding the adult learner; | | | | |
| | course; | for teaching content of the for evaluating trainee | | | | |
| | (6) Trainers s teaching a training | ation procedures. shall have coached experience program aimed at preventing, nating the need for restrictive | | | | |
| | interventions at least review by the coact | st one time, with positive | | | | |
| | aimed at preventing need for restrictive annually. | g, reducing and eliminating the interventions at least once | | | | |
| | instructor training a (j) Service provider documentation of ir | nitial and refresher instructor | | | | |
| Division of H | training for at least ealth Service Regulation | three years. | | | | |

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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
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| | | MHL034-179 | B. WING | B. WING | | 27/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| VAKE F | OREST HEALTH SCIE | | ESTOWN RD, N SALEM, NC | SUITES 122, 124, 125 & 21 27103 | 7 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 536 | Continued From pa | age 5 | V 536 | | , | |
| | outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by cor train-the-trainer ins | d where attended; and r's name. ion of MH/DD/SAS may this documentation any time. of Coaches: shall meet all preparation trainer. shall teach at least three times being coached. shall demonstrate mpletion of coaching or | | | | |
| | Based on interview failed to ensure that people with disability volunteers success competency-based Division of Mental H Disabilities/Substant refresher complete skills and other strate environment in white danger of abuse or disabilities or other prevented, for 3 (the strategy of the | et as evidenced by: and record review, the facility t prior to providing services to ties; employees, students or sfully completed training (approved by the Health/Developmental nce Abuse Services, with a d annually), in communication ategies for creating an ch the likelihood of imminent injury to a person with s or property damage is the Program Director, Counselo or) of 3 staff surveyed. | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED | |
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| | | MHL034-179 | | | 04/ | 27/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| NAKE F | OREST HEALTH SCIE | | ESTOWN RD, SALEM, NC | SUITES 122, 124, 125 & 21 [°] 27103 | 7 | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES | ID PREFIX | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) | | (X5) COMPLET |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | DATE |
| V 536 | Continued From pa | ige 6 | V 536 | | | |
| | The findings are: | | | | | |
| | personnel training f | indicating completion of | | | | |
| | Review on 4-26-22 of the Counselor 's personnel training file revealed: - no certificate indicating completion of training on Alternatives to Restrictive Interventions | | I | | | |
| | personnel training f | indicating completion of | | | | |
| | revealed: - all his staff we - all his staff we recurrent training to - none of his st maintain their licensi to Restrictive Interv - "I haven ' t ha maybe "Workplace here - the agency ha on Alternatives to F - this could be a | 22 with the Program Director ere board licensed ere required to complete o maintain their licenses aff had completed training to ses that covered Alternatives rentions d anything like that, except Violence" it isn ' t required ad not offered annual training Restrictive Interventions addressed and fixed either r' s Human Resources ridually in conjunction with | | | | |

| Division | Division of Health Service Regulation | | | | | | | |
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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | | | |
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| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | STATE, ZIP CODE | | | | |
| WAKE F | OREST HEALTH SCIE | | ESTOWN RD N SALEM, NO | , SUITES 122, 124, 125 & 217 C 27103 | | | | |
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| V 536 | Continued From pa | ige 7 | V 536 | | | | | |
| | - documentatio | n/certificates for completed | | | | | | |
| | trainings would be r | | | | | | | |
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| Division of H | ealth Service Regulation | | | | | | | |