

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 and complaint survey was completed on August 19, 2022. The following complaints were substantiated (Intakes #NC00191475, #NC00191801 and #NC00191928). The following complaints were unsubstantiated (Intakes #NC00190495 and NC00192107). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 12 beds and currently has a census of 12. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p>	V 105		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 105	Continued From page 1 (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure judicial reviews were completed for six of six audited clients (client #1, client #2, client #3, client #4, client #5 and client #6). The findings are:</p> <p>A. Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis. -No request for hearings were present in the client's record.</p> <p>B. Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation. -No request for hearings were present in the client's record.</p> <p>C. Review on 8/2/22 of client #3's record</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 105	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Child Sexual Abuse and Child Neglect. -No requests for hearings were present in the client's record. <p>D. Review on 8/8/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Age of 13. -Admission date of 7/20/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Attention Deficit Hyperactivity Disorder- Combined presentation (per history) and Child Neglect (per history). -No requests for hearings were present in the client's record. <p>E. Review on 8/8/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> -Age of 17. -Admission date of 5/8/20. -Diagnoses of Disruptive Mood Dysregulation Disorder, Unspecified Disruptive, Impulse Control Conduct Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation (per history) Cannabis Use Disorder- Mild in secure environment and Child Neglect (per history). -No requests for hearings were present in the client's record. <p>F. Review on 8/10/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> -Age of 11. -Admission date of 12/2/21. -Diagnoses of Disruptive Mood Dysregulation 	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 105	<p>Continued From page 4</p> <p>Disorder, Conduct Disorder- Childhood Onset Type, Borderline Intellectual Functioning and Child Neglect.</p> <p>-No requests for hearings were present in the client's record.</p> <p>Interview on 8/16/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The facility is staff secure. -The door leaving the community area and the lobby door is unlocked to leave the facility. -There was a color card system on door in lobby that explained status of facility. -The color card system alerted staff of what to expect when coming into the facility. -The colors used are red, yellow, green and black. -Red represented high alert, client to staff ratio may not be sufficient to handle a crisis situation, clients are to be monitored closely and the building is on lock down. -Yellow represented state of caution and an event has occurred in the facility that has yet to be resolved. -Green represented standard operating procedures and there are no issues to address. -Black represented there is an external threat such as severe weather or threat of violence from an intruder or employee and emergency procedures have been enacted with clients prepared for evacuation. -Only color that door was locked is when on the red card. <p>Interview on 8/16/22 with the Director of Operations revealed:</p> <ul style="list-style-type: none"> -Judicial reviews stopped because the facility is staff secure. -Prior to COVID, doors remained unlocked. -Due to COVID and to ensure safety of who 	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 105	Continued From page 5 entered facility, doors were locked. -Confirmed the facility failed to complete the judicial reviews.	V 105		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 110	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, one of six audited staff (staff #3) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation.</p> <p>Review on 8/2/22 of client #3's record revealed: -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Child Sexual Abuse and Child Neglect.</p> <p>Review on 8/2/22 of staff #3's personnel file revealed: -Hired on 4/8/22. -Hired as a Residential Mentor.</p> <p>Interview on 8/4/22 with client #2 revealed: -Staff did curse but not directly at him. -Had heard other staff using profanity when talking to one another. -Staff #3 had cursed around him and other clients.</p> <p>Interview on 8/16/22 with client #3 revealed: -He did not like the staff at the facility. -He really did not like staff #3 as he was rude and picked on him.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 110	<p>Continued From page 7</p> <ul style="list-style-type: none"> -He heard S -Staff #3 cursed all the time and other staff around said nothing. - "All the staff here curse at us, they don't care about us." <p>Interview on 8/4/22 with the local Police Department revealed:</p> <ul style="list-style-type: none"> -Staff #3 had a misdemeanor charge of pointing a gun. -Staff #3 had been charged with assault with a deadly weapon with intent to kill. -Staff #3 was found guilty of the charge. -Staff #3 was currently on probation. - "Not sure how he is not incarcerated." <p>Interview on 8/3/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> -All staff at some point used profanity and may have made inappropriate comments but was not talking to the clients. -Clients could have heard if they were listening to staff sidebar conversations. -Sidebar conversations held when clients were in their room or having education. -Education is held in the community area; the main area. <p>Interview on 8/5/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> -He had not heard staff use profanity or inappropriate conversations with clients. - "I mean once in a while a curse word may slip out but it's not directly to them." -He was currently suspended due to allegation of someone overhearing him having an inappropriate conversation with another staff. -The conversation was about guns and drinking as they were having current events discussion with the clients. <p>Interview on 8/4/22 with the Facility First</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 110	<p>Continued From page 8</p> <p>Responder revealed: -He was made aware of the incident regarding the inappropriate conversation of staff #3. -He was made aware that staff #3 had conversation in common area with another staff member with no redirection from other staff regarding the language and discussed topic. -Staff #3 was currently suspended and once the internal investigation is complete and management will make the decision if he will return. -Confirmed he had heard staff use profanity in their conversations while on the floor and would redirect them when he was present.</p> <p>Interview on 8/4/22 with the Senior Team Leader revealed: -Staff #1 used profanity around the clients. -She also stated other staff used profanity but was not directed towards the clients. -During the current events discussion, staff had a conversation about drinking and guns.</p> <p>Review on 8/8/22 of a Plan of Protection (POP) written by the Senior Team Leader dated 8/8/22 revealed: "What immediate action will the facility take to ensure the safety of the consumer in your care: Staff member taken off the schedule (suspended) while an investigation is conducted. At this time still awaiting response from supervisors to proceed with further actions. Describe your plans to make sure the above happens: A supervision with staff and training conducted again for set staff member."</p> <p>The facility served two clients whose diagnoses included Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Attention Deficit Hyperactivity Disorder- Combine presentation, Child Sexual Abuse and Child Neglect. Staff #3 was identified by client #2 and</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 110	<p>Continued From page 9</p> <p>client #3 as someone who used profanity in their presence along with other clients. Staff #3 used profanity and had inappropriate conversation about guns and drinking in the presence of all the clients in the facility and resulted in staff #3's current suspension. The Senior Team Leader confirmed profanity was used and there was a conversation about guns.</p> <p>The deficiency constitutes a Type B violation which is detrimental to the welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 110		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h)</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 10</p> <p>of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 11</p> <p>proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 12</p> <p>his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 13</p> <p>prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 14</p> <p>facility failed to ensure that clients can make and receive confidential telephone calls affecting 6 of 6 audited clients (client #1, client #2, client #3, client #4, client #5 and client #6). The findings are:</p> <p>A. Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis. -The current treatment plan updated 5/11/22 does not include any specifications regarding phone call parameters.</p> <p>B. Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation. -The current treatment plan updated 7/14/22 does not include any specifications regarding phone call parameters.</p> <p>C. Review on 8/2/22 of client #3's record revealed: -Age of 14. -Admission date of 2/12/20. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood onset, Child Sexual Abuse and Child Neglect. -The current treatment plan updated 7/18/22 does not include any specifications regarding</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 15</p> <p>phone call parameters.</p> <p>D. Review on 8/8/22 of client #4's record revealed: -Age of 13. -Admission date of 7/20/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Attention Deficit Hyperactivity Disorder- Combined presentation (per history) and Child Neglect (per history). -The current treatment plan updated 7/6/22 does not include any specifications regarding phone call parameters.</p> <p>E. Review on 8/8/22 of client #5's record revealed: -Age of 17. -Admission date of 5/8/20. -Diagnoses of Disruptive Mood Dysregulation Disorder, Unspecified Disruptive, Impulse Control Disorder, Posttraumatic Stress Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder- combined presentation (per history) Cannabis Use Disorder- Mild in secure environment and Child Neglect (per history). -The current treatment plan updated 7/5/22 does not include any specifications regarding phone call parameters.</p> <p>F. Review on 8/10/22 of client #6's record revealed: -Age of 11. -Admission date of 12/2/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder- Childhood Onset Type, Borderline Intellectual Functioning and Child Neglect. -The current treatment plan updated 7/21/22 does not include any specifications regarding</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 16</p> <p>phone call parameters.</p> <p>Interview on 8/4/22 with client #1 revealed: -He would dial the phone number. -For every call, phone had to be on speaker phone for staff to hear the conversation.</p> <p>Interview on 8/4/22 with client #2 revealed: -Assigned phone call days were either Monday/Wednesday or Tuesday/Thursday. -Staff were in the room during calls. -Phone was placed on speaker during the conversation and staff listened.</p> <p>Interview on 8/16/22 with client #3 revealed: -Phone calls were monitored by staff. -Phone had to be put on speaker phone. - "I have rights and staff don't care."</p> <p>Interview on 8/8/22 with client #4 revealed: -Can have two phone calls a week. -Staff was in the room during calls with the phone on speaker.</p> <p>Interview on 8/8/22 with client #5 revealed: -Phone calls were on your assigned days. -The phone would be on speaker phone during the calls.</p> <p>Interview on 8/10/22 with client #6 revealed: -Had scheduled days of either Monday/Wednesday or Tuesday/Thursday to make phone calls. -The phone would be on speaker phone with staff present.</p> <p>Interview on 8/3/22 with staff #1 revealed: -Clients had assigned days of Monday/Wednesday or Tuesday/Thursday. -Clients received calls and were not denied phone</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 364	<p>Continued From page 17</p> <p>calls. -Clients were permitted calls beyond their scheduled days.</p> <p>Interview on 8/5/22 with staff #3 revealed: -Staff had to be present in the room during client phone calls. -The phone had to be on speaker. -Staff would dial the numbers and clients could not hold the phone. -"We can't trust who they talking to like that, you know what I'm sayin."</p> <p>Interview on 8/3/22 with the Facility First Responder revealed: -Some clients put calls on speaker phone, and some do not. -Staff had to be present during the calls at all times to avoid property destruction of the phone if client becomes upset.</p> <p>Interview on 8/3/22 with the Senior Team Leader revealed: -Clients had two assigned days to make calls but could receive and make more calls if requested. -Since her employment, phone calls were always monitored by staff and phone placed on speaker. -She believed there was a policy regarding phone calls. -Confirmed that facility failed to ensure that clients could make and receive confidential telephone calls.</p>	V 364		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 540	<p>Continued From page 18</p> <p>dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care affecting two of six audited clients (client #1 and client #2). The findings are:</p> <p>Review on 8/1/22 of client #1's record revealed: -Age of 12. -Admission date of 5/24/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood onset type, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation and Enuresis.</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 540	<p>Continued From page 19</p> <p>Interview on 8/4/22 with client #1 revealed: -He did have privacy most times. -Stated he had a bathroom that only he used. -He had to do "Soap Up" for not having proper hygiene. - "Soap Up" was when you had to put soap all on your body and yell soap up and staff would come to door and check that soap is on your body.</p> <p>Review on 8/1/22 of client #2's record revealed: -Age of 12. -Admission date of 5/7/21. -Diagnoses of Mood Dysregulation Disorder, Conduct Disorder- Childhood onset type and Attention Deficit Hyperactivity Disorder- Combine presentation.</p> <p>Interview on 8/4/22 with client #2 revealed: -One of the bathroom doors lock was broken. -Staff had walked in on him once while he was showering. -Staff walked in the bathroom when he was drying off and was putting on underwear.</p> <p>Interview on 8/3/22 with staff # 1 revealed: -Staff provided privacy to clients and only came to door during Soap Up process. -The "Soap Up" directives were given by the therapist. -He believed the process was documented in client charts or somewhere in their paperwork. -Process was implemented when clients did not complete hygiene tasks. -The process was for client to yell " Soap Up" and two male staff, one being a spotter for the other staff would go to open bathroom door and peep in to see that client has soaped up their entire body. -Confirmed client #1 currently has this process in place.</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
--	--

(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 540	<p>Continued From page 20</p> <p>Interview on 8/3/22 with staff #2 revealed: -Client #1 that had hygiene issues. -Explained "Soap Up" was when male staff peeped head into bathroom to ensure client washed their body.</p> <p>Interview on 8/5/22 with staff #3 revealed: -Clients had privacy when bathing. -When clients had poor hygiene or caused issues with peers the therapist implement Soap Up. -Explained process when client lathered their body and yell "Soap Up" for staff to briefly open the door to see soap on their body to proceed and wash. -Stated he believed the "Soap Up" process was noted in the client's treatment plan.</p> <p>Interview on 8/4/22 with the Senior Team Leader revealed: -Clients had privacy during bathing. -The "Soap Up" process was determined by the therapist. -The "Soap Up" process was that staff unlocked the door with a spotter, visually looked to see soap on their body and would close and lock the door. -Believed the "Soap Up" process was documented in their charts but not sure.</p>	V 540		