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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on September 14, 2022. The complaint was unsubstantiated (intake #NC00192419). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112		

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V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address client needs for 2 of 2 audited clients (#2, #4). The findings are: Finding #1 Review on 9/14/22 of client #2's record revealed: -14 year old male. -Admitted on 4/21/22. -Diagnoses of Disruptive Mood Dysregulation Disorder and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct. Review on 9/14/22 of a Comprehensive Clinical Assessment for client #2 dated 4/21/22 revealed: -"Consumer is a 14 year old...who has a history of mood fluctuations, emotional dysregulation, verbal and physician aggression...problematic sexual behaviors...history of placement disruptions and running away...a history of numerous psychiatric hospitalizations..involuntarily committed due to threats of suicide during a moment of intense emotional dysregulation..." Review on 9/14/22 of a level I incident report for client #2 revealed: -"Date of Incident:	V 112		

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V 112	Continued From page 2 9/3/22...Time:7:15pm...Describe Incident, including who, what, when, and how...[Client #2] go made because it was time for bed..as he got to the living room to sit down he ran out the door I tried to stop him he just kept going..." Review on 9/14/22 of client #2's treatment plan dated 4/21/22 revealed: -Last updated 8/26/22. -No evidence of goals or strategies for client #2's threats of self-harm or suicide or elopements. Interview on 9/14/22 client #2 stated: -He eloped from the facility twice. -Staff followed him during 1 elopement. -No staff followed when he eloped to the neighborhood near the fire station. Finding #2 Review on 9/14/22 of client #4's record revealed: -11 year old male. -Admitted on 6/9/22. -Diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder. Review on 9/14/22 of a Comprehensive Clinical Assessment for client #4 dated 6/7/22 revealed: -"Consumer is a 11 year old...who has a history of verbal & physical aggression, agitation, defiance...property destruction, and self-harm behaviors... Review on 9/14/22 of a level I incident report for client #4 revealed: -"Date of Incident: 9/5/22...Time: 2:30 pm...Location: House 1 Name of staff completing report: [staff #1][Qualified Professional (QP)] Date: 9/5/22...Describe Incident, including who, what, when, and how...[Client #4] became very angry when it was time for him to get off the video	V 112		

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V 112	Continued From page 3 game he started scratching his face kicking and trying to hit staff so put him in a TH (Therapeutic Hold) for 15 minutes he calmed down and counted to 10 and said he was sorry. Staff signature:[Staff #1]" Review on 9/14/22 of client #4's treatment plan dated 6/8/22 revealed: -Last updated 8/5/22. -No evidence of goals or strategies for client #2's threats of self-harm or suicide. Interview on 9/14/22 client #4 stated: -He was placed in a hold. Interview on 9/14/22 the Qualified Professional stated: -She was responsible for the development of the client treatment plans. -She developed "goals with the children" (clients). -She included goals related to self harm, suicide and elopements if clients had them. -No goals related to self-harm, suicide or elopement were included in client #2 and client #4 treatment plans. -Clients denied suicidal thoughts. -Client #2 attempted to elope but was within staff eye sight at all time. -Client #4 was placed in a therapeutic hold for self injurious behaviors. -She understood goals and strategies she be based off clients needs and assessments. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118		

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V 118	Continued From page 4 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 (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. This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to keep the MARs current and administer medications as ordered by	V 118		

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V 118	Continued From page 5 a physician for 2 of 2 audited current clients (#2, #4). The findings are: Finding #1 Review on 9/14/22 of client #2's record revealed: -14 year old male. -Admitted on 4/21/22. -Diagnoses of Disruptive Mood Dysregulation Disorder and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct. Review on 9/14/22 of client #2's signed physician orders revealed: -No evidence of an order for Cephalexin 500 milligrams (mg). Review on 9/14/22 of client #2's MARs from 7/1/22 - 9/14/22 revealed: -No documentation Cephalexin 500 mg had been administered. Observation on 9/14/22 at approximately 4:15pm of client #2's medications revealed: -Cephalexin 500 mg filled on 9/10/22 1 capsule 3 times daily for 7 days. -The Qualified Professional (QP) counted the Cephalexin capsules. Interview on 9/14/22 client #2 stated: -He received his medications daily. Finding #2 Review on 9/14/22 of client #4's record revealed: -11 year old male. -Admitted on 6/9/22. -Diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder. Review on 9/14/22 of client #4's signed physician order dated 8/15/22 revealed:	V 118		

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V 118	Continued From page 6 -Hydroxyzine HCL 25 mg 1 tablet 3 times a day. Review on 9/14/22 of client #4's MARs from 7/1/22 - 9/14/22 revealed: -Hydroxyzine HCL 25 mg was documented as administered on 9/14/22 at 8pm. Interview on 9/14/22 client #4 stated: -He took his medications daily. Interview on 9/14/22 the QP stated: -Clients received their medications as ordered. -Client #2 had received the medication. -She would contact the pharmacy to request the physician order for Cephalexin 500 mg. -Client #2's grandmother had the Cephalexin filled and bought to the facility. -Client #2 cut his foot while on a home visit and his grandmother took him to the doctor. -Client #4's Hydroxyzine HCL 25 mg medications was documented in error. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).	V 318		

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V 318	Continued From page 7 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about all allegations of abuse affecting 1 of 2 audited staff (#1).The findings are: Review on 9/14/22 of staff #1's personnel record revealed: -Hire date: 8/17/22. -Job: Paraprofessional. Review on 9/14/22 of the HCPR initial allegation report revealed: -An internal investigation was completed on 8/24/22 and faxed to HCPR on 8/26/22. Interview on 9/13/22 the Office Administrator stated: -It was her responsibility to report to the HCPR. -The allegation was reported on 8/23/22. -She had not submitted the initial allegation within 24 hours. -The submitted the report to the HCPR on 8/26/22.	V 318		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

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V 366	Continued From page 8 (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy;	V 366		

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V 366	Continued From page 9 (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals 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: (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; (B) gather other information needed; (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 (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 (3) immediately notifying the following: (A) the LME responsible for the catchment	V 366		

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V 366	Continued From page 10 area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to Level II incidents. The findings are: Review on 9/14/22 of the facility's incident reports from 7/1/22 to 9/14/22 revealed: -No evidence of a level II incident report for abuse allegation made by client #2 against staff #1. Review on 9/14/22 of the facility's internal investigation revealed: -"In the case of: Consumer [Client #2] alleged Employee beat him with a belt." -"Investigation Start Date: 9/4/2022." -"Completion Date: 9/7/2022." -"Allegations Consumer [Client #2] alleges that Staff member [Staff #1] beat him with a belt on 8-21-22.	V 366		

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V 366	Continued From page 11 Interview on 9/14/22 the Qualified Professional stated: -Client #2 made the allegation to his guardian that staff #1 hit him with a belt. -Client #2 apologize days later and said it wasn't true. -She completed an internal investigation. -She turned in an incident report through the office and notified the guardian. Interview on 9/14/22 the Office Administrator stated: -Normally level II IRIS reports were submitted by the Clinical Director. -No level II IRIS report was submitted. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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:	V 367		

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V 367	Continued From page 12 (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 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	V 367		

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V 367	Continued From page 13 .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 reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 9/14/22 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports were submitted by facility	V 367		

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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 367	Continued From page 14 between 7/1/22 - 9/14/22. Interview on 9/14/22 the Qualified Professional stated: -She completed an internal investigation for the abuse allegation client #2 made against staff #1. -She submitted an IRIS report through the facility's office. Interview on 9/13/22 the Office Administrator stated: -No level II IRIS report was submitted.	V 367		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention;	V 521		

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	MHL043-034	A. BUILDING: _____ B. WING _____	R-C 09/14/2022

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V 521	Continued From page 15 (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the minimum required documentation was completed whenever a restrictive intervention was used for 1 of 2 audited current clients (#4) who was placed in a restrictive intervention. The findings are: Review on 9/14/22 of client #4's record revealed: -11 year old male. -Admitted on 6/9/22. -Diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder. Review on 9/14/22 of a level I incident report for client #4 revealed: -"Date of Incident: 9/5/22...Time: 2:30 pm...Location: House 1 Name of staff completing report: [staff #1][Qualified Professional (QP)] Date: 9/5/22...Describe Incident, including who, what, when, and how...[Client #4] became very angry when it was time for him to get off the video game he started scratching his face kicking and	V 521		

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V 521	Continued From page 16 trying to hit staff so put him in a TH (Therapeutic Hold) for 15 minutes he calmed down and counted to 10 and said he was sorry. Staff signature:[Staff #1]" -There was no documentation in the internal incident reports for Debriefing, Client's physical and psychological well-being, Frequency, intensity and duration of the behavior which led to the intervention, Any precipitating circumstance contributing to the onset of the behavior or The inadequacy of less restrictive intervention techniques that were used. Interview on 9/14/22 client #4 stated: -He was placed in a hold 1 time. Interview on 9/14/22 the Qualified Professional stated: -The restrictive intervention was documented on an incident report. Interview on 9/14/22 the Office Administrator stated: -The debrief and guardian contact may be documented. -She would provide information no later than the following business day. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 521		
V 524	27E .0104(e12-16) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions	V 524		

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V 524	Continued From page 17 may be used, the policy and procedures shall be in accordance with the following provisions: (12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained. (13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule. (14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation timeout. (15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions. (16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows: (A) those to be notified as soon as possible but within 24 hours of the next working day, to include: (i) the treatment or habilitation team, or its designee, after each use of the intervention; and (ii) a designee of the governing body; and (B) the legally responsible person of a minor client or an incompetent adult client shall be notified immediately unless she/he has requested not to be notified.	V 524		

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V 524	Continued From page 18 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the legally responsible person for 1 of 2 audited current clients (#4) who was placed in a restrictive intervention. The findings are: Review on 9/14/22 of client #4's record revealed: -11 year old male. -Admitted on 6/9/22. -Diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder. Review on 9/14/22 of a level I incident report for client #4 revealed: -"Date of Incident: 9/5/22...Time: 2:30 pm...Location: House 1 Name of staff completing report: [staff #1][Qualified Professional (QP)] Date: 9/5/22...Describe Incident, including who, what, when, and how...[Client #4] became very angry when it was time for him to get off the video game he started scratching his face kicking and trying to hit staff so put him in a TH (Therapeutic Hold) for 15 minutes he calmed down and counted to 10 and said he was sorry. Staff signature:[Staff #1]" -There was no evidence of immediate guardian notification when a restrictive intervention was used. Interview on 9/14/22 client #4 stated: -He was placed in a hold 1 time. Interview on 9/14/22 the Qualified Professional stated: -She had informed client #4's guardian of the restrictive intervention. -There was no documentation she contacted the guardian.	V 524		

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V 524	Continued From page 19 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 524		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/14/22 at approximately 3:15pm during a tour of the facility revealed: -The game room had 6 large circular brown spots on the ceilings. -The laundry room had a doorknob size hole behind the door. -The hallway bathroom vanity cabinet was missing a drawer. -2 different smoke detectors chirped about every minute. -The hallway linen closet was missing doors. -The back left bedroom on suite bathroom was missing 2 light bulbs. -Client #3's bedroom had paint peeling on the ceiling surrounded by a brown circle. -Client #2's bedroom had a large 1 foot by 1 foot hole in the closet. 2 light bulbs were missing from	V 736		

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V 736	Continued From page 20 ceiling fan light fixture. Interview on 9/14/22 the Qualified Professional stated: -She needed to replace the batteries in the smoke detectors. -She submitted a maintenance order for the repairs needed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 9/14/22 at approximately 3:15pm revealed: -The kitchen sink was 80 degrees Fahrenheit. -The hallway bathroom sink was 80 degrees Fahrenheit. -The back left bedroom on suite bathroom sink was 80 degrees Fahrenheit.	V 752		

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V 752	Continued From page 21 Interview on 9/14/22 the Qualified Professional stated: -She would submit a maintenance order for the water temperatures. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 752		