

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EVANS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 OLD FIRETOWER ROAD</b> <b>WINTERVILLE, NC 28590</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 20, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete an admission assessment for 2 of 3 audited clients (#4 and #5). The findings are:</p> <p>Review on 10/20/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 69 year old male admitted 4/11/07.</li> <li>- Diagnoses included Intellectual/Developmental Disability, severe; Major Depressive Disorder, recurrent; Diabetes; high cholesterol; and prostate cancer.</li> <li>- No documented admission assessment.</li> </ul> <p>Review on 10/20/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year old male admitted 8/01/13.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild; and Schizophrenia.</li> <li>- No documented admission assessment.</li> </ul> <p>During interviews on 10/20/22 the Director/Owner/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- There were no admission assessments for clients #4 and #5.</li> <li>- She understood admission assessments should be completed prior to the delivery of services.</li> </ul>	V 111		

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V 111	Continued From page 2  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 111		
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 obtained.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement a goal and strategies for unsupervised time in the community for 1 of 3 audited clients (#4) and to obtain written consent for the legally responsible party on the treatment/habilitation or service plan for 1 of 3 audited clients (#5) The findings are:</p> <p>Finding #1: Review on 10/20/22 of client #4's record revealed: - 69 year old male admitted 4/11/07. - Diagnoses included Intellectual/Developmental Disability, severe; Major Depressive Disorder, recurrent; Diabetes; high cholesterol; and prostate cancer. - "Consent for Unsupervised Time" dated 5/10/13 signed by client #4's guardian. - Undated "Unsupervised Time Questionnaire" signed by client #4's guardian. - Person Centered Profile dated 10/26/21 included "What's Important to [client #4] . . . Going to church . . ." - No documented goal or strategies addressed unsupervised time in the community.</p> <p>During interview on 10/20/22 client #4 stated he enjoyed going to church; he rode on the church van.</p> <p>Finding #2: Review on 10/20/22 of client #5's record revealed: - 42 year old male admitted 8/01/13. - Diagnoses included Intellectual/Developmental Disability, mild; and Schizophrenia. - Legal guardianship established 9/21/09. - Person Centered Profile dated 6/03/22 with no</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>written consent or agreement by client #5's guardian representative and there was no written statement by the provider stating why such consent could not be obtained.</p> <p>During interview on 10/20/22 the Qualified Professional stated he was responsible for developing and ensuring implementation of clients' treatment/habilitation plans.</p> <p>During interview on 10/20/22 the Director/Owner/Chief Executive Officer stated: - Client #4 rode the church van to church services. - She did not realize there was no documented goal and strategies for client #4's unsupervised time. - She thought client #5's guardian received a copy of the Person Centered Profile; his guardian must not have returned the completed signature page.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 10/20/22 of the facility's fire and disaster drill records October 2021 - October 2022 revealed:</p> <ul style="list-style-type: none"> <li>- "Fire and Disaster Drills must be completed on each shift per month . . . 1 drill 10p - 10a, 1 drill 10a - 10p, 1 drill 3p - 10p . . . This is a total of 3 drills per month for Fire and Disaster."</li> <li>- No fire drills documented for any shift 1/01/22 - 10/20/22.</li> <li>- No disaster drills documented for any shift 10/01/21 - 10/20/22.</li> </ul> <p>During interview on 10/20/22 client #2 stated she would go outside in the event of a fire and to the hallway or bathroom in the event of a tornado.</p> <p>During interview on 10/20/22 client #4 stated he would go outside if there was fire in the house but he did not respond when asked about what to do if there was a tornado.</p> <p>During interview on 10/20/22 client #5 stated he felt very safe at the facility and would go outside in the event of a fire.</p> <p>During interview on 10/20/22 the House Manager stated:</p>	V 114		

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V 114	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were completed as required prior to the onset of the COVID pandemic.</li> <li>- The clients knew what to do in the event of a fire or disaster.</li> </ul> <p>During interview on 10/20/22 the Director/Owner/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- She had documentation of drills completed 8/22/21 - 12/03/21, but no drills were documented after 12/03/21.</li> <li>- She didn't know what happened.</li> <li>- She was having a staff meeting on 11/06/22 and would the importance of completing and documenting fire and disaster drills in compliance with the rule requirement.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 2/22/19 and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>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:</p> <p>(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.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 10/20/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year old male admitted 8/01/13.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild; and Schizophrenia.</li> <li>- Physician's orders signed 5/11/22 for Artane (involuntary movements) 5 mg (milligrams) 1 tablet every morning; Zoloft (depression and anxiety) 50 mg 1 tablet daily; Depakote (anti-convulsant) 500 mg 1 tablet twice daily with 250 mg for a total of 750 mg; Depakote 250 mg 1 tablet twice daily with 500 mg for total of 750 mg;</li> </ul>	V 118		



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V 118	<p>Continued From page 8</p> <p>Theragran (multi-vitamin) one tablet daily with supper; and Seroquel (anti-psychotic) 200 mg 2 ½ tablets (500 mg) daily at bedtime, discontinued by Physician 10/17/22.</p> <ul style="list-style-type: none"> <li>- Physician's order signed 10/17/22 for Seroquel (anti-psychotic) 300 mg 2 tablets (600 mg) at bedtime.</li> </ul> <p>Review on 10/20/22 of client #5's MARs for July - October 2022 revealed:</p> <ul style="list-style-type: none"> <li>- Transcriptions for medications as ordered.</li> <li>- The following blanks: 9/30/22: Artane, Zolof, Depakote 500 mg 8am, Depakote 250 mg 8am. 9/26/22 and 9/29/22 Depakote 500 mg 8pm. 8/01/22 Theragran, Seroquel 200 mg. 7/19/22, 7/22/22, and 7/23/22: Depakote 250 mg 8am.</li> </ul> <p>During interview on 10/20/22 client #5 stated he took his medications every day, his medications were always available, and he had never missed nor refused any.</p> <p>During interview on 10/20/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- The facility "changed" pharmacies about "3 weeks ago."</li> <li>- She was responsible for making sure the "medications are right."</li> <li>- She made sure medications delivered by the pharmacy matched the Physician's orders and the MARs.</li> <li>- She and the Owner/Director/Chief Executive Officer were responsible for ensuring medication changes were transcribed on the MARs.</li> </ul> <p>During interview on 10/20/22 the Director/Owner/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- She knew there might be issues with the MARs.</li> </ul>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>- The facility changed pharmacies recently.</li> <li>- She was having a staff meeting on 11/06/22 and would emphasize the importance of accurately documenting medication administration.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 3 times since the original cite on 2/22/19 and must be corrected within 30 days.</p>	V 118		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a client's treatment or habilitation/service plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting 3 of 3 audited clients (#2, #4, and #5). The findings are:</p> <p>Review on 10/20/22 of client #2's record revealed: - 59 year old female admitted 3/07/11. - Diagnoses included Intellectual/Developmental Disability, mild; Impulse Control Disorder with history of Kleptomania; Seizure Disorder; and</p>	V 290		

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V 290	<p>Continued From page 11</p> <p>heart murmur.</p> <ul style="list-style-type: none"> <li>- Person Centered Profile dated 4/07/22 included "[Client #2] will demonstrate that she can follow safety procedures during unsupervised time in the community with zero incidents of unsafe practices for 6 consecutive months."</li> <li>- "Consent for Unsupervised Time" dated 5/09/13 signed by client #2's guardian.</li> <li>- Undated "Unsupervised Community Time Assessment Questionnaire" signed by client #2's guardian.</li> <li>- No specified period of time documented for client #2's unsupervised time in the community.</li> </ul> <p>During interview on 10/20/22 client #2 stated:</p> <ul style="list-style-type: none"> <li>- She enjoyed going to church.</li> <li>- She and her peers rode the church van to church services.</li> </ul> <p>Review on 10/20/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 69 year old male admitted 4/11/07.</li> <li>- Diagnoses included Intellectual/Developmental Disability, severe; Major Depressive Disorder, recurrent; Diabetes; high cholesterol; and prostate cancer.</li> <li>- Person Centered Profile dated 10/26/21 included "What's Important to [client #4] . . . Going to church . . ."</li> <li>- "Consent for Unsupervised Time" dated 5/10/13 signed by client #4's guardian.</li> <li>- Undated "Unsupervised Time Questionnaire" signed by client #4's guardian.</li> <li>- No specified period of time documented for client #4's unsupervised time in the community.</li> </ul> <p>During interview on 10/20/22 client #4 stated he rode the church van to a church "over there across the river."</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EVANS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 OLD FIRE TOWER ROAD</b> <b>WINTERVILLE, NC 28590</b>
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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 290	<p>Continued From page 12</p> <p>Review on 10/20/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year old male admitted 8/01/13.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild; and Schizophrenia.</li> <li>- Person Centered Profile dated 6/03/22 included "[Client #5] will demonstrate good safety skills during unsupervised time in the community/church and riding the church van with zero incidents of unsafe practice for 9 consecutive months."</li> <li>- "Consent for Unsupervised Time" signed by client #5's Guardian Representative 6/30/14 included "For going back and forth to church on Sunday."</li> <li>- No specified period of time documented for client #4's unsupervised time in the community.</li> </ul> <p>During interview on 10/20/22 client #5 stated:</p> <ul style="list-style-type: none"> <li>- He and his peers went to church without staff supervision.</li> <li>- Staff went to church with them "for a while to make sure everything was okay."</li> </ul> <p>During interview on 10/20/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- He was responsible for developing and implementing clients' Person Centered Plans.</li> <li>- All of the clients had unsupervised time to attend church services.</li> <li>- There was no specific amount of time for unsupervised time.</li> <li>- Clients were unsupervised for approximately 2 hours weekly, which included transportation to and from church and service attendance.</li> </ul> <p>During interview on 10/20/22 the Owner/Director/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- The clients rode the church van to services on Sunday.</li> </ul>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EVANS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 OLD FIRETOWER ROAD</b> <b>WINTERVILLE, NC 28590</b>
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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 290	Continued From page 13  - The clients were unsupervised only long enough to ride to church, attend services, and return to the facility. - She understood the requirement for the length of time client could be unsupervised must be specified in the treatment plan. - She would ensure the needed information was added to each client's Person Centered Profile.  This deficiency has been cited 3 times since the original cite on 2/22/19 and must be corrected within 30 days.	V 290		
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 observations and interview the facility was not maintained in a safe, orderly manner. The findings are:  Observations on 10/20/22 between approximately 10:15 am and 10:35 am revealed: - A towel rack taped to the cabinet door below the kitchen sink. - An unused small sink in the kitchen had clear tape around the faucet and controls. - The door handle on the kitchen microwave was broken loose at the bottom.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EVANS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 OLD FIRETOWER ROAD</b> <b>WINTERVILLE, NC 28590</b>
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V 736	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- A hall closet with a missing door handle.</li> <li>- The hand-held showerhead in the lady's bathroom was taped to the handle so that it could not be removed from the shower holder.</li> <li>- The lady's toilet paper holder had one side broken and removed from the wall.</li> <li>- The men's bathroom vanity was missing a door.</li> <li>- The men's hand-held showerhead was taped to the handle so that it could not be removed from the shower holder.</li> <li>- The back hall entrance door was blocked by boxes and bags that contained stored Christmas items.</li> <li>- Carpet throughout the facility was stretched and wrinkled and presented a tripping hazard.</li> </ul> <p>During interview on 10/20/22 the Director/Owner/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- She was aware of some of the issues cited.</li> <li>- It was "difficult to find a handy-man" to make repairs.</li> <li>- The showerheads were taped to the handles to prevent water from being sprayed onto the bathroom floors during the clients' showers.</li> <li>- The small kitchen sink was broken; the tape was put on the controls to prevent its use.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 2/22/19 and must be corrected within 30 days.</p>	V 736		