

Division of Health Service Regulation

| (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 118 | <p>Continued From page 20</p> <p>revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Ropes (facility) staff will review each consumer medication order and align with the MAR Forms [completed 7/28].</p> <p>Describe your plans to make sure the above happens: -Check each MAR form against signed medication service order each month as a two-step process. Lead QP (ED/QP) will sign off on form completed by team lead (HM) each month to make sure orders are aligned. [completed 8/1] -Ropes will create a training around creating/reviewing the MAR Forms and have employees sign for understanding. [Will be completed by 8/19] -Ropes staff will not give clients medication from pill box. Ropes will instead use blister packs or bottle when giving out meds. [Completed 7/28] -Ropes staff will ensure that the MAR Form is correct for each day. [Completed 7/28] -Team lead [HM] will oversee the process."</p> <p>Clients #1 and #2 were 13-15 years old with diagnoses which included Autism Spectrum Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Persistent Depressive Disorder, Conduct Disorder, and Disruptive Mood Dysregulation Disorder. Clients #1 and #2 were prescribed medications to assist with their mental health needs and were dependent upon facility staff for medication administration. There were no signed medication orders in the facility for Client #1. The July, 2022 MAR revealed inaccuracies with administration directions for Clonidine HCL ER, Clonidine HCL, Trazodone HCL, and Risperidone. Client #2 was</p> | V 118 | <p>STAFF NOW USE BLISTER PACKS TO PREVENT ANY MEDICATION ERRORS AND ENSURE DAILY COUNT.</p> <p>ED/QP PROVIDED MEDICATION TRAINING TO ALL STAFF REGARDING NEW ELECTRONIC MAR, AND TRACKING.</p> <p>BEGINNING 01/01/2023 AGENCY NOW TRACK MAR, PHYSICIAN ORDERS, ELECTRONICALLY, TO MAKE SURE THAT MAR ALIGNS WITH DR ORDERS, MAKE SURE MAR IS ALWAYS CURRENT. ALL STAFF RECEIVED REFRESHER COURSE FROM ED/QP. AND STAFF NOW USE 2-STEP PROCESS</p> | <p>8/19/2022, 10/19/2022 AND ONGOING ANNUALLY</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
|---|--|---|--|

29

Division of Health Service Regulation

| | | | | |
|---|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 131 | Continued From page 22 Review of Staff #3's record revealed: -Hired 11/8/2021; -HCPR dated 11/14/2021. Interviews on 7/27/22 and 8/4/22 with the Executive Director/Qualified Professional revealed: -He may have an additional HCPR report prior to 11/14/21 and would provide it if he could locate it; -Was unable to locate a previous HCPR report on Staff #3; -During the exit conference, he did not wish to make any comments and revealed: "let's just go over it all (deficiencies)." 27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE | V 131 | | |
| V 289 | (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which | V 289 | | |

| | | | | |
|---|--|---|---|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 | |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 |

Division of Health Service Regulation

| | | | | |
|-------|--|-------|--|--|
| V 289 | <p>Continued From page 23</p> <p>serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f),(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> | V 289 | | |
|-------|--|-------|--|--|

| | | | |
|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | |

Division of Health Service Regulation

| (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 289 | <p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide services in the care, habilitation, or rehabilitation of individuals who have a developmental disability affecting 1 of 1 former client (Former Client #3 (FC#3)). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review and interview, 1 of 1 audited Qualified Professional (Executive Director/Qualified Professional (ED/QP)) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 1 of 1 former client (Former Client #3 (FC#3)).</p> <p>CROSS REFERENCE: General Statute 112C-63 Assurance for Continuity of Care for Individuals with Mental Retardation (V368) Based on record review and interview, the facility failed to ensure continuity of care in an alternative facility when the original facility could no longer provide the necessary care and failed to notify the area authority serving the client's county of residence of the intent to discharge a client who was in need of continuing care at least 60 days prior to discharge affecting 1 of 1 former client (Former Client #3 (FC#3)).</p> | V 289 | <p>ALL STAFF RE-TRAINED IN IDD SERVICE DEFINITION. STAFF ALSO WILL UTILIZE OUTSIDE TRAINING RESOURCES WHEN AVAILABLE AND APPROPRIATE TO ENSURE CONTINUING EDUCATION. PERSON-CENTERED PLANS WILL BE REVIEWED QUARTERLY DURING TREATMENT TEAM MEETINGS TO ENSURE THE EFFICACY OF INTERVENTIONS. IN THE EVENT OF SEVERE ESCALATION IN BEHAVIORS STAFF WILL UPDATE PLAN VIA TREATMENT TEAM MEETING AND PSYCHOLOGIST TO ADJUST TO CLIENTS' BEHAVIORS.</p> <p>In FC#3 CASE HIS PLAN WAS UPDATED TO INCLUDE INTERVENTIONS FOR ANXIETY FOR HIS FEELING ABOUT ATTENDING SCHOOL AND COMMUNITY. ROPES HONORS THE INPUT AND DISCRETION OF STATE REPS AND WILL UPDATE PLAN AS BEHAVIORS ESCALATE.</p> <p>ALL STAFF TRAINING COURSE IN IDD SERVICE DEFINITION.</p> <p>ALL STAFF RE-FRESHER IN TRANSITION/DISCHARGE TO ADDRESS NOTIFICATION AREA AUTHORITY IN COUNTY WHERE CLIENT WILL BE SERVED, AND CONTINUITY OF CARE PLAN AT LEAST 60-DAYS PRIOR TO DISCHARGE</p> | <p>09/01/2022 ONGOING, ANNUALLY</p> <p>09/01/2022, ONGOING, ANNUALLY</p> |

| | | | | |
|---|--|---|---|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 | |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 |

Division of Health Service Regulation

| | | | | |
|--------------|--|--------------|---|---|
| <p>V 289</p> | <p>Continued From page 25</p> <p>Review on 8/4/22 of the first Plan of Protection completed by the ED/QP dated 8/3/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?" -Ensure a continuity of care plan</p> <p>Describe your plans to make sure the above happens. -We will give 30 day notice letter in writing for future discharges. [effective immed (immediately)] -Work with care coordinator to secure placement/service coordination for continued care and continuity. -Document any refusals or attempts to coordinate/follow up with care."</p> <p>Review on 8/29/22 of the second Plan of Protection completed by the ED/QP dated 8/29/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Qualified professionals with Ropes (facility) will be thoroughly screened and trained. Competence shall be demonstrated by exhibiting core skills including technical knowledge; cultural awareness; analytical skills; decision-making; interpersonal skills; communication skills; and clinical skills. Qualified professionals will also be screened for appropriate background experience and education.</p> <p>Describe your plans to make sure the above happens. Train staff with our 17 Core trainings and ensure annual and monthly supervision plans." Review on 8/29/22 of the third Plan of Protection completed by the ED/QP dated 8/29/22 sent in email format as opposed to the use of the</p> | <p>V 289</p> | <p>ALL STAFF COMPLETED RE-FRESHER IN TRANSITION/DISCHARGE AND REVIEWED ROPES UPDATED POLICY ON DISCHARGE PROCEDURES. DISCHARGE MINUTES WILL BE REVIEWED MONTHLY AT CFT MEETINGS TO ADDRESS ALL STAFF WILL NOW GIVE 60-DAY NOTICE LETTER IN WRITING TO BOTH THE AREA AUTHORITY AND CLIENT GUARDIAN/DSSCARE COORDINATOR FOR ANY FUTURE DISCHARGES. ROPES WILL COORDINATE MONTHLY MEETING MINUTES TO ENSURE UPDATED MONTHLY COORDINATION WITH DISCHARGE PLANNING TO SECURE FUTURE PLACEMENT/SERVICE COORDINATION FOR CONTINUED CARE AND CONTINUITY. ALL STAFF WILL DOCUMENT ANY REFUSALS OR ATTEMPTS TO COORDINATE FOLLOW-UP WITH CARE IN ELECTRONIC FILE.</p> <p>ALL STAFF HAS TAKEN REFRESHER COURSE IN IDD SERVICE DEFINITION/POPULATION, TO DEMONSTRATE AND EXHIBIT CORE SKILLS, INCLUDING TECHNICAL KNOWLEDGE, CULTURAL AWARENESS, ANALYTICAL SKILLS, DECISION MAKING, INTERPERSONAL SKILLS, COMMUNICATION SKILLS, AND CLINICAL SKILLS.</p> <p>ALL STAFF WILL CONTINUE TO BE SCREENED FOR APPROPRIATE BACKGROUND EXPERIENCE AND EDUCATION. IN THE EVENT OF SEVERE CHANGE IN BEHAVIORS/CONDITION OF CLIENT PLAN WILL BE REVIEWED IMMEDIATELY AND ADJUSTED APPROPRIATELY TO ENSURE EFFICACY OF INTERVENTIONS IN PLAN.</p> | <p>09/01/2022 AND ONGOING REVIEWED AT LEAST ANNUALLY</p> <p>09/01/2022, ANNUALLY, ONGOING</p> |
|--------------|--|--------------|---|---|

| | | | |
|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | |

Division of Health Service Regulation

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX X TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|--|-----------------------|---|--------------------------|
| V 289 | <p>Continued From page 26</p> <p>Division of Health Service Regulation form revealed:</p> <p>"Our plan of protection includes a mandatory review of client person plan when behaviors escalate. Each QP (qualified professional) assigned to the client will be assigned to staff and review person centered plan with supervisor to see if interventions need to be added or adjusted. Ropes will ensure that each client is notified of discharge procedures within 60 days of discharge. Ropes has updated client manual and policies to reflect these changes."</p> <p>Review on 8/30/22 of the fourth Plan of Protection completed by the ED/QP dated 8/29/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Our plan for protection includes a mandatory review of client person plan when behaviors escalate. Each QP assigned to the client will be trained to review person centered plan with supervisor, as needed, to see if interventions need to be added or adjusted.</p> <p>Ropes will also ensure that each client is notified of discharge procedures within 30 days of discharge. Ropes will coordinate discharge with appropriate stakeholders including care coordinators and client family/guardian to ensure continuity of care. Ropes will ensure each client has smooth transition of care to next level of service. Ropes has updated client manual and policies to reflect these changes.</p> <p>Describe your plans to make sure the above happens.</p> <p>Ropes plans to review the PCP (person centered plans) each time an incident or significant change occurs with a client. Ropes will staff each escalation with supervisor and lead QP along with</p> | V 289 | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
|---|--|---|--|

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
|---|---|---|---|--------------------------|
| (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 289 | <p>Continued From page 27</p> <p>pertinent stakeholders to ensure changes are made when necessary. Ropes will be sure each client and stakeholder is informed of discharge process and notification will be sent out immediately with intent to discharge from services. Ropes will notify, in writing, all pertinent stakeholders to inform of discharge status and options for continuity of care. Ropes will ensure access to Policy and Procedures for all stakeholders."</p> <p>FC#3 was 17 years old and was diagnosed with Autism Spectrum Disorder and Disruptive Mood Dysregulation Disorder. He had a history of losing his temper easily, verbal threats toward others, stealing, running away, self-harm, property destruction, and assault. FC#3 was suspended and/or expelled from two school settings due to assaulting school officials and law enforcement. ED/QP did not coordinate educational services and did not develop and implement treatment strategies to address such services. FC#3's aggressive and angry outbursts increased in intensity and severity, but ED/ QP did not develop and implement new treatment strategies to address the behaviors. ED/QP discharged FC#3 from the facility during a sudden unplanned trip to FC#3's Grandfather's home traveling over 3 hours in the middle of the night and left FC#3 on the front porch of the home with only one week of medications and no paperwork. Continuity of care was not maintained for FC#3 due to the manner of the sudden unplanned discharge. ED/QP was responsible for overseeing the facility, client treatment, coordination of care, admissions and discharges, and staff supervision, but he failed to ensure discharge procedures were followed as required. This deficiency constitutes a Type A1 rule violation for serious neglect and must be</p> | V 289 | | |

Division of Health Service Regulation

| | | | | |
|---|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 289 | Continued From page 28 corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 289 | | |
| 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: (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 | V 367 | ED COMPLETED INCIDENT REPORTS COMPLETED AS NECESSARY FOR ESCALATED BEHAVIORS BY CLIENT. NC IRIS CONTACTED TO UPDATE INCIDENT REPORT ERRORS. STAFF RETRAINED ON INCIDENT REPORTING REQUIREMENTS. GOING FORWARD LEAD QP IS REPSONISIBLE FOR INCIDENT REPORTING WITHIN 72 HOURS. | 08/04/2022 CONTACTED IRIS SUPPORT 09/01/2022 STAFF RETRAINED |

| | | | | |
|---|--|---|---|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 | |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 |

Division of Health Service Regulation

| | | | | |
|--------------|---|--------------|--|--|
| <p>V 367</p> | <p>Continued From page 29</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> | <p>V 367</p> | | |
|--------------|---|--------------|--|--|

| | | | |
|--|--|--|--|
| <p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p> | <p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL0601464</p> | <p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p> | <p>(X3) DATE SURVEY COMPLETED</p> <p>08/30/2022</p> |
| <p>NAME OF PROVIDER OR SUPPLIER</p> <p>ROPES, INC</p> | | <p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>10721 GLENLUCE AVENUE CHARLOTTE, NC 28213</p> | |

Division of Health Service Regulation

| (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 | <p>Continued From page 30</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure level II incidents were reported to the local management entity within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/27/22 of Former Client #3 (FC #3's) record revealed: -Admitted 11/8/22; -Discharged 5/17/22; -17 years old; -Diagnosed with Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder; -Undated discharge notice written by the Executive Director/Qualified Professional (ED/QP) revealed FC#3 engaged in behaviors including attempting to steal a staff car and assaulting staff on 5/6/22 and threatened to jump out of a moving vehicle and jump off a parking garage on 5/7/22.</p> | V 367 | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
|---|--|---|--|

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROPES, INC

10721 GLENLUCE AVENUE
CHARLOTTE, NC 28213

| (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 31 Review on 7/27/22 of the facility's Incident Reports for period 5/1/22-7/27/22 revealed: -No Level II incident reports completed for FC#3. Interview on 7/28/22 with law enforcement revealed: -Request for law enforcement assistance during a welfare check for FC#3 on 5/14/22. Interviews on 7/27/22 and 8/4/22 with the ED/QP revealed: -Believed all level 2 incident reports were completed in North Carolina Incident Response Improvement System (NC IRIS); -FC#3 had significant behavioral issues including reports to law enforcement in May, 2022 prior to discharge; -Would follow up with NC IRIS staff to ensure all incident reports were completed and submitted properly; -During the exit conference, he revealed he spoke with someone at NC IRIS to ensure proper completion and submission of all incident reports. | V 367 | | |
| V 368 | G.S. 122C-63 Assurance for continuity of care § 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION (a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment. | V 368 | | |

Division of Health Service Regulation

| | | | | |
|---|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 368 | <p>Continued From page 32</p> <p>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed;</p> <p>whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.</p> <p>(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if:</p> <p>(1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent,</p> | V 368 | | |

Division of Health Service Regulation

PRINTED:
09/02/2022 FORM

| | | | | | |
|---|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | | |
| (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 |

Division of Health Service Regulation

| | | | | |
|-------|--|-------|--|--|
| V 368 | <p>Continued From page 33</p> <p>has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or</p> <p>(2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.</p> <p>(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.</p> <p>(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.</p> <p>(f) The Secretary is responsible for</p> | V 368 | | |
|-------|--|-------|--|--|

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | |

Division of Health Service Regulation

| (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 368 | <p>Continued From page 34</p> <p>coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.</p> <p>(g) The area authority's financial responsibility, through local and allocated State resources, is limited to:</p> <p>(1) Costs relating to the identification and coordination of alternative placements;</p> <p>(2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and</p> <p>(3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.</p> <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure continuity of care in an alternative facility when the original facility could no longer provide the necessary care and failed to notify the area authority serving the client's county of residence of the intent to discharge a client who</p> | V 368 | <p>ROPES PRIDES ITSELF ON PROVIDING CONTINUITY OF CARE TO ALL INDIVIDUALS RECEIVING SERVICES AND WILL WORK HARD TO ENSURE BEST PRACTICES IN THIS AREA. ROPES WILL NOTIFY IN WRITING TO THE AREA AUTHORITY OR DURING OUR MONTHLY MEETING OUR INTENT TO DISCHARGE OR INABILITY TO MEET CLIENTS' NEEDS. QP AND ED FROM ROPES DID IN FACT NOTIFY IN BOTH WRITING AND VIA PHONE OUR INTENT TO DISCHARGE MORE THAN 120 DAYS OUT. QP SET PLANS TO ENSURE ADEQUATE LEVEL OF SERVICES UPON DISCHARGE AND CLIENT PCP AND CCA WERE UPDATED AND SIGNED TO TRANSFER SERVICES. IN THE FUTURE WE WILL DO OUR BEST TO FOLLOW UP WITH THE CLIENT AFTER AND BEFORE DISCHARGE AND SET UP SERVICES IN CLIENT AREA. IN THE CASE OF CARE COORDINATOR WITH AREA AUTHORITY OR DISCHARGE PLANNING FORM WILL BE COMPLETED MONTHLY WHEN DISCHARGE IS</p> | 09/01/2022 |

Division of Health Service Regulation

| | | | | |
|--|--|--|--|--|
| | | | <p>APPROPRIATE OR IMMINENT TO ENSURE DOCUMENTATION AND RECEIPT OF TRANSITION CARE. ROPES HOUSE MANAGER AND LEAD QP WILL BE RESPONSIBLE FOR UPDATING MCO AND CLIENT FAMILY MONTHLY AND KEEP RECORD OF STATUS.</p> | |
|--|--|--|--|--|

| | | | |
|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | |

Division of Health Service Regulation

| (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 368 | <p>Continued From page 35</p> <p>was in need of continuing care at least 60 days prior to discharge affecting 1 of 1 former client (Former Client #3 (FC#3)). The findings are:</p> <p>Review on 7/27/22 of FC#3's record revealed:</p> <ul style="list-style-type: none"> -Admitted 11/8/21; -Discharged 5/17/22; -17 years old; -Diagnosed with Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder; -Admission assessment dated 11/2021 revealed: loses temper easily, verbal threats toward others, stealing, running away, self-harm, property destruction, and assault; -No documentation of contact to the county of residence for intent to discharge 60 days prior to discharge. <p>Attempted interview 7/25/22 with FC#3 was unsuccessful. A phone call placed to FC#3's cell phone was unanswered. A voicemail could not be left as no voicemail had been set up. A text message sent to the number was unanswered.</p> <p>Interview on 7/27/22 with FC#'s Mother/Legal Guardian revealed:</p> <ul style="list-style-type: none"> -FC#3 was dropped at his Grandfather's home after Executive Director/Qualified Professional (ED/QP) revealed he "could not do this (care for FC#3) anymore" after several hours into FC#3's behavioral outburst on 5/13/22-5/14/22; -FC#3 informed his mother that he was being transported to his Grandfather's home. <p>Interview on 7/28/22 with FC#3's Grandfather revealed:</p> <ul style="list-style-type: none"> -ED/QP loaded FC#3's belongings into the vehicle sometime after midnight on 5/14/22 and drove FC#3 over 3 hours away to his home; -ED/QP and FC#3 arrived at his home shortly | V 368 | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
|---|--|---|--|

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
|---|---|---|---|--------------------------|
| (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 368 | <p>Continued From page 36</p> <p>after 6am on the morning of 5/14/22; -ED/QP unpacked FC#3's belongings and placed them on the front porch and drove away leaving FC#3; -ED/QP did not provide an explanation of the sudden unplanned discharge; -ED/QP left FC#3 on the front porch with only one week of medications and no paperwork.</p> <p>Interviews on 7/28/22 and 8/4/22 with the ED/QP revealed: -Had discussed discharge with FC#3's mother/legal guardian and care coordinator during monthly meetings; however, no formal or definite discharge plans were made; -FC#3 was discharged to his Grandfather's care during a sudden unannounced visit to FC#3's Grandfather's home in the early morning hours of 5/14/22 traveling over 3 hours; -During the exit conference, he did not wish to make any comments and revealed: "let's just go over it all (deficiencies)."</p> <p>This deficiency is cross-referenced into 10 A NCAC 27G .5601 Scope for a Type A1 rule violation and must be corrected within 23 days.</p> | V 368 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> | V 736 | <p>ROPES CLIENTS TAKE PRIDE IN UPKEEP AND MAINTENANCE OF OUR PREMISES IN ADDITION TO IT BEING A SOURCE OF REVENUE AND PHYSICAL ACTIVITY RELEASE. ROPES DOES IT BEST TO ENSURE THE UPKEEP OF THE PROPERTY WITH USING LAWN CARE AS A SKILL BUILDER ACTIVITY AND LET CLIENTS COMPLETE WORK IN THEIR BEST WAY POSSIBLE. ROPES WILL WORK CLOSER WITH CLIENTS AND STAFF TO ENSURE GROUNDS UPKEEP.</p> | 09/01/2022 |

Division of Health Service Regulation

| | | | | |
|---|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/30/2022 |
| NAME OF PROVIDER OR SUPPLIER ROPES, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 | | |
| (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 736 | <p>Continued From page 37</p> <p>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:</p> <p>Observation on 7/27/22 at approximately 12pm of the facility revealed: -Grass was between 2 to 4 feet high in areas in the front, side, and rear yards; -Downstairs entry hallway and bathroom had patches of unpainted sheetrock.</p> <p>Interview on 7/27/22 with the Executive Director/Qualified Professional revealed: -"The lawn was mowed last week ...the person who mows the lawn is not here right now;" -"There is no gas to mow the lawn;" -"The wall in the bathroom has to be painted because the towel rack just fell down."</p> | V 736 | ROPES PAINTED THE PATCH ON THE WALL WHERE THE TOWEL RACK WAS HUNG. ONCE MUD DRIED ROPES TOOK CARE OF DRYWALL REPAIR PATCHES. | 08/15/2022 |

