

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on February 10, 2023. The complaint was unsubstantiated. (Intake #NC00198046). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 5 audited staff (The Licensed Professional (LP)) had the required trainings. The findings are:</p> <p>Review on 2/9/23 of the Licensed Professional's record revealed: -A hire date of 8/1/18 -A job description of LP -No documentation of training in general orientation, client rights, confidentiality and blood borne pathogens/infectious diseases.</p> <p>Interview on 2/9/23 with the Licensee revealed: -"Does she (the LP) have to have the general orientation, client rights, confidentiality and BBP trainings?" -"Well, we are in transition, and I am trying to get us back on track. I will work on getting the trainings completed within the next 30 days ..."</p> <p>This deficiency has been cited 3 times since the original cite on 12/9/21 and must be corrected within 30 days.</p>	V 108		

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V 114	Continued From page 2	V 114		
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 under conditions that simulate fire emergencies.</p> <p>(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 reviews and interviews, the facility staff failed to ensure fire and disaster drills were conducted once per shift per quarter. The findings are:</p> <p>Review on 2/9/23 of the facility's fire and disaster drills, from 2/1/22 to 2/9/23, revealed: -No documentation of disaster drills after 6/4/22 -No documentation of fire drills after 5/21/22</p> <p>Interview on 2/9/23 with staff #1 revealed: -"I am not sure where the documentation is for the rest of the fire and disaster drills are because I just returned to work ...[the Qualified Professional (QP)] was on maternity leave and I don't know where she keeps them. This is all I could find ..."</p>	V 114		

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V 114	Continued From page 3 Interviews on 2/8/23 with clients #2 and #3 revealed: -Had not participated in fire and disaster drills Interview with the Licensee on 2/9/23 at 9:20am revealed: -Knew fire and disaster drills needed to be conducted once per shift per quarter -Would implement a schedule immediately to ensure both fire and disaster drills were conducted once per shift per quarter. -The facility was in transition and the Licensee just recently overtook the sole role of the oversight of the Agency	V 114		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:	V 296		

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V 296	<p>Continued From page 4</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to ensure two direct care staff were present, the minimum number required, when clients were present and awake in the facility, for 1 of 2 audited clients (#3). The findings are:</p> <p>Observations of the facility on 2/8/23 at 9:08am revealed: -A license on the living room wall for a .1700 program</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>-Staff #1 and client #3 were present -There was no second staff at the facility</p> <p>Further observations on 2/8/23 from 9:57am to 12:31pm of the facility revealed: -The QP arrived at the facility at 9:57am. -Was on maternity leave -The Licensee arrived at the facility at 10:58am -The QP left the facility at 12:31pm</p> <p>Observations on 2/9/23 at 8:44am of the facility revealed: -Staff #1 and client #3 were the only people present at the facility -At 9:08am on 2/9/23, the Licensee arrived at the facility Further observations on 2/9/23 from 12:10pm to 1:09pm of the facility revealed: -Staff #1 left the facility to pick up a client that had been suspended from school -This left only the Licensee and client #3 present -There was no additional staff at the facility -Staff #1 returned to the facility at 1:09pm</p> <p>Interview on 2/8/23 with client #3 revealed: -Was admitted to the facility a week ago -Was not enrolled in school -Staff #1 was the only staff present with him during the day</p> <p>Interview on 2/8/23 with staff #1 revealed: -"The other staff was on her way. Usually she gets here before me, but I guess not today. [Client #3] is new to the facility and is not enrolled in school yet ..." -Thought since there was only 1 client present, a second staff was not needed -"Usually [the Qualified Professional (QP)] worked first shift, but she's on maternity leave ..."</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>Further Interview on 2/9/23 with staff #1 revealed: -The third shift staff left "a few minutes ago." -"They were supposed to stay until 9am, but they didn't. It gets a little frustrating at times to be the only staff here ...[The Licensee] was supposed to come in, but he hasn't gotten here yet."</p> <p>Interview on 2/9/23 with the Licensee revealed: -When it came to staffing at the facility "So, we should have 2 staff per shift 24/7 and we have PRN (as needed) staff and scheduled staff. PRN when the kids are here. One of the things I have tried to do is look at our gaps and the hiring process. We have hired 2 students. One is in the social work field. One has experience with math and science. I have been the floating guy if someone calls out and if they can't stay over. I live in [another city]. I try to get here on time. We try to have the overnight staff stay longer until we can get someone here immediately. We need to be in compliance with that, as we have been dinged several times for that ..."</p>	V 296		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing 	V 536		

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V 536	<p>Continued From page 8</p> <p>and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 5 audited staff (staff #1 and the Licensed Professional (LP)) had completed annual training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/9/23 of staff #1's record revealed: -A hire date of 3/3/20 -A job description of Paraprofessional -The certificate for annual training in in alternatives to restrictive interventions had expired in June 2022 -No documentation of updated annual training in alternatives to restrictive interventions</p> <p>Review on 2/9/23 of the LP's record revealed: -A hire date of 8/1/18 -A job description of LP -No documentation of annual training in alternatives to restrictive interventions</p> <p>Interview on 2/9/23 with staff #1 revealed: -Had not had her annual training in alternatives to restrictive interventions since she came back to work</p> <p>Interview on 2/9/23 with the LP revealed: -Thought she had training in alternatives to restrictive interventions in January 2023 -"I will ensure my trainings are in my employee record."</p> <p>Interview on 2/9/23 with the Licensee revealed: -"Since we are in the transition of moving, we've had to create a new file for [the LP] ...there's a 99% chance of all her trainings being in her file</p>	V 536		

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V 536	Continued From page 11 ..." -"I will get their trainings scheduled within the next 30 days ..." This deficiency has been cited 3 times since the original cite on 12/9/21 and must be corrected within 30 days.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 537		

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V 537	<p>Continued From page 12</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 537	<p>Continued From page 13</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 or 5 audited staff (staff #1 and the Licensed Professional (LP)) had</p>	V 537		

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V 537	<p>Continued From page 15</p> <p>completed annual training in seclusion, physical restraint, and isolation/ time out. The findings are:</p> <p>Review on 2/9/23 of staff #1's record revealed: -A hire date of 3/3/20 -A job description of Paraprofessional -The certificate for annual training in seclusion, physical restraint and isolation/time-out had expired in June 2022 -No documentation of updated annual training in seclusion, physical restraint, and isolation/time-out</p> <p>Review on 2/9/23 of the LP's record revealed: -A hire date of 8/1/18 -A job description of LP -No documentation of annual training in seclusion, physical restraint, and isolation/time-out</p> <p>Interview on 2/9/23 with staff #1 revealed: -Had not had her annual training in seclusion, physical restraint, and isolation/time-out since she came back to work</p> <p>Interview on 2/9/23 with the LP revealed: -Thought she had training in seclusion, physical restraint, and isolation/time-out in January 2023 -"I will ensure my trainings are in my employee record."</p> <p>Interview on 2/9/23 with the Licensee revealed: -"Since we are in the transition of moving, we've had to create a new file for [the LP] ...there's a 99% chance of all her trainings being in her file ..." -"I will get their trainings scheduled within the next 30 days ..."</p>	V 537		

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V 537	Continued From page 16 This deficiency has been cited 3 times since the original cite on 12/9/21 and must be corrected within 30 days.	V 537		
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 interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observations on 2/8/23 at 8:47am of the outside of the facility revealed: -Vines were growing on the front and side walls of the facility -A tree limb, approximately 3 inches in diameter and 3 feet long, was on the facility's roof Observations on 2/8/23 at 8:50am of the inside of the facility revealed: -Linoleum flooring between the living room and the kitchen had been pulled up and exposed the sub flooring -The kitchen counters were scratched and stained -The kitchen counter near the microwave had come unsealed and was raised -The kitchen counter above the faucet had com	V 736		

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> unsealed and was not flush with the rest of the counter -The kitchen cabinet over the refrigerator was missing a knob -The kitchen's overhead light was missing the cover -Linoleum flooring on the two steps leading into the den was not flush with the steps -The furniture in both the den and the living room areas were worn, had torn leather, and needed to be replaced -The overhead ceiling fan in the den had 3 lightbulbs missing -The wall leading into the kitchen was patched and needed to be painted -The door frame to client #2's bedroom had separated -A 2 feet by 4 feet patched wall had been repaired and needed to be painted -A 2 feet by 3 feet patched wall had been repaired and needed to be painted -Several patched holes in the hallway needed to be painted -Client #2's bedroom door was difficult to open due to the bottom of it scrapping on the floor -Client #2's bedroom walls had 3 different holes that needed to be repaired -Client #2's closet doors were missing handles -Client #2 and #3's bedroom floor vents were missing the covers -Client #3's bedroom had several patched holes that needed to be painted -Client #3's bedroom walls had 4 different holes that needed to be repaired -Client #3's wall on the right of the light switch place was missing wallpaper -The door to the clients' bathroom was missing the door jam and had a six-inch vertical hole in it -The clients' bathroom vanity was missing a light bulb 	V 736		

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V 736	<p>Continued From page 18</p> <ul style="list-style-type: none"> -The clients' bathroom sink had a faucet that was missing the undercoat -The clients' bathroom had 3 separate areas on the same wall to the left right of the toilet that had been patched and needed to be painted -The overhead light in the shower area was missing a cover and a light bulb -The clients' bathroom tub had brown like stains around it and the grout was missing on the right side of the faucet <p>Interview on 2/8/23 with client #2 revealed: -"Like in general, I would say things needed to be fixed like the room close to my room has holes in it. The kitchen floor needs more tiles. The crack in the door frames and some doors don't close all the way. There's a hole in the dining room, downstairs in the wall were we watch tv and the floors need to be fixed. The outlets by the bed are being fixed, I think ..."</p> <p>Interview on 2/8/23 with client #3 revealed: -"I had an episode. The day before yesterday. I put two holes in the wall because staff was yelling at me. I slammed my door and then kicked the walls with these shoes. One of the client's doors needs to be fixed. There are other holes in the walls. The owner is fixing the floor in the kitchen. He is putting new floor down and isn't done with it yet. The walls need to be painted. The clients' bathroom needs to be repainted. The whole house needs to be fixed ...there's a vent in my room there's no vent cover and it's just a big hole ..."</p> <p>Interview on 2/8/23 with staff #1 revealed: -"I have seen the walls and doors that need to be fixed. The walls and doors need to be patched and paint. [The Licensee] has started making some of the repairs, in one of the rooms, the kids</p>	V 736		

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V 736	<p>Continued From page 19</p> <p>broke a bed (it was a spare one), flooring but he's working on it." -"I think the issues outside don't get a lot of attention ... -"I was here just the other day when [client #3] got upset ...he slammed the door. He either hit or moved the furniture around, slamming the dresser drawers and slamming furniture into the wall making a hole. I think there was one (a hole) already in there (the bedroom). That was only 2 days ago ...It is embarrassing to come to work with the way the facility looks both outside and inside."</p> <p>Interview on 2/9/23 with staff #2 revealed: -"Usually, it is the walls at this time that need to be fixed. They (the clients) go into rages and will put holes in the walls ...I know there is an issue with the linoleum. I spoke with the [Licensee], and he came and started to fix it ..."</p> <p>Interview on 2/9/23 with staff #3 revealed: -"The holes in the wall were in [client #3]'s room and a few holes were from a few nights ago... I think the floors need to be fixed in the kitchen area. And with the furniture, I think he (the Licensee) needs to get new furniture in here. Everywhere! [The Licensee] needs to be more involved ..."</p> <p>Interview on 2/9/23 with the Licensee revealed: -"Well, we are in transition. I am trying to bring it (the facility) up to speed. I replaced the fridge, and the over. An electrician came out 2 days ago and again today to replace the switches and outlets. When they (the clients) moved the bed too close to the wall, it can cause the outlet not to get enough air ..." -Making repairs to the facility is "an ongoing process with painting and patching the walls. It's</p>	V 736		

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V 736	<p>Continued From page 20</p> <p>constant maintenance. We have patched quite a few holes by redoing the drywall, sanding, and then we must come back and do the painting. My long-term goal is to move to another location. I am taking over this operation full time by the end of the month ...there was a broken window 2 weeks ago and it has been repaired. I have often thought of putting carpet down. The ultimate goal is to move. I am actively looking for property right now ..."</p> <p>-"We can remove those (the vines on the facility's walls outside) within a week. I have spoken with a landscaper. I was told not to remove them in the winter as they will regrow. I have someone the cuts the grass every other week. Our neighbor will cut the grass pro bono sometimes. We will also do some gutter cleaning...I am very handy at repairing things, but some things I need some help doing ..."</p> <p>This deficiency has been cited 3 times since the original cite on 12/9/21 and must be corrected within 30 days.</p>	V 736		