STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL079-109	B. WING		04/06/2022
		MITE079-109			04/06/2023
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
ACADEM	/ PLACE		ST ACADEMY ST N, NC 27025	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual and follow on April 6, 2023. Defic	up survey was completed siencies were cited.			
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.			
	•	d for 6 and currently has a ey sample consisted of ents.			
V 503	27D .0103 Client Right Policy	nts - Search And Seizure	V 503		
	invasion of privacy.  (b) The governing bo implement policy that under which searches area may occur, and if for seizure of the clier in the possession of the complete of the	dy shall develop and specifies the conditions of the client or his living f permitted, the procedures the client. eizure shall be documented. nclude: arch;			
	paraprofessionals (the	as evidenced by: ews and interviews, 1 of 5 e Group Home Manager re 1 of 4 clients (#1) was			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING	D. WING		
		MHL079-109	D. WING		04/06	6/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ACADEM'	Y PLACE		T ACADEMY S	TREET		
			, NC 27025			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 503	Continued From page	e 1	V 503			
	free from unwarranted invasion of privacy and failed to document the search or seizure. The findings are:					
	-A hire date of 10/25/					
	-A job description of C	Group Home Manager				
	-An admission date of -Diagnoses of Pervast Disorder, Mild Mental Disorder, and Problem -An assessment date previously hospitalized history of Pervasive I Mild Mental Retardation 1996 due to aggree his mother to fear him for Schizoaffective Di Disability with Agitatic continues to have ten months, has threaten	Retardation, Autistic m with Social Environment d 6/1/11 noted "was d, presents with a childhood Developmental Disorder and on, placed in a group home ssive behavior which caused n, is currently being treated sorder, Moderate Intellectual on, Insomnia and Pica, mper outbursts every few ed to kill staff, at times he				
	months, has threatened to kill staff, at times he appears to hear voices and talk to unseen persons, will bang his head against the wall, will eat cigarette butts, leaves and twigs and has a full scale IQ of 50. People need to be patient with him, keep all sharp objects away from him and to ensure his safety and well-being, he lives in a group home with 24-hour awake staff that monitors him throughout the night, and his speech is difficult to understand at times."  -A treatment plan dated 1/10/23 noted "After dinner, he will sweep the dining room floor daily with no more than 1 verbal prompt, will complete his hygiene routine with no more than 2 verbal prompts, will sort his dirty clothes for laundering independently, will clean his bedroom twice a week with no more than 3 verbal prompts, will					

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straighten his closet and drawers once a week

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Division of	of Health Service Regul	lation			FURIV	APPROVED
STATEMENT	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL079-109	B. WING		04/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1216 WE	ST ACADEMY S	TREET		
ACADEMY	PLACE	MADISO	N, NC 27025			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 503	clothes in the appropri drying them, will assist least once a week ren calming techniques we communicate with oth appropriate tone of vo- verbal prompts, will paregime for at least 30 week and will refrain the items in his room with prompt."  -No goals or strategies living area  Observations on 4/5/2 10:49am of client #1 in 10:38am 4/5/23 The County the soap dispenser with items in the living 10:39am 4/5/23 The County the soap dispenser with items in the living 10:39am 4/5/23 The County the soap dispenser with items and get it. Clien walking in the direction 10:40am 4/5/23 Clien	erbal prompts, will store his riate place after washing and st with meal preparation at maining on task, will practice hen upset, will hers clearly and by using the pice with no more than 2 participate in an exercise minutes three times per from consuming non edible in no more than 1 verbal is to search client #1 or his evealed:  GHM asked client #1 were as and told him to go look in the bathroom. Client is room  GHM stated to client #1 why the soap? Go into your tit #1 stood up and started in of his room	V 503			
	10:40am 4/5/23 Client #1 walked down the 2nd hallway in the facility 10:41am 4/5/23 The GHM walked down the 1st hallway in the facility 10:42am 4/5/23 The GHM met up with client #1 in front of the dining room area 10:42am 4/5/23 The GHM told client #1 to go to his room and find the soap dispenser 10:43am 4/5/23 The GHM followed client #1 to his bedroom					

10:44am to 10:49am While the GHM and client #1 were in his bedroom, the GHM stated "Why is

Interview on 4/5/23 with client #1 revealed:

this in here? It is not yours."

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DIVISION	i Health Service Regu	iauon i				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLE	ETED
		MIII 070 400	B. WING			0/0000
		MHL079-109	D. WING		04/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1216 WFS	T ACADEMY S	TREET		
ACADEMY	PLACE		, NC 27025			
	OUR MAR DV OT			DD0//DED0 D/ AV 05 00DD507/		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
\/.500	0	- 0	V/ F02			
V 503	Continued From page	e 3	V 503			
	-"The soap goes in th	e kitchenI have a brain				
	disorder. It causes me					
		my stuff out (of his dresser				
	drawers).I put all my					
		the bathroom). It (the soap)				
	was in a bottle"	, ( 1,				
	Interview on 4/5/23 v	vith staff #1 revealed:				
	-Client #1 was very so	oft spoken				
		Pica and "he will walk around				
	_	will chew and swallow it"				
		habit of taking the soap				
	bottle out of the bathr	- ·				
		him if he took the bottle (of				
	•	get it and bring it back to us.				
		layUsually, we will ask did				
		And get it and bring it back to				
	us"	and get it and bring it back to				
		fill the gard bettle and it was				
		fill the soap bottle and it was				
		client #1] if he had it in his				
		several times. Then she				
		search for it. [Staff #2] was				
	in and out of his room	n looking for it also."				
	Interview on 4/5/23 w	with staff #2 revealed:				
		ry of removing the soap				
		•				
	•	athroom and hiding it in his				
	room	a agan diananaar				
		e soap dispenser was				
	missing this morning	As no final is and being it				
		to go find it and bring it				
		. She tells him that and he				
		. He didn't bring it back				
	Somehow or anothe					
		searched his room. That's				
		een that. I would say it was a				
	violation of his rights					
		h the search. I just stood by.				
	She did pull right muc	ch out (of his dresser). The				

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dresser drawers, all of them, the stuff on the rack

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL079-109	B. WING		04/06/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ACADEMY	/ PLACE	1216 WEST MADISON,	ACADEMY S NC 27025	TREET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 503	items. It was all in the took stuff out of the dit all back. It caught m truth"  Interview on 4/5/23 w -"With [client #1] this the soap. He takes th bathroom, and he hid -The facility staff does rooms -"We don't do that he drawerswe were be walk away to decompedad not documented living area  Exit interview on 4/6/2 Professional revealed -The facility did not coof a client's living area -Completed the 24-hod-Notified HCPR/DSS/-Immediately suspended three vinvestigation -Still working on intervinformation (past hister any prior write ups -"I took over this hous 2022, so I will discuss Professional and reviewed."	the folded blankets and middle of the floor .She resser. She did not help put he off guard to tell you the sith the GHM revealed: morning, I was trying to find the soap bottles out of the est them in his room" It is not search the clients' the search of client #1's so with the Qualified he search and seizures a pur initial report HDSR ded the GHM written statements for the views, background bry) and to see if there were see in November/December is with the Former Qualified ever any prior notes." It is stigation with the Clinical settive Director prior to	V 503		
V 513	27E .0101 Client Righ Alternative	nts - Least Restictive	V 513		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		MHL079-109	B. WING		04/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
ACADEM'	Y PLACE		T ACADEMY S , NC 27025	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 513	Continued From page	e 5	V 513			
	that promote a safe at These include:  (1) using the leappropriate settings at (2) promoting of skills that are alternatively self or others;  (3) providing characteristics and providing of the client/legally respectively by The use of a restruction always be accompaning the dignity and restriction. These in (1) using the in and	provide services/supports and respectful environment.  ast restrictive and most and methods; coping and engagement cives to injurious behavior to noices of activities ants served/supported; and control over decisions with onsible person and staff. rictive intervention or reduce a behavior shall ited by actions designed to spect during and after the				
	interviews, 1 of 5 para Home Manager (GHM services/supports tha	ns, record reviews and aprofessionals (the Group				
	-A hire date of 10/25/	he GHM's record revealed: 10 Group Home Manager				

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MUI 070 100	B. WING		04/06/2029	,
		MHL079-109			04/06/2023	3
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
ACADEMY	/ DL ACE	1216 WE	ST ACADEMY S	TREET		
ACADEIVI	PLACE	MADISO	N, NC 27025			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N ()	X5)
PRÉFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD		PLETE ATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	CIATE DA	11E
				- ,		
V 513	Continued From page	<del>2</del> 6	V 513			
	Review on 4/5/23 of c	client #1's record revealed:				
	-An admission date of					
	-Diagnoses of Pervas					
	Disorder, Mild Mental	•				
		n with Social Environment				
	-An assessment date					
		d, presents with a childhood				
		Developmental Disorder and				
		on, placed in a group home				
		ssive behavior which caused				
		n, is currently being treated				
		sorder, Moderate Intellectual				
		on, Insomnia and Pica, nper outbursts every few				
		ed to kill staff, at times he				
	appears to hear voice					
		s head against the wall, will				
		aves and twigs and has a				
		ople need to be patient with				
		ojects away from him and to				
		well-being, he lives in a				
	group home with 24-h	•				
	monitors him through					
	speech is difficult to u	•				
	-					
		ed 1/10/23 noted "After the dining room floor daily				
		verbal prompt, will complete				
		ith no more than 2 verbal				
		dirty clothes for laundering ean his bedroom twice a				
		an 3 verbal prompts, will				
	•	and drawers once a week				
		verbal prompts, will store his				
		riate place after washing and				
		st with meal preparation at				
	least once a week rer	maining on task, will practice				

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calming techniques when upset, will

communicate with others clearly and by using the appropriate tone of voice with no more than 2

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL079-109	B. WING		04/06/2023
NAME OF B		OTDEET AL		TE 710 000E	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	·	
ACADEMY	/ PLACE		ST ACADEMY ST	TREET	
		MADISOI	N, NC 27025		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO	\ '-'
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
V 513	Continued From page	2.7	V 513		
V 010			1010		
		articipate in an exercise			
		minutes three times per			
		from consuming non edible			
		n no more than 1 verbal			
	prompt."				
	Observations on 4/5/2	23 from 10:38am to			
	10:49am of client #1				
		GHM asked client #1 were			
		as and told him to go look in			
		ack in the bathroom. Client			
	#1 went into the living	g room			
		GHM stated to client #1 why			
	,	the soap? Go into your			
		nt #1 stood up and started			
	walking in the direction				
		nt #1 walked down the 2nd			
	hallway in the facility	GHM walked down the 1st			
	hallway in the facility	Grilli walked down the 1st			
	-	GHM met up with client #1 in			
	front of the dining roo				
	•	GHM told client #1 to go to			
	his room and find the	soap dispenser			
	10:43am 4/5/23 The	GHM followed client #1 to			
	his bedroom				
		While the GHM and client			
		om, the GHM stated "Why is			
	this in here? It is not	yours."			
	Interview on 4/5/22 w	rith client #1 revealed:			
		ne kitchenI have a brain			
	disorder. It causes m				
		my stuff out (of his dresser			
	drawers).I put all my				
	, ,	·			
	Interview on 4/5/23 v	vith staff #1 revealed:			
	-Client #1 was very s				
	-Had a diagnosis of F	Pica and "he will walk around			

and pick stuff up and will chew and swallow it ..."

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL		
			_			
		MHL079-109	B. WING		04/0	6/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ACADEMY	PLACE	1216 WEST MADISON,	ACADEMY S NC 27025	TREET		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
V 513	Continued From page	÷ 8	V 513			
V 513	-Client #1 had a bad I bottle out of the bathr -"Usually, we will ask soap), and he will go He did not do that tod -Not usually we will as And get it and bring it been in this house a f -"[The GHM] went to missing. She asked [a room. She asked him went into his room to in and out of his room -Had never heard the her say anything inaphad, I would have ste to be honest with yo as I was working with Interview on 4/5/23 w -Client #1 had a histo dispenser from the baroom -The GHM noticed the missing this morning -"She's a pretty blunt clients) what she expression of the stressed with your was stressed with your wa	habit of taking the soap room and hiding it. him if he took the bottle (of get it and bring it back to us. day" sk did you take the bottle? back to us. I have only few weeks. fill the soap bottle and it was client #1] if he had it in his several times. Then she search for it. [Staff #3] was hooking for it also." GHM "be abusive or heard propriate (to the clients). If I spped in and pulled her aside bou, I was not paying attention ficient #4]" with staff #2 revealed: by of removing the soap attroom and hiding it in his	V 513			
	did pull right much ou dresser drawers, all o above the closet like items. It was all in the	search. I just stood by. She at (of his dresser). The of them, the stuff on the rack the folded blankets and a middle of the floor .She				
		resser. She did not help put ne off guard to tell you the				
	Interview on 4/5/23 w	ith the GHM revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
MHL079-109		B. WING		04/06	6/2023		
		WITE073-103			04/06	0/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
A C A D E M	/ DL ACE	1216 WE	ST ACADEMY S	TREET			
ACADEMY	PLACE	MADISON	N, NC 27025				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE	
				DEFICIENCY)			
V 513	Continued From page	9	V 513				
	-"With [client #1] this	morning, I was trying to find					
		e soap bottles out of the					
		es them in his roommy					
		her than it usually does"					
	, , ,	ast night. They (the clients)					
		They crowded me a little too					
	muchI had a heada						
	-"There is something	going on (with me) and I					
		it. It is concerning to meIt					
	happened out of the b	olue. It was stressful to have					
	you here"						
	-"I know my tone was	not appropriate. I					
	recognized it. I asked	[staff #2] to go and work					
	with him (client #1)"	•					
	-The facility staff does	s not search the clients'					
	rooms						
		re. I did pull things out of his					
		oth searching, and I had to					
		ressit (speaking to client					
		e tone) should not have					
	happenedit was wr	ong."					
		23 with the QP revealed:					
	•	our initial report on 4/5/23					
		Personnel Registry, the					
	Department of Social						
		lanaged Care Organization					
	and the Division of He 4/5/23	ealth Service Regulation on					
		ded the GHM on 4/5/23					
	•	vritten statements for the					
	investigation						
		interviews, background					
		ory) and to see if there were					
	any prior write ups						
		se in November/December					
	2022, so I will discuss	with the Former Qualified					
	Professional and revi	ew any prior notes."					
	-Would discuss the in	vestigation with the Clinical					
	Director and the Executive Director prior to						

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  IDENTIFICATION NUMBER:  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL079-109	B. WING		04/06/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE	
ACADEMY	/ PLACE		ST ACADEMY ST N, NC 27025	TREET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE COMPLETE
V 513	Continued From page	÷ 10	V 513		
	finalizing the investiga	ative results			

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