

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL058-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW GRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21120 HIGHWAY 125 WILLIAMSTON, NC 27892</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 5, 2023. The complaints were substantiated (intakes #NC00202422, #NC00202432 &amp; #NC00202075). 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 3 current clients.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 Associate Professional/Executive Director (AP/ED) &amp; 1 of 1 Qualified Professional (QP) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>I. Review on 5/23/23 of the AP/ED's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire (DOH): 9/1/14</li> <li>- job duties as follows:</li> <li>- "assist the consumer in achieving recovery goals identified in the consumer's treatment plan</li> <li>- advise in all crisis situations...provide consultation, crisis intervention, therapeutic de-escalation</li> <li>- reviews incident reports and ensure they are properly sent to the Local Management Entity/Managed Care Organization (LME/MCO)..."</li> </ul>	V 109		

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V 109	<p>Continued From page 2</p> <p>II. Review on 5/23/23 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- DOH: 8/18/21</li> <li>- job duties as follows:</li> <li>- "advise in all crisis situations</li> <li>- responds to calls on a 24 hour basis in order to provide consultation and crisis intervention</li> <li>- assist in supervision of the facility</li> <li>- reviews incident reports and ensure they are properly sent to the LME/MCO</li> <li>- meets individually with House Managers and other staff to ensure the needs of the consumers and programs are met"</li> </ul> <p>A. Cross reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on record review and interview the facility failed to implement 1 of 3 clients (#3) treatment plan strategies.</p> <p>B. Cross reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (V132). Based on record review and interview the facility failed to investigate an allegation of abuse, protect the client from harm during the investigation and report results to Health Care Personnel Registry (HCPR) within 5 working days for 1 of 6 audited staff (Associate Professional/Executive Director (AP/ED)).</p> <p>C. Cross reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366). Based on record review and interview the facility failed to issue preliminary findings of fact within five working days of the incident.</p> <p>D. Cross reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>CATEGORY A AND B PROVIDERS(V367). Based on record review and interview the facility failed to notify the LME/MCO (Local Management Entity/Managed Care Organization) of incidents within 72 hours.</p> <p>E. Cross reference: 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (V500). Based on record review and interview the facility failed to report all instances of alleged abuse to the County Department of Social Services (DSS) for 1 of 3 clients (#3).</p> <p>Review on 6/5/23 of the Plan of Protection written by the AP/ED dated 6/5/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Starting today, June 5, 2023, the LP (License Professional) will be responsible for supervising the AP and the QP. The LP will schedule a meeting with both the AP and the QP. The LP will review citation with both. The LP will develop both roles and responsibilities.</p> <p>Starting today, June 5, 2023, the LP will be responsible for reporting all allegations to the Health Care Registry. The LP will notify alleged of the allegations and will place copy of the report in file in the office. The LP will also remove from the schedule the alleged until the allegation is unsubstantiated.</p> <p>Starting today, June 5, 2023, the LP will be responsible for reporting allegations to DSS. The LP will notify the alleged of the allegations and will place copy in file in the office. The LP will also remove from the schedule the alleged until the allegation is unsubstantiated.</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>Starting today, June 5, 2023, the LP will be responsible for scheduling an Incident Report Training, PCP Training and Crisis Intervention/Response Training. LP will develop curriculum based on reporting guidelines. LP will conduct training for QP, AP, and all Residential Technicians. Competency will be based on 80 percent scored on the test. LP will review incident reports to ensure the PCP(person center plans)/Crisis Plan is followed.</p> <p>Describe your plans to make sure the above happens. LP will be notified, training will be scheduled, and both AP and LP will be supervision monthly. LP will be responsible for ensuring all is on file."</p> <p>Client #3 was admitted to the facility with diagnoses of Depressive episode, Attention Deficit Hyperactivity Disorder &amp; Unspecified Anxiety Disorder. She went into crisis on 5/5/23 after being informed she could not visit a family member for smoking marijuana. She requested to speak with the DSS guardian, however, the AP/ED refused for the call to be made. The crisis plan indicated client #3 could contact the DSS guardian when she was in crisis to calm the behavior. Client #3 proceeded to destroy property and eloped from the facility. The AP/ED was notified on 5/10/23 she allegedly bit client #3's finger during the 5/5/23 incident. The AP/ED remained on shift 5/11/23 &amp; 5/12/23. No internal investigation was completed until 5/18/23. The AP/ED did not follow their incident reporting policy, did not complete an IRIS report within 72 hours and failed to notify DSS &amp; HCPR of the alleged abuse. The QP was aware of the abuse allegations and did not follow up with the AP/ED regarding the allegations made by client #3. This deficiency constitutes a Type A1 rule violation for</p>	V 109		

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V 109	Continued From page 5  serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 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 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement 1 of 3 clients (#3) treatment plan strategies. The findings are:</p> <p>Review on 5/17/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/30/22</li> <li>- age 17</li> <li>- diagnoses of: Depressive episode, Attention Deficit Hyperactivity Disorder &amp; Unspecified Anxiety Disorder</li> <li>- treatment plan dated 11/28/22: "Crisis prevention...providing a platform where she can be heard without judgement...to express herself and calm...strategies for crisis response...provide [client #3] with the option of contacting any natural supports such as...[Department of Social Services] (DSS) guardian..."</li> </ul> <p>Review on 5/17/23 of a police/investigation report dated 5/11/23 for client #3 revealed:</p> <ul style="list-style-type: none"> <li>- "...said that she wanted to use the phone to call her social worker and [AP/ED] (Associate Professional/Executive Director) would not let her...she asked to use the phone several more times and was not allowed to..."</li> </ul> <p>During interview on 5/16/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- the AP/ED refused to allow her to use the phone to call her guardian</li> <li>- she proceeded to destroy the facility's property &amp; elope from the facility</li> </ul> <p>During interview on 5/23/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- clients were not allowed to contact their guardians after 5pm</li> </ul>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- "they (guardians) have a life after 5pm"</li> <li>- she did not follow client #3's crisis plan</li> </ul> <p>During interview on 5/19/23 client #3's DSS guardian reported:</p> <ul style="list-style-type: none"> <li>- client #3 could contact her after 5pm if she was in crisis</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 112		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain drug regimen reviews every six months for 2 of 3 clients (#1 &amp; #2). The findings</p>	V 121		



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V 121	<p>Continued From page 8</p> <p>are:</p> <p>Review on 5/17/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/1/22</li> <li>- diagnoses of: Unspecified Bipolar, Conduct Disorder, Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder, combined type, Child neglect and abuse</li> <li>- a physician's order dated 4/1/22: Quetiapine 300mg (milligrams) &amp; 400mg daily (Bipolar)</li> <li>- no documentation of a drug regimen review</li> </ul> <p>Review on 5/17/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 8/19/22</li> <li>- diagnosis of: PTSD</li> <li>- a physician's order dated 8/19/22: Quetiapine 100mg daily (mood)</li> <li>- no documentation of a drug regimen review</li> </ul> <p>During interview on 5/17/23 the Associate Professional/Executive Director reported:</p> <ul style="list-style-type: none"> <li>- drug regimen reviews were not completed</li> <li>- will contact the pharmacy or the clients' physicians to complete the drug regimen reviews</li> </ul>	V 121		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services</li> </ul>	V 132		

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V 132	<p>Continued From page 9</p> <p>as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to investigate an allegation of abuse, protect the client from harm during the investigation and report results to Health Care</p>	V 132		

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V 132	<p>Continued From page 10</p> <p>Personnel Registry (HCPR) within 5 working days for 1 of 6 audited staff (Associate Professional/Executive Director (AP/ED). The findings are:</p> <p>Review on 5/17/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/30/22</li> <li>- age 17</li> <li>- diagnoses of: Depressive episode, Attention Deficit Hyperactivity Disorder &amp; Unspecified Anxiety Disorder</li> </ul> <p>Review on 5/17/23 of an incident report dated 5/5/23 for client #3 revealed:</p> <ul style="list-style-type: none"> <li>- written by the AP/ED</li> <li>- "(AP/ED)...questioned (client #3) on marijuana usage as she appeared to be high</li> <li>- started screaming at the top of her voice, I did good all week even made a 100 today on my report and I'm in trouble for smoking weed, no one is ever proud of me</li> <li>- staff (AP/ED) informed [client #3] that she would not be receiving a visit due to her being on consequences</li> <li>- ...ran to grab the house phone and was informed she could not use it</li> <li>- snatched the printer off the desk and threw it to the floor, causing it to break into pieces</li> <li>- ...ran towards the living room and reached for the television</li> <li>- staff stood in front of it to prevent her from breaking it</li> <li>- she broke the stand it was on</li> <li>- [client #3] said she was leaving asked her to stay she refused</li> <li>- staff called the police</li> <li>- returned by law enforcement</li> <li>- walked up to staff and asked for a bandage and informed staff she was scratched by a tree outside</li> </ul>	V 132		

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V 132	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>- ...staff looked over and it appeared to be a scratch</li> <li>- staff gathered the first aid...bandaid placed on it"</li> </ul> <p>Review on 5/18/23 of an update in the Incident Response Improvement System (IRIS) for client #3 dated 5/18/23 revealed:</p> <ul style="list-style-type: none"> <li>- additional information added to the 5/5/23 incident report by the AP/ED</li> <li>- on Wednesday 5/10/23 , the LME/MCO (Local Management Entity/Managed Care Organization) notified the AP/ED she bit client #3's finger</li> <li>- "I (AP/ED) am going to interview...consumers to gather further information..."</li> </ul> <p>Review on 5/17/23 of 2 statements written by client #1 &amp; #2 dated 5/11/23 revealed:</p> <ul style="list-style-type: none"> <li>- Question: "What did [client #3] say happened to her finger"</li> <li>- "[client #1] - that you bit her finger...she told us kids at first that she punched the tree but then she told us that you bit her"</li> <li>- Question: "What did [client #3] tell you happened to her finger"</li> <li>- "[client #2]...the night when she walked in she said she hit her hand on a tree or something"</li> </ul> <p>Review on 5/18/23 of the facility's staff work schedule revealed:</p> <ul style="list-style-type: none"> <li>- the AP/ED worked at the facility on 5/11/23 &amp; 5/12/23</li> </ul> <p>During interview on 5/17/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- she did not physically touch client #3 at anytime during the 5/5/23 incident</li> <li>- client #3 said she scratched her finger on a tree</li> <li>- she was not aware she allegedly bit client</li> </ul>	V 132		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL058-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW GRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21120 HIGHWAY 125 WILLIAMSTON, NC 27892</b>
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V 132	<p>Continued From page 12</p> <p>#3's finger until 5/10/23 when the LME/MCO notified her</p> <ul style="list-style-type: none"> <li>- she worked on 5/11/23 &amp; 5/12/23</li> <li>- did not notify HCPR of the allegations made by client #3 on 5/10/23 until 5/18/23</li> <li>- it was her responsibility to notify HCPR</li> </ul> <p>During interview on 5/23/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- supervised the AP/ED</li> <li>- returned a week after the 5/5/23 incident</li> <li>- observed a bandaid on client #3's finger</li> <li>- different staff (unknown) informed her the AP/ED allegedly bit client #3's finger</li> <li>- client #3 or the AP/ED had not requested to speak with her about the allegations</li> <li>- sure at some point we will need to discuss the allegations" <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p> </li></ul>	V 132		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> </ol>	V 366		

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V 366	<p>Continued From page 13</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal</p>	V 366		

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V 366	<p>Continued From page 14</p> <p>review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to issue preliminary findings of fact within five working days of the incident. The findings are:</p> <p>Refer to V132 in regards to the 5/5/23 incident that happened at the facility</p> <p>Review on 5/18/23 of an update in the Incident Response Improvement System (IRIS) for client #3 dated 5/18/23 revealed:</p> <ul style="list-style-type: none"> <li>- additional information added to the 5/5/23 incident report by the AP/ED</li> <li>- on Wednesday 5/10/23, the LME/MCO (Local Management Entity/Managed Care Organization) notified the AP/ED (Associate Professional/Executive Director) she bit client #3's finger</li> </ul> <p>During interview on 5/18/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- was notified on 5/10/23 by LME/MCO she allegedly bit client #3's finger during the 5/5/23 incident</li> <li>- an internal investigation was completed on 5/18/23 &amp; the LME/MCO was notified on 5/18/23</li> </ul> <p>During interview on 5/23/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- supervised the AP/ED</li> <li>- returned a week after the 5/5/23 incident</li> <li>- observed a bandaid on client #3's finger</li> </ul>	V 366		



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V 366	Continued From page 16  - different staff (unknown) informed her the AP/ED allegedly bit client #3's finger - client #3 or the AP/ED had not requested to speak with her about the allegations  This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (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	V 367		

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V 367	<p>Continued From page 17</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</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</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>definition of a level II or level III incident;                      (2) restrictive interventions that do not meet the definition of a level II or level III incident;                      (3) searches of a client or his living area;                      (4) seizures of client property or property in the possession of a client;                      (5) the total number of level II and level III incidents that occurred; and                      (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:                      Based on record review and interview the facility failed to notify the LME/MCO (Local Management Entity/Managed Care Organization) of incidents within 72 hours. The findings are:</p> <p>Review of the Incident Response Improvement System (IRIS) on 5/16/23 revealed:                      - no IRIS reports</p> <p>Futher review on 5/18/23 of the IRIS revealed:                      - level III incident report submitted by the AP/ED (Associate Professional/Executive Director)                      - per LME/MCO comment: "Please note that all incident reports are required to be submitted within 72 hours of learned date."</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>Refer to V132 in regards to the 5/5/23 incident that happened at the facility</p> <p>During interview on 5/18/23 the Associate Professional/Executive Director reported:</p> <ul style="list-style-type: none"> <li>- was notified on 5/10/23 by LME/MCO she allegedly bit client #3's finger during the 5/5/23 incident</li> <li>- she attempted to do a level II incident report but IRIS system notified her it was a Level I incident</li> <li>- she completed a Level III incident report on 5/18/23 for the alleged abuse</li> <li>- she was responsible for ensuring incident reports were submitted in IRIS</li> </ul> <p>During interview on 5/23/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- supervised the AP/ED</li> <li>- returned a week after the 5/5/23 incident</li> <li>- observed a bandaid on client #3's finger</li> <li>- different staff (unknown) informed her the AP/ED allegedly bit client #3's finger</li> <li>- client #3 or the AP/ED had not requested to speak with her about the allegations</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and</p>	V 500		

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V 500	<p>Continued From page 20</p> <p>implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who</p>	V 500		

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V 500	<p>Continued From page 21</p> <p>has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report all instances of alleged abuse to the County Department of Social Services (DSS) for 1 of 3 clients (#3). The findings are:</p> <p>Review on 5/17/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/30/22</li> <li>- age 17</li> <li>- diagnoses of: Depressive episode, Attention Deficit Hyperactivity Disorder &amp; Unspecified Anxiety Disorder</li> </ul> <p>Refer to V132 in regards to the 5/5/23 incident that happened at the facility</p> <p>During interview on 5/17/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- was notified on 5/10/23 by the Local Management Entity/Managed Care Organization she allegedly bit client #3's finger during the 5/5/23 incident</li> <li>- was not aware she had to report the incident to the local DSS</li> </ul>	V 500		

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V 500	<p>Continued From page 22</p> <p>During interview on 5/23/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- supervised the AP/ED</li> <li>- returned a week after the 5/5/23 incident</li> <li>- observed a bandaid on client #3's finger</li> <li>- different staff (unknown) informed her the AP/ED allegedly bit client #3's finger</li> <li>- client #3 or the AP/ED had not requested to speak with her about the allegations</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.</p>	V 500		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER  <b>NEW GRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21120 HIGHWAY 125 WILLIAMSTON, NC 27892</b>
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V 512	<p>Continued From page 23</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 6 audited staff (Associate Professional/Executive Director (AP/ED) failed to protect 1 of 3 clients (#1) from abuse and neglect. The findings are:</p> <p>Review on 5/17/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 3/1/22</li> <li>- age 14</li> <li>- diagnoses of: Unspecified Bipolar, Conduct Disorder, Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder, combined type, Child neglect and abuse</li> </ul> <p>Review on 5/17/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 8/19/22</li> <li>- age 16</li> <li>- diagnosis of: PTSD</li> </ul> <p>Review on 5/17/23 of the facility's incident report for client #2 dated 4/18/23 revealed:</p> <ul style="list-style-type: none"> <li>- staff on duty: AP/ED &amp; staff #4</li> <li>- time of incident: 7:40pm</li> <li>- "...[client #2] came in the living room and showed staff her personal items [client #1] had stolen...[client #1] threw a bottle of lotion at [client #2] and ran into the living room...[client #2] came into the living and started to argue with [client #1]. Staff prompted [client #2] to go back in the room...staff monitored. [Client #2] ran out of her room and attempted to hit [client #1] with her helmet. [Client #2] was kicked by [client #1]. Staff informed [client #2] to stay in her bedroom. [Client</li> </ul>	V 512		



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V 512	<p>Continued From page 24</p> <p>#2] ran back out to hit [client #1] with her skateboard but hit window and broke it and hit [AP/ED] foot. [Staff #4] grabbed the skateboard... [client #2] then ran out of the room with a soda bottle...[AP/ED] grabbed the bottle...[client #2] remain in her room...was monitored every 5 minutes..."</p> <p>Review on 5/23/23 of a faxed physician's note to the Division of Health Service Regulation dated 4/19/23 from client #1's physician's office revealed:</p> <ul style="list-style-type: none"> <li>- "...struggles with stealing items around the home...she was more tearful on today's exam than she has been in visits past, and seems more depressed than previous visits. Much of the exam was deferred due to her emotional state. I called and relayed my concerns to [AP/ED]...has scheduled in-person psychiatry follow up..."</li> <li>- no documentation of marks and bruises</li> </ul> <p>Review on 5/24/23 of the day treatment's incident reporting form dated 4/19/23 for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "...consumer (client #1) stated she visited the doctor while in the care of her grandmother....when she removed her clothing to put on the gown at the doctor's office, her grandmother observed bruises on her legs...reports that she told her grandmother that her roommate (client #2) attacked her at the group home. Per the consumer, her roommate used a helmet to hit her...when her roommate began hitting her, staff exited the room and did not intervene...admitted that she had been stealing from her roommate which what triggered the attack...consumer (client #1) rolled up the bottom of her pants to show staff her bruises on her lower legs"</li> </ul>	V 512		

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V 512	<p>Continued From page 25</p> <p>Review on 5/24/23 of the day treatment's child and family team (CFT) meeting form for client #1 revealed the following:</p> <ul style="list-style-type: none"> <li>- "5/16/23...stated on several occasions that she wants to leave the group home, however, within the past month [client #1] has stated that she feels unsafe there..."</li> </ul> <p>During interview on 5/17/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- "does not feel safe at the facility"</li> <li>- recalled the 4/18/23 incident</li> <li>- client #2 hit her (client #1) several times with her skateboard helmet</li> <li>- she had bruises on her legs</li> <li>- the AP/ED &amp; staff #4 did not intervene during the incident</li> <li>- her grandmother and day treatment Qualified Professional (QP) witnessed the bruises</li> </ul> <p>During interview on 5/16/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- recalled the 4/18/23 incident</li> <li>- fought her roommate client #1</li> <li>- client #1 stole her items and hid them on her side of the room</li> <li>- stole items from her since she (client #2) moved into the facility</li> <li>- stole hygiene items, bras &amp; underwear</li> <li>- first threw a boot at client #1 and she ran out of the bedroom</li> <li>- client #1 came back in the bedroom and got her belt &amp; staff took it from her</li> <li>- client #1 sat on the couch with the AP/ED</li> <li>- she (client #2) came out the bedroom and hit her (client #1) with a helmet and skateboard</li> <li>- the AP/ED &amp; staff #4 was on duty</li> <li>- staff #4 attempted to calm them down</li> <li>- the AP/ED remained on the couch, "was tired of [client #1] stealing her stuff"</li> <li>- client #1 had 2 bruises on her leg after the fight but she (client #2) had none</li> </ul>	V 512		

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V 512	<p>Continued From page 26</p> <p>During interview on 5/19/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- she was in her bedroom and heard "bang bang"</li> <li>- she came out the bedroom and saw the AP/ED on the couch</li> <li>- client #2 hit client #1 with a helmet</li> <li>- client #2 then went in the bedroom and got a skateboard &amp; hit client #1</li> <li>- client #1 had scars on her knees</li> <li>- the incident happened at night and client #1 had on shorts</li> <li>- the fight stopped after client #2 went to her room an got a bottle</li> <li>- the AP/ED removed the bottle and broke up the fight</li> </ul> <p>During interview on 5/23/23 staff #4 reported:</p> <ul style="list-style-type: none"> <li>- client #1 &amp; #2 threw items at each other but neither was hit with the items</li> <li>- the AP/ED's foot was hit with the skateboard</li> <li>- staff were able to get the items prior to any client being hit</li> <li>- client #1 had minor redness to her arm, "I guess from her blocking the items"</li> </ul> <p>During interview on 5/25/23 client #1's grandmother reported:</p> <ul style="list-style-type: none"> <li>- attended a physician's appointment with client #1 in April 2023</li> <li>- a big bruise &amp; scratch on her knee</li> <li>- she said she got into a fight with a client</li> <li>- the client hit her with a helmet</li> <li>- client #1 said the AP/ED sat next to her on the couch</li> <li>- "Can't believe [AP/ED] sat there and let another person hit her"</li> <li>- client #1 "does not always tell the truth"</li> <li>- she (grandmother) had not mentioned the bruise to the AP/ED</li> </ul>	V 512		

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V 512	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>- physician asked about the bruise</li> <li>- client #1 informed her about the incident</li> <li>- the physician reached out to AP/ED</li> </ul> <p>During interview on 5/23/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- the only person hit during the altercation was her (AP/ED) with the skateboard</li> <li>- the next day staff sent her a picture with redness to client #1's knee</li> <li>- client #1 had mosquito bites to the knee that she picked at which caused redness to her knee</li> <li>- the physician reached out to her to discuss client #1's emotional state &amp; medication changes</li> <li>- no concerns were discussed about bruises to client #1</li> </ul> <p>B. Review on 5/24/23 of the day treatment's incident reporting form dated 4/19/23 for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "...the (day treatment) QP observed the Residential Director (AP/ED) tell the consumer (client #1) that if she did not want to return to the group home, the consumer could either be hospitalized or put into DSS (Department of Social Service) custody. The consumer was also told by the Residential Director (AP/ED) that she was not supposed to discuss incidents which occur at the group home with others."</li> </ul> <p>During interview on 5/17/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- after the 4/18/23 incident the AP/ED told her "if you tell my business, watch me make DSS your guardian or have you IVC (involuntary committed)"</li> <li>- "was scared to tell anyone"</li> <li>- the day program QP heard the AP/QP make the statement</li> </ul> <p>During interview on 5/23/23 the AP/ED reported:</p> <ul style="list-style-type: none"> <li>- she did not make any verbal threats to client</li> </ul>	V 512		

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V 512	<p>Continued From page 28</p> <p>#1</p> <ul style="list-style-type: none"> <li>- client #1 had previously given the facility's address to unknown men</li> <li>- the men came to the facility</li> <li>- she told client #1 not to tell the facility's business in regards to the facility's address</li> <li>- client #1 said she (AP/ED) threatened DSS custody if she told the facility's business</li> <li>- it was discussed in a CFT meeting</li> <li>- she informed the team, if client #1 does not want to be at the facility it was not up to her but the guardian</li> <li>- had not threatened client #1 with IVC</li> </ul> <p>Review on 6/5/23 of a Plan of Protection written by the AP/ED dated 6/5/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Starting June 5, 2023, Uprising Homes Inc. (Licensee) LP (Licensed Professional) will be responsible for reviewing the citation. The LP will develop, schedule, and implement training on abuse and neglect. This training will be conducted by the LP for the QP, AP, and all Residential Technicians. This training will be scheduled by the LP and will be completed by the LP within 7 days of this notice. This training will include a test and an 80 is required to demonstrate competency. The LP will also develop a supervision plan for the QP and AP and will be responsible for conducting monthly supervision this month and continuously to ensure that both are competent to perform the duties set by Uprising Homes Inc. in the job descriptions.</p> <p>Describe your plans to make sure the above happens. Uprising homes inc. AP will schedule a meeting with the LP today, June 5, 2023 in order to review the citations. LP will ensure all employees are in attendance at the training. LP</p>	V 512		

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V 512	<p>Continued From page 29</p> <p>will be responsible for obtaining the signature page to remain on file at the office and the certificates/test to be filed in each person's employee file. Supervision plan and monthly supervisions to be placed on file in the employee's personnel file."</p> <p>Client #1 was admitted to the facility with diagnoses of Unspecified Bipolar, Conduct Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, child neglect and abuse. Client #1 was hit with a skateboard and helmet by client #2 for stealing her items over a period of time. Client #1 sustained bruises to the knee area. The bruises were observed by client #3, client #1's grandmother and the day treatment QP. The AP/ED remained seated as client #2 assaulted client #1. The AP/ED verbally threatened to IVC, hospitalize or place client #1 in DSS custody if she told the facility's business. This deficiency constitutes a Type A1 rule violation for serious neglect/abuse and must be corrected within 23 days. An administrative penalty of \$2,000 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.</p>	V 512		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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		

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V 736	<p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the facility grounds in a safe, clean &amp; attractive manner. The findings are:</p> <p>Observation on 5/16/23 at 1:57pm of the facility's back deck revealed:</p> <ul style="list-style-type: none"> <li>- loose, missing &amp; rotten floor boards throughout the deck</li> </ul> <p>During interview on 5/17/23 the Associate Professional/Executive Director reported:</p> <ul style="list-style-type: none"> <li>- aware of the condition of the deck but was waiting for the contractor</li> <li>- she contacted a contractor and the deck will be repaired 5/18/23</li> </ul>	V 736		