Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING_ MHL078-045 06/16/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HO	USE	VARDELL R OKE, NC 283	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPL DAT
V 00C	An annual survey was completed on June 16, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 10 and has a census of 6. The survey sample consisted of audits of 6 current clients.	V 000	
	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.	V 114	
f f	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were neld quarterly and repeated on each shift. The findings are:		JUL 10 2023 DHSR-MH Licensure Sect

Divisi

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

(X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-045	B. WING _		06	/16/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
OUR HO	USE	309-BE	WARDELL	ROAD			
			DKE, NC 28			· •	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICE DEFICIENCY)	DBE	(X5) COMPLETE DATE	
V 364	During interview on - The facility operate (Monday - Friday) s - 1st 7:30 am - 4:00 - 2nd 3:30 pm - 12 - 3rd 11:30 - 8:00 are - The facility operate and Sunday: - 1st 8:00 am - 8:00 - 2nd 8:00 pm - 8:00 - 2nd 8:00 pm - 8:00 Review on 6/07/23 of disaster drill docume 2023 revealed: - No documented disshift July - September of Sep	6/07/23 the stated: ed with three weekday hifts: 0 pm 2:00 am am ed 12 hour shifts on Saturday 0 pm 10 am. of the facility's fire and entation for April 2022 - March saster drills for 1st weekday er 2023 or for 2nd weekday h 2023. e drills for any weekend shift 023. e aster drills for the weekend lune 2022 ber 2022 r - December 2022 ch 2023. 6/14/23 the Program Director od the requirement for fire be held quarterly and across ional Rights in 24 Hour	V 114	RHCC/ Our House will ensure the and disaster drills are completed all shifts to include first, second, third during the weekday and dur both 12-hour shifts on the weeke The Facility Manager will ensure drills are done as outlined in the standards.	across and ing nd.	8/15/23	
	122C-51 through G.S	rights in 24-Hour rights enumerated in G.S. 5. 122C-61, each adult client tment or habilitation in a					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-045	B. WING		06/	16/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE	1 00.	
OUR HO	DUSE		VARDELL F			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE			
	24-hour facility keep (1) Send and receivaccess to writing material assistance when ned (2) Contact and corand at no cost to the physicians, and prividevelopmental disal professionals of his (3) Contact and corathere is a client advorthere is a client advorther ights specified restricted by the face exercise these rights (b) Except as provided finite times keeps the right (1) Make and receivacalls. All long distance the client at the time collect to the receiving (2) Receive visitors a.m. and 9:00 p.m. finite hours daily, two hour p.m.; however visiting over therapies; (3) Communicate and supervision with individuon the consent of (4) Make visits outsit unless: a. Commitment prother result of the client violent crime, including assault with a deadly	os the right to: we sealed mail and have aterial, postage, and staff acessary; nsult with, at his own expense afacility, legal counsel, private rate mental health, bilities, or substance abuse choice; and nsult with a client advocate if ocate. in this subsection may not be fility and each adult client may at all reasonable times. ded in subsections (e) and (h) adult client who is receiving tion in a 24-hour facility at all t to: we confidential telephone be calls shall be paid for by of making the call or made ng party; between the hours of 8:00 or a period of at least six as of which shall be after 6:00 g shall not take precedence and meet under appropriate widuals of his own choice the individuals; de the custody of the facility ceedings were initiated as t's being charged with a ng a crime involving an a weapon, and the d not guilty by reason of of proceeding;	V 364			

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	E CONSTRUCTION		E SURVEY IPLETED
		MHL078-045	B. WING		06/	/16/2023
NAME OF	PROVIDER OR SUPPLIER	309-B E V	DARESS, CITY, S WARDELL RO DKE, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
	committed to the facton commitment to a commitment is being to proceed pursuant A court order may enditions prescribed (5). Be out of doors facilities and equipm several times a wee (6). Except as prohibities and equipm several times a wee (6). Except as prohibities and client is being held the proceed pursuant to (7). Participate in rel (8). Keep and spend own money; (9). Retain a driver's prohibited by Chapter and (10). Have access to in his private use. (c). In addition to the 122C-51 through G.S. who is receiving treat 24-hour facility has the proper adult supervisive cognition of the minimidividual, the minor opportunities to enable emotionally, intellective and intellectual immate 24-hour facility shall structure, supervision	cility while under order of irrectional facility of the rection of the Department of any held to determine capacity to G.S. 15A-1002; expressly authorize visits of by the existence of the ed by this subdivision; daily and have access to ment for physical exercise k; bited by law, keep and use of possessions, unless the of determine capacity to G.S. 15A-1002; igious worship; a reasonable sum of his a reasonable sum of his license, unless otherwise er 20 of the General Statutes; andividual storage space for rights enumerated in G.S. S. 122C-57 and G.S. S. 122C-61, each minor client the torn to habilitation in a me right to have access to sion and guidance. In nor's status as a developing shall be provided le him to mature physically, ually, socially, and of the physical, emotional, aturity of the minor, the	V 364			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG:		E SURVEY IPLETED	
		MHL078-045	B. WING _		06	/16/2023
NAME OF	PROVIDER OR SUPPLIER	309-B E V	VARDELL I		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	The facility shall als reasonable efforts to client receives treath adult clients unless minor client dictate. Each minor client with habilitation from a 2-(1) Communicate a guardian or the age custody of him; (2) Contact and coror that of his legally cost to the facility, lephysicians, private rights or his legally resp. (3) Contact and conthere is a client advorther in the rights specified restricted by the faci may exercise these right to: (1) Make and received distance calls shall be time of making the careceiving party; (2) Send and received writing materials, possible the receiving materials, possible the possible of a hours of which shall be visiting shall not take therapies;	o, where practical, make o ensure that each minor ment apart and separate from the treatment needs of the otherwise. ho is receiving treatment or 4-hour facility has the right to: nd consult with his parents or ncy or individual having legal asult with, at his own expense responsible person and at no egal counsel, private mental health, developmental ance abuse professionals, of consible person's choice; and isult with a client advocate, if	V 364			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL078-045	B. WING		06/	06/16/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	', STATE, ZIP CODE		10/2020	
OUR HO	DUSE		VARDELL F KE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
	training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as prohipersonal clothing ar appropriate supervisheld to determine car G.S. 15A-1002; (7) Participate in ref (8) Have access to the safekeeping of properties (9) Have access to of his own money; at (10) Retain a driver's prohibited by Chapte (e) No right enumer of this section may be the qualified profeformulation of the cliplan. A written state client's record that in for the restriction. The reasonable and relate the habilitation needs. A period not to exceed each restriction shall qualified professional at which time the restriction of a documented in the clipits may be renew statement entered by the client's record that renewal of the restriction of right and restriction of right are striction of right and restriction of right are striction of right are striction.	ice with federal and State law; daily and participate in play, sical exercise on a regular with his needs; bited by law, keep and use and possessions under sion, unless the client is being apacity to proceed pursuant to ligious worship; individual storage space for personal belongings; and spend a reasonable sum and silcense, unless otherwise er 20 of the General Statutes. Stated in subsections (b) or (d) be limited or restricted except essional responsible for the ent's treatment or habilitation ment shall be placed in the adicates the detailed reason are restriction is effective for a lago days. An evaluation of labe conducted by the all at least every seven days, striction may be removed. restriction shall be lient's record. Restrictions on	V 364				

MHL078-045 NAME OF PROVIDER OR SUPPLIER OUR HOUSE MHL078-045 STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372	D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: A. BUILDING:					
OUR HOUSE 309-B E WARDELL ROAD			B. WING	MHL078-045		
		ROAD	WARDELL R	309-B E		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	CED T	(EACH CORRE CROSS-REFERE	PREFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of rights and of the reason for it. Notification of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients' right to receive visitors daily between the hours of 8:00 am and 9:00 pm, for a period of at least 6 hours, two hours of which were after 6:00 pm, for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The findings are: Reviews on 6/07/23 and 6/08/23 of the facility's "Visitation Rules" policy revealed: "1. There is a 30 day waiting period before a client may have visitors." "2. Visitation have is Sunday and the hours are 1:00pm to 5:00pm." "NOTE: If visitations rules are broken, the resident will return to the 30 days no visitation." Reviews on 6/07/23 and 6/08/23 of the facility's "Pass Schedule" policy revealed: "First Seven Days No Visitors except for biological children." "After Thirty Days Visitors are allowed" Reviews on 6/07/23 and 6/08/23 of the facility's "Supervised Living Rules" policy revealed: "First Seven Days No Visitors except for biological children." "After Thirty Days Visitors are allowed"	uled im a ke planeral hedunclud men privi	be allowed sched the hours of 8:00 Visiting will not ta when treatment, work or school, so appointments to i other type appoint children. If visiting restricted for any document, it in the	V364 kt	striction and of the reason for ninor client or an incompetent ally responsible person shall nstance of an initial restriction riction of rights and of the ation of the designated responsible person shall be ng in the client's record. It as evidenced by: views and interviews, the are clients' right to receive en the hours of 8:00 am and dof at least 6 hours, two after 6:00 pm, for 6 of 6 4, #5, and #6). The findings and 6/08/23 of the facility's licy revealed: by waiting period before a ors." Sunday and the hours are as rules are broken, the of the 30 days no visitation." and 6/08/23 of the facility's licy revealed: by waiting period before a ors." Sunday and the hours are as rules are broken, the of the 30 days no visitation." and 6/08/23 of the facility's licy revealed: by waiting period before a ors." And 6/08/23 of the facility's licy revealed: by waiting period before a ors." And 6/08/23 of the facility's licy revealed: by waiting period before a ors." And 6/08/23 of the facility's licy revealed: by waiting period before a ors." And 6/08/23 of the facility's licy revealed: by waiting period before a ors."	be notified of the reit. In the case of a nadult client, the legal be notified of each i or renewal of a rest reason for it. Notificindividual or legally documented in writing the sased on record refacility failed to ensure visitors daily between 9:00 pm, for a perior hours of which were clients (#1, #2, #3, # are: Reviews on 6/07/23 "Visitation Rules" por "1. There is a 30 dar client may have visited "2. Visitation day is 1:00pm to 5:00pm." - "NOTE: If visitation resident will return to resident will return to Reviews on 6/07/23 a "Pass Schedule" policing "Pass Schedule" policing "Pass Schedule" policing "After Thirty Days". Reviews on 6/07/23 a "Reviews on 6/07/23 a "Pass Schedule" policing are resident will return to "1. There is a 30 dar client may have visited the service of the serv	

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	3:		E SURVEY PLETED	
	MHL078-045	B. WING		004	06/46/2022	
				06/	16/2023	
NAME OF PROVIDER OR SUPPLIER		CHARLES WHILE THE	STATE, ZIP CODE			
OUR HOUSE		WARDELL R OKE, NC 28:				
(X4) ID SUMMARY STATEME		T	T	OPPECTION	1	
PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 364 Continued From page 7		V 364				
Each new consumer mu orientation period. During allowed to have visite Reviews on 6/07/23 and "Our House Rules and C revealed " 17. There is first initial 30 days exception."	g this time, client is not ors." 1 6/08/23 of the facility's Consequences" policy will be no visitors for the t for biological children."					
Review on 6/08/23 of clie - Each client signed facili Visitation Rules, Pass Sc Living Rules, and Our Ho Consequences) as follow - Client #1 4/3/23 - Client #2 10/24/22 - Client #3 5/04/23 - Client #4 4/14/23 - Client #5 11/14/22 - Client #6 5/10/23 - No documentation by th (QP) of the detailed rease the clients' right to receive - No documented QP rev the clients' right to receive every 7 days; and no writt of the reason for the cont restriction. During interview on 6/08/2 - The facility rules were ex admission No one could have visits treatment Visits could only be done During interview on 6/08/2 - Facility rules were explai - No one could have visits	ity policies (including chedule, Supervised ouse Rules and vs: The Qualified Professional on for the restriction of revisitiors daily. The view of the restriction of revisitors daily at least ten statement by the QP tinuation of the 23 client #1 stated: xplained to her at restriction of revisitions of the restriction of revisitions and restriction of the restriction of revisitions and restriction					

Division of Health Service Regulation

	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION		E SURVEY PLETED
			A. BUILDIN	1G:	COMI	PLETED
		MHL078-045	B. WING _		06/	16/2023
NAME OF	F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	Y, STATE, ZIP CODE		
OUR H	OUSE		WARDELL			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	OKE, NC 28			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 8	V 364			
	- Visits could only be	e done on weekends.				
	stated: - Visiting hours were (Saturday and Sund) - Clients alternated of people at the facility approved by DSS (I Services)." During interviews on Behavioral Health story and the some time. Visiting hours had on to drop things off so we've changed thing. During interview on the stated: - Clients could have some younday only.	tation hours during the week; e permitted "only if they have len and that has to be Department of Social 6/08/23 the Chief of tated: ion policy had been "in place" changed; "we do allow people there can be short visits;				
	people at the facility. - Visiting days chang - Facility rules were r as needed; every rule explained to clients of	ed due to the pandemic. eviewed with clients as often				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 EXTERIOR REQUIR					

Division of Health Service Regulation STATE FORM

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	of Health Service Re					TAPPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG:		E SURVEY PLETED
		MHL078-045	B. WING _		06/16/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY	/, STATE, ZIP CODE		
			WARDELL	Company of the compan		
OUR HO	USE		OKE, NC 28			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(V5)
PRÉFIX TAG	(EACH DEFICIENCY I	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETI DATE
V 736	Continued From page	ge 9	V 736			
	(c) Each facility and	its grounds shall be				
	maintained in a safe	e, clean, attractive and orderly e kept free from offensive				
	was not maintained	t as evidenced by: ons and interviews the facility in a clean, attractive manner, ive odors. The findings are:		RHCC/Our House staff and consumensure that the facility is maintained safe, clean, attractive, and orderly n	d in a	8/15/23
	Observations of the f	facility on 6/07/23 between		The facility manager will schedule		
	10:15 am and 11:05			times for maintenance to take globe	s down	
		b walls were stained; the		to be cleaned, exhaust fans to be cle		
		n was dusty; the ceiling fan		and for ceiling fans to be dusted we	eklv.	
		le on the edges of the				
		er in the ceiling fan light		The facility staff will ensure that bar	thtubs	
	globe.			and rooms are cleaned and free from		
	 Suite C: stains on the 	he walls throughout the suite;		in the empty rooms and will check of		
		bb in the bathtub did not work		rooms daily to ensure the room is cl		
	properly.			and tubs are free from stains.	7.75.75.75.75.75.	
		om walls were stained; the				
		thtub did not work when kages of incontinence pads		The maintenance department will en	sure the	
		athroom floor; the bathroom		water control knobs are working pro		
	exhaust fan was dus			all suites.	P J	
		the entry area, the kitchen			-	
8	area, and the bathroo	om were stained; the window		The maintenance department will so	hedule	
t	olinds had a visible la	ayer of dust.		the facility to be painted.	Loudie	
		fan had heavy dust visible		the facility to be painted.		
C	on the edges of the b	lades; the bathroom walls		Light fixtures in all suits will be ched	akad by	
h	nad stains around the	e sink and toilet; the		the maintenance department to ensur	there	
		n was dusty; the water			e mey	
		thtub did not work properly.		are in proper working order.		
		edge of the door had dark		D1:14:-4:-4:		
		had heavy dust visible on		Blinds that are visibly stained with d	ust will	
vision of Heal ATE FORM	th Service Regulation			be changed out by the maintenance		

Divisio	n of Health Service Regulation		
		department.	
		Clients of Our House will be required to ensure their room is clean and free from toothpaste stains, soap scum and free from dirty diaper odor.	
		The maintenance department will fix the chipped paint on the door and the finish on the kitchen drawers.	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG:		E SURVEY PLETED
		MHL078-045	B. WING _		06/	16/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
OUR HO	USE		VARDELL I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 736	the edges of the blain the bathtub Suite H: the bathrheavy white staining or soap scum on the dirty diaper odor wathe l: paint was wathe head of the bidust visible on the estate J: the bathroom walls over the kitchen are on The finish on the kitchen are on.	des; there were dead insects oom walls were stained; g, consistent with toothpaste e bathroom sink and mirror; is noted in the bathroom. vorn and peeled from the wall ed; the ceiling fan had heavy	V 736			