

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESTINY FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1486 DR MARTIN LUTHER KING JR BLVD WARRENTON, NC 27589</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 9/25/23. The complaints were substantiated (intake #NC00206051 &amp; NC00206049. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 2 staff (#1) received training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 9/25/23 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- hired August 2023</li> <li>- diabetic &amp; insulin training completed 5/9/23</li> </ul> <p>Review on 9/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/18/21</li> <li>- diagnoses: Hyperlipidemia, Hypertension, Diabetes Type II, Schizophrenia &amp; Intellectual Developmental Disability</li> </ul> <p>During interview on 9/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- transferred from a sister facility</li> <li>- diabetes training was supposed to be scheduled while she worked at the sister facility, but it wasn't</li> <li>- did not know the signs and symptoms of a diabetic</li> </ul> <p>During interview on 9/25/23 Licensee reported:</p> <ul style="list-style-type: none"> <li>- staff #1 was trained on diabetes when she</li> </ul>	V 108		

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V 108	Continued From page 2  worked at sister facility - will retrain staff #1	V 108		
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 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited clients (#3, #4, #6) treatment plans were developed in partnership with the legally responsible person. The findings are:</p> <p>Review on 9/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/21/23</li> <li>- diagnoses: Hyperlipidemia, Hypertension, Diabetes Type II, Schizophrenia &amp; Intellectual Developmental Disability</li> <li>- treatment plan dated 4/1/23 without guardian signature</li> </ul> <p>Review on 9/25/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/18/21</li> <li>- diagnosis of Chronic Schizophrenia</li> <li>- treatment plan signed 4/1/23 without guardian signature</li> </ul> <p>Review on 9/25/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2011</li> <li>- diagnoses of Diabetes, Mild Intellectual Developmental Disability &amp; Hypertension</li> <li>- treatment plan dated 5/1/23 without guardian signature</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she reached out to the guardians in regards to treatment team meetings &amp; they do not respond</li> <li>- she planned to document her attempts to guardians when they do not respond to treatment team meetings</li> </ul>	V 112		
V 113	27G .0206 Client Records	V 113		

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V 113	<p>Continued From page 4</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review &amp; interviews the facility failed to maintain client records for 3 of 3 audited clients (#3, #4, #6). The findings are:</p> <p>Review on 9/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/21/23</li> <li>- diagnoses: Hyperlipidemia, Hypertension, Diabetes Type II, Schizophrenia &amp; Intellectual Developmental Disability</li> <li>- treatment plan dated 4/1/23</li> <li>- no documentation of progress toward outcomes</li> </ul> <p>Review on 9/25/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/18/21</li> <li>- diagnosis of Chronic Schizophrenia</li> <li>- treatment plan signed 4/1/23</li> <li>- no documentation of progress toward outcomes</li> </ul> <p>Review on 9/25/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2011</li> <li>- diagnoses of Diabetes, Mild Intellectual Developmental Disability &amp; Hypertension</li> <li>- treatment plan dated 5/1/23: make effort to increase independent living skills- will keep room clean &amp; do laundry</li> <li>- no documentation of progress toward outcomes</li> </ul> <p>During interview on 9/25/23 staff #1 reported:</p>	V 113		

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V 113	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- she worked with the clients on their goals</li> <li>- had to assist client #6 more with independent living skills</li> <li>- will assist him with his bathing and cleanliness of his bedroom</li> <li>- she was not required to document progress notes</li> </ul> <p>During interview on 9/22/23 the Program Director at the day program reported:</p> <ul style="list-style-type: none"> <li>- there were days the clients clothes smelled like mildew</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she does not require staff to document progress notes</li> <li>- she (QP) does not document progress notes</li> <li>- she spoke with the clients and staff in regards to the clients' progress</li> <li>- will develop a check sheet for the staff to document progress toward clients' goals</li> <li>- will ensure staff documented progress toward clients independent living skills such as bathing</li> <li>- client #6 had an odor at times</li> </ul>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review &amp; interview the facility failed to ensure fire &amp; disaster drills were completed quarterly &amp; on each shift. The findings are:</p> <p>Review on 9/25/23 of the facility's fire and disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>- a fire &amp; tornado drill completed May 2023</li> <li>- no other drills completed for 2023</li> </ul> <p>During interview on 9/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- started work at the facility 4 - 5 weeks ago</li> <li>- had only completed a fire drill</li> <li>- had not completed a tornado drill</li> <li>- management had not discussed the tornado drill with her</li> <li>- clients could meet in the hallway near staff bedroom</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she and the Licensee were responsible for training staff to conduct drills</li> <li>- it was documented on the disaster form where to take clients during each specified disaster (tornado, etc)</li> <li>- would retrain staff today</li> </ul> <p>During interview on 9/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she was responsible for ensuring fire and</li> </ul>	V 114		



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V 114	Continued From page 8  disaster drills were completed - she had not review the fire and disaster log to ensure drills were done	V 114		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medication stored in a refrigerator was kept in a separate locked container for 1 of 3 audited clients (#3). The findings are:	V 120		

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V 120	<p>Continued From page 9</p> <p>Review on 9/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/21/23</li> <li>- diagnoses: Hyperlipidemia, Hypertension, Diabetes Type II, Schizophrenia &amp; Intellectual Developmental Disability</li> <li>- physician order dated 5/26/23: Latanoprost 0.005% instill both eyes nightly &amp; Dorzolamide Ophthalmic 2% both eyes twice day</li> </ul> <p>Observation on 9/25/23 at 12pm during the tour of the facility revealed the following:</p> <ul style="list-style-type: none"> <li>- 4 boxes of client #3's eye drops in the refrigerator</li> <li>- Latanoprost filled on the following dates: 5/23/23, 6/19/23 &amp; 7/5/23</li> <li>- Latanoprost (store in refrigerator until opened) written on label</li> <li>- Dorzolamide opened box filled 5/23/23 (nothing written on label to be stored in the refrigerator)</li> <li>- Licensee removed the Dorzolamide from the refrigerator and placed in client #3's medication box</li> <li>- removed the Latanoprost and placed in a ziploc bag.</li> </ul> <p>During interview on 9/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the medication was in the refrigerator when she started 4 - 5 weeks ago</li> </ul> <p>During interview on 9/25/23 Licensee reported:</p> <ul style="list-style-type: none"> <li>- was not aware eye drops were in the refrigerator</li> <li>- will get a locked box today (9/25/23) for the Latanoprost</li> </ul>	V 120		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE	V 289		

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V 289	<p>Continued From page 10</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is</p>	V 289		

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V 289	<p>Continued From page 11</p> <p>mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#6) met the scope of the program. The findings are:</p> <p>Review on 9/25/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2011</li> <li>- diagnoses of Diabetes, Mild Intellectual Developmental Disability &amp; Hypertension</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- noticed in early spring or summer 2022 client #6 did not have a mental illness diagnosis</li> <li>- made the Licensee aware of client #3's diagnoses</li> </ul>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESTINY FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1486 DR MARTIN LUTHER KING JR BLVD WARRENTON, NC 27589</b>
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V 289	Continued From page 12  During interview on 9/25/23 the Licensee reported: - the client was already admitted to the facility when she took over in 2021 - will follow up with client #3's medical providers	V 289		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.	V 513		

Division of Health Service Regulation

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V 513	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to promote a respectful environment for 6 of 6 clients (#1-#6). The findings are:</p> <p>Review on 9/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/21/23</li> <li>- diagnoses: Hyperlipidemia, Hypertension, Diabetes Type II, Schizophrenia &amp; Intellectual Developmental Disability</li> </ul> <p>Review on 9/25/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 7/18/21</li> <li>- diagnosis of Chronic Schizophrenia</li> </ul> <p>Review on 9/25/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2011</li> <li>- diagnoses of Diabetes, Mild Intellectual Developmental Disability &amp; Hypertension</li> </ul> <p>Observation on 9/25/23 at 12pm revealed the following:</p> <ul style="list-style-type: none"> <li>- a white wire with metal end piece hung on the side of the unlocked refrigerator</li> </ul> <p>During interview on 9/25/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- refrigerator "supposed to be locked"</li> <li>- "it's locked all day"</li> <li>- will ask staff if he needed anything out of the refrigerator</li> <li>- was ok with the refrigerator being locked</li> <li>- was not sure why the refrigerator was locked</li> </ul> <p>During interview on 9/25/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- the refrigerator was locked daily</li> <li>- previous owners locked the refrigerator</li> <li>- a former client stole from the refrigerator during the night when the previous owners were there</li> </ul>	V 513		

Division of Health Service Regulation

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V 513	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- the lock remained on the refrigerator</li> </ul> <p>During interview on 9/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the refrigerator was always locked</li> <li>- she unlocked it due to the surveyors being at the facility</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- was not aware the refrigerator was locked</li> <li>- when she made visits to the facility, it was not locked</li> </ul> <p>During interview on 9/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- was not aware the refrigerator was locked</li> <li>- will ensure the refrigerator remained unlocked</li> </ul>	V 513		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the grounds were maintain in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 9/25/23 at 12pm during the facility's tour revealed:</p> <ul style="list-style-type: none"> <li>- spider webs covered the screens of the windows</li> <li>- client #1 &amp; #2's bedroom door had strips of</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2023</b>
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V 736	<p>Continued From page 15</p> <p>wood peeled off or hanging from their bedroom door</p> <ul style="list-style-type: none"> <li>- a hole the size of a baseball in the wall near client #1's bed</li> <li>- client #6's bedroom had clothes piled in corners with miscellaneous items piled on a dresser</li> <li>- bathroom in hallway had a brown substance build up around the commode and tub</li> </ul> <p>During interview on 9/25/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- visited the facility a week ago</li> <li>- does not have her notes but noticed some repairs needed at the facility</li> <li>- the Licensee was out of town at the time and she had not spoken with her about the repairs</li> </ul> <p>During interview on 9/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she was not aware any repairs were needed to the facility</li> <li>- will contact maintenance to complete the repairs</li> </ul>	V 736		