

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/20/2023
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on October 20, 2023. The complaint was unsubstantiated (intake #NC00208407). 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 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</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"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</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>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 interviews, one of one Associate Professional (the Director/Associate Professional) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are:</p> <p>Review on 10/18/23 of the personnel record for the Director/Associate Professional revealed: -Date of hire was 2/24/07.</p> <p>Review of 10/17/23 of a video taken by staff #1 on his personal cellphone revealed: -The video was recorded on 10/8/23 and was 3 minutes and 49 seconds in duration. -Staff #1 recorded client #1 while he was having a behavior in his bedroom. -Client #1 was crying, screaming and grunting. -Client #1 tried to open the window and said "I'm running away, I hate this place." -Throughout the video client #1 could be heard saying the following: "Leave me alone, I'm not</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>doing anything to you." "You never know when to leave me alone, stop messing with me, now I'm in trouble because you." "Then [the Director/Associate Professional] going to be fussing at me because you don't know how to stop coming in my room." "Leave me alone, stop coming in my room, stop, you in here messing with me, please stop."</p> <p>Interview on 10/18/23 with client #1 revealed: - "Staff record them all the time with their cellphones whenever they act up." - "Staff send [the Director/Associate Professional] the videos and they get in trouble."</p> <p>Interview on 10/18/23 with client #2 revealed: - Staff recorded them sometimes with their cellphones if they are having behaviors at the facility. - He wasn't sure why staff were recording them.</p> <p>Interview on 10/18/23 with client #3 revealed: - Whenever they have behaviors staff will sometimes record them with their cellphones. - He thought staff were recording them to show the Director/Associate Professional.</p> <p>Interviews on 10/17/23 and 10/19/23 with staff #1 revealed: - He started recording client #1 with his cellphone during the incident on 10/8/23. - The Director/Associate Professional told staff "when something happens to record the clients, because clients lie on staff." - "I have been recording clients having behaviors with my cellphone since I started at the facility last year in April 2022."</p> <p>Interview on 10/18/23 with staff #2 revealed: - They sometimes record clients while they have</p>	V 109		

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V 109	Continued From page 3 behaviors. -"The [Director/Associate Professional] told them to do that, because sometimes the clients lie about incidents with staff." Interviews on 10/18/23 and 10/19/23 with the Director/Associate Professional revealed: -"I have been encouraging staff to record incidents the clients are having with their personal phones." -Staff record the incidents because the clients "will lie and say staff hurt them." -"There are too many incidents with the clients and the clients are constantly lying and being manipulative." -"I'm trying to take precautions and protect my staff." -They have been recording incidents with the clients on cell phones for about the last year. -Staff send her the videos of the incidents. -She also send the videos from the phones to some of the parents, "so they can observe the clients behaviors."	V 109		
V 114	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.	V 114		

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V 114	<p>Continued From page 4</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are:</p> <p>Reviews on 10/17/23 and 10/18/23 of the facility's fire and disaster drill logs dated 11/14/22 to 10/10/23 revealed:</p> <ul style="list-style-type: none"> -There was no fire drill conducted on 2nd shift for the 3rd quarter (July, August, September) of 2023. -There was no disaster drill conducted on 2nd shift for the 4th quarter (October, November, December) of 2022. -There were no disaster drills conducted on 1st or 2nd shift for the 3rd quarter (July, August, September) of 2023. <p>Interview on 10/18/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He was admitted to the facility in May 2023, and completed one fire drill. -The facility did not complete any disaster drills. <p>Interview on 10/18/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -The facility completed fire drills. -The facility never completed disaster drills. <p>Interview on 10/18/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -He was admitted to the facility 4 months ago. -Staff had not completed any disaster drills. <p>Interview on 10/20/23 with Client #4 revealed:</p> <ul style="list-style-type: none"> -The facility completed fire and disaster drills. 	V 114		

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V 114	Continued From page 5 Interview on 10/18/23 with Staff #2 revealed: -He worked 1st shift at the facility. - Staff completed fire and disaster drills monthly with clients. -The last fire and disaster drill was "about 2-3 weeks ago." Interviews on 10/17/23 and 10/20/23 with the Program Director revealed: -The facility operated under two shifts. -First shift was from 7:00am to 7:00pm. -Second shift was from 7:00pm to 7:00pm. -There may be some additional documentation of fire and disaster drills in the storage unit. -They moved older paperwork to a storage unit.	V 114		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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 as defined by G.S. 131E-201 are being provided. 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. c. Misappropriation of the property of a	V 132		

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V 132	<p>Continued From page 6</p> <p>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 reviews and interviews, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>Review on 10/18/23 of staff #1's personnel record revealed: -Date of hire was 4/15/22. -He was hired as a Paraprofessional.</p> <p>Review on 10/17/23 of client #1's record</p>	V 132		

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V 132	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/9/23. -Diagnoses of Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder. -He was 12 years old. -Psychological Evaluation completed 10/26/20-His behavioral issues include failure to conform to rules, arguing with caregivers, lying and easily aroused hostility. He is also non-compliant with household rules. He had a history of being argumentative, oppositional behavior, truancy, dishonesty, runaway behavior, use of inappropriate language, verbal aggression, physical aggression, temper tantrums and destruction of property. <p>Review on 10/18/23 of an In-house incident report dated 10/8/23 for client #1 revealed: -"[Client #1] was in trouble because he was fight in morning and at 2:15 [client #1] asked staff to take him out and he said no because and [client #1] went to his room and he closed the door so hard and staff told him to keep your door open because I can see you don't hurt yourself, he didn't listen and he start yelling and cursing the staff and it take 4-5 minutes and then he start destroying the property and staff did the child standing hold for 3 minutes then he calm down."</p> <p>Review on 10/16/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for an allegation of abuse against staff #1 related to him assaulting client #1 on 10/8/23.</p> <p>Interview on 10/17/23 with the Program Director revealed:</p>	V 132		

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V 132	<p>Continued From page 8</p> <p>-There was an incident with client #1 and staff #1 on 10/8/23. -After the incident client #1 alleged staff #1 assaulted him. -Client #1 alleged staff #1 "slammed him." -He did not report the allegation of abuse with staff #1 and client #1 to HCPR. -"I have no reason for not reporting to HCPR, other than trying to get all the facts together about the incident." -He confirmed the agency failed to report the allegations of abuse to HCPR within five working days.</p> <p>Interview on 10/18/23 with the Director/Associate Professional revealed: -She was aware of the incident with client #1 and staff # on 10/8/23. -Client #1 alleged "[staff #1] picked him up and slammed him on the floor." -It was not reported to HCPR because they get confused about when to report incidents." -She confirmed the agency failed to report the allegations of abuse to HCPR within five working days.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	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 (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: (1) attending to the health and safety needs</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</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</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>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 applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a policy governing their response to Level III incidents as required. The findings are:</p> <p>Review on 10/18/23 of staff #1's personnel record revealed: -Date of hire was 4/15/22. -He was hired as a Paraprofessional.</p> <p>Review on 10/17/23 of client #1's record revealed: -Admission date of 5/9/23. -Diagnoses of Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder. -He was 12 years old. -Psychological Evaluation completed 10/26/20-His behavioral issues include failure to conform to rules, arguing with caregivers, lying and easily aroused hostility. He is also non-compliant with household rules. He had a history of being argumentative, oppositional behavior, truancy, dishonesty, runaway behavior,</p>	V 366		

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V 366	<p>Continued From page 12</p> <p>use of inappropriate language, verbal aggression, physical aggression, temper tantrums and destruction of property.</p> <p>Review on 10/18/23 of an In-house incident report dated 10/8/23 for client #1 revealed: -"[Client #1] was in trouble because he was fight in morning and at 2:15 [client #1] asked staff to take him out and he said no because and [client #1] went to his room and he closed the door so hard and staff told him to keep your door open because I can see you don't hurt yourself, he didn't listen and he start yelling and cursing the staff and it take 4-5 minutes and then he start destroying the property and staff did the child standing hold for 3 minutes then he calm down."</p> <p>Review on 10/16/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for an allegation of abuse against staff #1 related to him assaulting client #1 on 10/8/23. -There was no documentation to determine: The cause of the incident; If the facility developed and implemented corrective measures according to the provider specified timeframes not to exceed 45 days; no measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days and assigning person(s) to be responsible for implementation of the corrections and preventive measures.</p> <p>Interview on 10/17/23 with the Program Director revealed: -There was an incident with client #1 and staff #1 on 10/8/23. -After the incident client #1 alleged staff #1 assaulted him. -Client #1 alleged staff #1 "slammed him."</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/20/2023
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215
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V 366	<p>Continued From page 13</p> <p>-"I didn't do a report in IRIS because there was no restraint and [staff #1] didn't touch him." -He confirmed the facility failed to implement a policy governing their response to Level III incidents as required.</p> <p>Interview on 10/18/23 with the Director/Associate Professional revealed -She was aware of the incident with client #1 and staff # on 10/8/23. -Client #1 alleged "[staff #1] picked him up and slammed him on the floor." -"Most of the time [the Program Director] put reports in IRIS, however he did not for that incident." -She didn't know why the Program Director failed to put that incident into IRIS. -She confirmed the facility failed to implement a policy governing their response to Level III incidents as required.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified 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</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (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> <ol style="list-style-type: none"> (1) medication errors that do not meet the 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>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p>	V 367		

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V 367	Continued From page 16 Refer to V-366 regarding implementing a policy governing their response to Level III incidents. -There was an allegation of physical abuse on 10/8/23 involving staff #1 and client #1. -Review of the North Carolina Incident Reporting Improvement System (IRIS) revealed the Program Director and Program/Associate Professional failed to report the above incidents to the LME/MCO within 72 hours.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/17/23 at approximately 10:15am revealed: -Client #4's bedroom window had 3 missing panes approximately 6 x 7 inches. -The bathtub and shower had pea size brown stains along the rim of the tub. -The bathroom sink was clogged and had slow drainage of water. -4 broken slats on the window blinds in the dining room area. -3 broken slats on the window blinds in Client #2 and Client #3's bedroom. -2 broken slats on the window blinds in the bathroom.	V 736		

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> -Microwave handle was missing. -1 hole approximately 2 inches in diameter on the wall in the staff sitting area. -10 wooden panels were peeling away from the kitchen walls. - The front entrance storm door was misaligned and scraped the concrete when door was opened. <p>Interview on 10/20/23 with Client #4 revealed:</p> <ul style="list-style-type: none"> - "I broke it [bedroom window] about two weeks ago, because I was mad." <p>Interviews on 10/17/23 and 10/20/23 with the Program Director revealed:</p> <ul style="list-style-type: none"> -Client #4 broke his window about 2 weeks ago. - "When everyone gets mad, they go for the windows." -He had not talked to the landlord regarding the issues with the facility. The Director/Associate Professional talked to landlord. -They replaced the blinds "frequently," but the clients broke them "often." - "I do what I can." <p>Interview on 10/18/23 with the Director/Associate Professional revealed:</p> <ul style="list-style-type: none"> -She was aware of maintenance issues with facility. -The Program Director and staff #2 were taking care of some of those issues. -She did not own the facility, she was renting it from someone else. -She talked to the landlord about the maintenance issues, however he had not made the repairs. 	V 736		