Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		MHL0411222	B. WING		11/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AGAPE H	OME LIVING CARE, LLC	310 FIELDS				
	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	GREENSB	ORO, NC 2740	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	Έ
V 000	INITIAL COMMENTS		V 000			
	An annual and compl on November 6, 2023 unsubstantiated (Intal Deficiencies were cite	ke #NC00209150).				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
		d for 6 and currently has a rey sample consisted of ents.				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	10A NCAC 27G .0208 TREATMENT/HABILI PLAN	5 ASSESSMENT AND TATION OR SERVICE				
	(c) The plan shall be assessment, and in p legally responsible pe	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days.				
	(d) The plan shall ind (1) client outcome(s) achieved by provision projected date of achi (2) strategies;) that are anticipated to be of the service and a				
	(3) staff responsible(4) a schedule for re	view of the plan at least on with the client or legally				
	(5) basis for evaluation outcome achievement	on or assessment of				
	responsible party, or	a written statement by the such consent could not be				

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

(X6) DATE TITLE

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		MHL0411222	B. WING			/06/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE		
ACADE U	OMELIVING CARE LLC	310 FIEL	DS STREET			
AGAPE H	OME LIVING CARE, LLC	GREENS	BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	1	V 112			
	interviews, the facility strategies or goals in plan to address the no (#1 and #2). The findi Observations on 11/6 of the kitchen reveale -The refrigerator and located in the commo den area and the kitcl -This space was used	staff failed to implement the treatment/habilitation eeds of 2 of 3 audited clients ngs are: /23 at approximately 2:05pm d: the upright freezer were n area that connected the nen area				
	-The Licensee kept the Review on 11/3/23 of -An admission date of -Diagnoses of Mild to Combined Type, Autis Oppositional Defiant If -Age 24 -An assessment date 12th grade, is being to location under the san continued to go AWO from the facility and de transported by EMS (Moderate IDD, ADHD sm Spectrum Disorder and Disorder d 2/8/22 noted "completed ransitions from another me agency umbrella, he has L (Absent Without Leave) emanded that he be				

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STATE FORM 6899 ECPT11 If continuation sheet 2 of 9

Division of Health Service Regulation

DIVISION	of Health Service Regu	lation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		MUI 0444222	B. WING		44/0	0/0000
		MHL0411222			11/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		310 FIEL	OS STREET			
AGAPE H	OME LIVING CARE, LLC	GREENS	BORO, NC 2740	05		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 112	Continued From page	. 2	V 112			
V 112			112			
	to a home visit, has a	n extensive history of				
	eloping from placeme	ents over the last 5 years,				
	has had 10 + group h	ome placements, was				
	molested as a child, r	no prior work history, has a				
	great relationship with	n his mother and father was				
	well as his sister, very	religious, loving listening to				
	sermons and gospel i	music, has touched others				
	inappropriately, arrest	t history of inappropriate				
	sexual behaviors, has	dental issues and is to be				
	on a strict low calorie	diet, needs redirection,				
	prompting and demor	nstration for tasks and				
		overeats daily if allowed and				
	needs to follow the di	et of low sodium and low				
	calorie and has hyper	somnia and will sleep all				
	day if allowed."	·				
	-	ed 1/1/23 noted "will learn				
	•	pendent living skills such as				
		king medication, bathing				
		es with assistance of staff				
	_	task with no more than 3				
		his ability to engage in				
		ate interactions by having a				
		ency of physical and verbal				
	aggressiveness towar					
	prompted no more that	an 2 times, will enhance his				
	coping skills and sym	ptoms at least 3 times a				
	week with no more th					
		nt plan, dated 10/31/23,				
		ate into his environment				
	_	etworking services allowing				
		es such as the gym, park,				
		cialize with others. He likes				
	,	He will integrate into his				
		in meaningful community				
		ndependence and develop				
		nmunity. He likes to go for				
		out to eat and be around				
	others."	2 2 2 2 2				
		gies or goals in client #1's				
		ress why client #1 needed a				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0411222	B. WING		11/06/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		310 FIELI	OS STREET		
AGAPE H	OME LIVING CARE, LLC	GREENS	BORO, NC 2740	05	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	: 3	V 112		
	combination lock on the refrigerator/freezer	he double handles of the			
	-An admission date of -Diagnoses of Intellect Schizophrenia -Age 49 -An assessment date and outgoing person, previously at [a state of multiple hospitalizate he has had several mothers and singing lou adjusting to the currer as children, needs to cigarettes his is smok pack a day, has been and his peers and has be 'released to the strength memories and will enupset or doesn't get his schizophrenic strength.	d 6/8/22 noted "is a friendly has family support, was psychiatric hospital], history tions, hospital records show anic episodes, intruding on adly, struggling with at facility, refers to his peers limit the amount of ing which is currently at a argumentative with staff is requested several times to reets', has distressing dorse delusions, when he is is way, he has a history of			
	problems resulting in prescribed medication cigarettes but it was usedirection, prompting takes and everyday litto the bathroom through extremely fast and is will make threats when perform James Brown -A treatment plan date to complete everyday completing a proper healily chores, maintain	n to reduce cravings for insuccessful, needs and demonstration for ving skills, constantly goes ghout the night, eats at risk for indigestion and in he is upset and loves to a concerts." ded 8/17/23 noted "will learn living tasks such as a sygiene routine, completing using a clean living space with I prompts, will learn effective			

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aggression, will learn to use these skills at least 3

out of 5 times when he is upset or feels

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0411222	B. WING		11/06/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
AGAPE H	OME LIVING CARE, LLC	E LIVING CARE, LLC 310 FIELDS STREET GREENSBORO, NC 27405					
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	N (X5)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
V 112	Continued From page	2 4	V 112				
	to take his medication than 2 out of 7 days r physician's orders." -There were no strate treatment plan to add combination lock on t refrigerator/freezer	l conditions and learn how n appropriately with no more					
	revealed: -They were not sure why there were locks on both the refrigerator and the freezer Interview on 11/6/23 with the Qualified Professional (QP) revealed: -Was responsible for writing the treatment plans for client #1 and #2 -Was aware there were locks on the refrigerator and the freezer -Had not added any goals or strategies to client #1 and client #2's treatment plans to address why there was a need for the locks						
	-Had put locks on the to clients taking food -The QP was respons treatment plans	sible for writing the clients' lients' treatment plans e need as to why the					
V 513	27E .0101 Client Righ Alternative	nts - Least Restictive	V 513				
	10A NCAC 27E .0101 ALTERNATIVE	LEAST RESTRICTIVE					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR\	
7.112 7 27 11 1	or dorate of the transfer of t	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TOTA	A. BUILDING: _		OOM LETE	
		MHL0411222	B. WING		11/06/2	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
AGAPE H	OME LIVING CARE, LLC		S STREET			
	I	GREENSE	BORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 513	Continued From page	e 5	V 513			
	that promote a safe at These include: (1) using the leappropriate settings at (2) promoting of skills that are alternatively self or others; (3) providing characteristics and providing of the client/legally respectively by The use of a restrongedure designed to always be accompaning the dignity and resintervention. These in (1) using the in and	coping and engagement cives to injurious behavior to enoices of activities ents served/supported; and control over decisions with consible person and staff. Frictive intervention to reduce a behavior shall eid by actions designed to expect during and after the				
	interviews, the facility using the least restric	ns, record reviews and failed to provide services tive and most appropriate of 3 audited clients (#1 and				
	of the kitchen reveale -The refrigerator and located in the commo den area and the kitc -This space was used	the upright freezer were on area that connected the hen area				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			.,
		MHL0411222	B. WING		11	1/06/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
AGAPE H	OME LIVING CARE, LLC		DS STREET			
			SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 513	Continued From page	e 6	V 513			
	sides.					
	-The Licensee kept th	ne keys to these appliances				
	Review on 11/3/23 of	client #1's record revealed:				
	-An admission date o					
		Moderate IDD, ADHD				
	Oppositional Defiant	sm Spectrum Disorder and				
	-Age 24	Disorder				
	-No documents were signed by client #1's Legal					
	Guardian (LG) that lo					
	refrigerator and freez	er				
		client #2's record revealed:				
	-An admission date o					
	Schizophrenia	ctual Disability, and Mild				
	-Age 49					
		signed by client #1's Legal				
	Guardian (LG) that lo					
	refrigerator and freez	еі				
		with staff #1 revealed:				
		y took them off. Food was				
		She (the Licensee) spends ceries. They get fed good				
	_	II. Food was going away				
		locks on (the refrigerator				
	and freezer) helped."					
	Interview on 11/6/23 v	with House Manager				
		on the refrigerator and				
	, ,	ause clients are sneaking in				
	there to get foodit h	nas been excellent (no				
	clients sneaking food					
	fridge/freezer (into the Interview on 11/6/23)	•				
	Professional revealed					
		erator and freezer's a lock				

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
	MHL0411222	B. WING		11/00	6/2023
ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OME LIVING CARE LLC	310 FIELDS	STREET			
OWE LIVING CARE, LLC	GREENSBO	ORO, NC 2740	05		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
Continued From page	e 7	V 513			
on them, that restricte	ed client #1's and client #2's				
Interview on 11/6/23 v	with the Licensee revealed:				
-	-				
	its were taking food out of				
	emove the locks from both				
27G .0303(c) Facility	and Grounds Maintenance	V 736			
EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS ts grounds shall be clean, attractive and orderly				
Based on observation was not maintained in	ns and interviews, the facility n a clean and attractive				
revealed:					
•	•				
	_				
	Continued From page on them, that restricte access to food Interview on 11/6/23 and them -Would immediately refrigerator and the 27G .0303(c) Facility 10A NCAC 27G .0303 (c) EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation was not maintained in manner. The findings Observations on 11/6 revealed: -The ceiling fans had -The kitchen floor need cleaned -In client #1's bedroof stored in the middle of the clients' 1st bat dirty and had numerod covered the bathroom -In the client's 1st bat pipe that was not seed -In client #2's bedroof missing knobs on the	MHL0411222 ROVIDER OR SUPPLIER STREET ADD 310 FIELDS GREENSB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 on them, that restricted client #1's and client #2's access to food Interview on 11/6/23 with the Licensee revealed: -The locks were placed on the refrigerator and freezer because clients were taking food out of them -Would immediately remove the locks from both the refrigerator and the freezer 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 observations and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observations on 11/6/23 at 2:05pm of the facility revealed: -The ceiling fans had layers of dust -The kitchen floor needed to be regrouted and	MHL0411222 STREET ADDRESS, CITY, STA 310 FIELDS STREET GREENSBORO, NC 2740 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 on them, that restricted client #1's and client #2's access to food Interview on 11/6/23 with the Licensee revealed: -The locks were placed on the refrigerator and freezer because clients were taking food out of them -Would immediately remove the locks from both the refrigerator and the freezer 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 observations and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observations on 11/6/23 at 2:05pm of the facility revealed: -The ceiling fans had layers of dust -The kitchen floor needed to be regrouted and cleaned -In client #1's bedroom, there were 4 chairs stored in the middle of his room -In the clients' 1st bathroom's toilet had a flush pipe that was not securely connected to the wall -In client #2's bedroom the 5-drawer dresser was missing knobs on the first drawer and it was	STECETION BUILDING: MHL0411222 B. WING	MHL041122 B. WING

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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE, LLC 310 FIELDS STREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET GREENSORO, NC 27405 PROPERTY TAG SUMMAYS STATEMENT OF DEFICIENCIES FREET TAG FREGULATORY OR LISC IDENTIFYING INFORMATION) V736 -In client 825 bedroom, the ceiling was repaired with white tape, paint and putty -In client 825 bedroom had a strong odor of urine -Client 845 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The fielnts' 270 bedroom had a strong odor of urine -The back porch area had broken chairs Interview on 11/6/23 with the Qualified Professional (QP) revealed: -"There was a leak in [client #2]'s bedroom before and It hought she (the Licensee) got that fixed. That was back in 2021." -"Client #3]'s matters in new and is supposed to have a virnly covering on it that can be wiped down is no of the newer clients and we will address it. He uses the bathroom on himself also"Repairs' I know there something with the water pressure in the kitchen" Interview on 11/6/23 with the Licensee revealed: -"The facility could use a good cleaning! was thinking of hiring someone to come once a week"The facility could use a good cleaning! was thinking of hiring someone to come once a week"The facility could use a good cleaning! was thinking of hiring someone to come once a week"The facility could use a good cleaning! was		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
AGAPE HOME LIVING CARE, LLC CALL DISSUMMARY STATEMENT OF DEFICIENCIES CALL DEFICIENCY MUST BE PRECEDED BY FULL (FACH DEFICIENCY) V 736			MHL0411222	B. WING		11/0	6/2023
CALL CALL	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFIX REACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REACH DEFICIENCY PREFIX REACH DEFICIENCY PROVIDERS INLAN OF CORRECTION	AGAPE H	OME LIVING CARE, LLC			_		
PREFIX TAG EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG		CUMMADVCT				\1	
-In client #2's bedroom, the ceiling was repaired with white tape, paint and putty -In client #3's bedroom had a strong odor of urine -Client #3's mattress was stained with urine -Client #4's bed sagged in the middle -Client #4's bedroom had a strong odor of urine -The clients' 2nd bathroom had a strong odor of urine -The fish tank (used to house a turtle for the past two years) in the hallway had a rusted cover and was dirty -The back porch area had broken chairs Interview on 11/6/23 with the Qualified Professional (QP) revealed: -"There was a leak in [client #2]'s bedroom before and I thought she (the Licensee) got that fixed. That was back in 2021." -"[Client #3]'s mattress is new and is supposed to have a vinyl covering on it that can be wiped downhe is one of the newer clients and we will address it. He uses the bathroom on himself also"Repairs' I know there something with the water pressure in the kitchen" Interview on 11/6/23 with the Licensee revealed: -"The facility could use a good cleaning. I was thinking of hiring someone to come once a week" -There was a water leak in client #2's ceiling -"I got that repaired." -"Would ensure client #2's drawer was replaced	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
with white tape, paint and putty -In client #3's bedroom had a strong odor of urine -Client #4's bed sagged in the middle -Client #4's bed sagged in the middle -Client #4's bed sagged in the middle -The clients' 2'nd bathroom had a strong odor of urine -The clients' 2'nd bathroom had a strong odor of urine -The fish tank (used to house a turtle for the past two years) in the hallway had a rusted cover and was dirty -The back porch area had broken chairs Interview on 11/6/23 with the Qualified Professional (QP) revealed: -"There was a leak in [client #2]'s bedroom before and I thought she (the Licensee) got that fixed. That was back in 2021." -"[Client #3]'s mattress is new and is supposed to have a vinyl covering on it that can be wiped downhe is one of the newer clients and we will address it. He uses the bathroom on himself also"Repairs? I know there something with the water pressure in the kitchen" Interview on 11/6/23 with the Licensee revealed: -"The facility could use a good cleaning. I was thinking of hiring someone to come once a week Interview as a water leak in client #2's ceiling -"I got that repaired." -"Would ensure client #2's drawer was replaced	V 736	Continued From page	e 8	V 736			
	V 730	-In client #2's bedroor with white tape, paint -In client #3's bedroor -Client #3's mattress -Client #4's bed sagg -Client #4's bedroom -The clients' 2nd bath urine -The fish tank (used to two years) in the hallowas dirty -The back porch area Interview on 11/6/23 or Professional (QP) reventation -"There was a leak in and I thought she (the That was back in 202 -"[Client #3]'s mattress have a vinyl covering downhe is one of the address it. He uses the "Repairs? I know the pressure in the kitched Interview on 11/6/23 or "The facility could us thinking of hiring som" -There was a water lecting the sould ensure client "Would ensure client"	and putty m had a strong odor of urine was stained with urine ed in the middle had a strong odor of urine room had a strong odor of o house a turtle for the past way had a rusted cover and had broken chairs with the Qualified realed: [client #2]'s bedroom before e Licensee) got that fixed. 1." s is new and is supposed to on it that can be wiped e newer clients and we will ne bathroom on himself also. are something with the water in" with the Licensee revealed: e a good cleaning. I was eone to come once a week eak in client #2's ceiling #2's drawer was replaced	V 730			

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