PRINTED: 05/19/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GUILFORD IV SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EX-OLD TIONY OR LS2 DERIFFING IN CHARATON) PROTECTION OF CLIENTS RIGHTS CFR(s): 483-420(s)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility fladed to assure that privacy was maintained for 1 of 6 clients (#5) during personal care. The finding is: Observation in the group home on 5/15/23 at 4.45 PM revealed client #5 to finish with dinner meal. Continued observation revealed staff A to approach the bathroom and use the toliet with the door open. Subsequent observation revealed staff A to approach the bathroom while the client was tolleting and knock on the door frame prompting client #5 to wash his hands. Observation revealed client #5 to go and use the bathroom and use the bathroom and use the other work of the continued observation revealed client #5 to go and use the bathroom and use the client with the door open and light off. Further observation revealed client #5 to go and use the bathroom and use the bath	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		e) MULTIPLE CONSTRUCTION BUILDING		E SURVEY PLETED	
UNITORD IV IN SUMMARY STATEMENT OF DEFICIENCIES (CAG) DEFICIENCY MUST BE PRECEDED BY PILL (PAG) DEFICIENCY ACTION IS HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY. W 130 PROTECTION OF CLIENTS RIGHTS CFR(s): 483-420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that privacy was maintained for 1 of 6 clients (#5) during personal care. The finding is: Observation in the group home on 5/15/23 at 4:45 PM revealed client #5 to finish with dinner meal. Continued observation revealed staff A to prompt client #5 to go and use the bathroom. Further observation revealed staff to the ord or pen and light off. Further observation in the group home on 5/16/23 at 6:29 AM revealed staff to walk away and to not close the bathroom door for privacy. Observation in the group home on 5/16/23 at 6:29 AM revealed staff to walk away and to not close the bathroom door or pen and light off. Further observation revealed the client to exit the bathroom and go into the sitting are next to the dining room. At no time during this observation was staff observed to close the bathroom door for privacy. Review of record on 5/18/23 for client #5 revealed a person-centered plan dated 777/22. Continued review of record for client #5 revealed an person-centered plan dated 777/22. Continued review of record for client #5 revealed an person-centered plan dated 777/22. Continued review of record for client #5 revealed an person-centered plan dated 777/22. Continued review of record for client #5 revealed an person-centered plan dated 777/22. Continued review of record for client #5 revealed an person-centered plan dated 777/22. Continued review of rec		34G355		B. WNG		05	05/16/2023	
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) PROTECTION OF CLIENTS RIGHTS CF(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record reviewe and interview, the facility failed to assure that privacy was maintained for 1 of 6 clients (#5) during personal care. The finding is: Observation in the group home on 5/15/23 at 4:45 PM revealed client #5 to go and use the bathroom. Further observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed client #5 to enter the bathroom and go into the sitting area next to the dining room. At not time during this observation was staff observed to close the bathroom door for privacy. Review of record on 5/16/23 for client #5 revealed a person-centered plan dated 7/7/22. Continued review of record for client #5 revealed an					404 SKEET CLUB ROAD	DE		
CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that privacy was maintained for 1 of 6 clients (#5) during personal care. The finding is: Observation in the group home on 5/15/23 at 4:45 PM revealed client #5 to finish with dinner meal. Continued observation revealed staff A to prompt client #5 to go and use the bathroom. Further observation revealed client #5 to enter the bathroom and use the toilet with the door open. Subsequent observation revealed staff A to approach the bathroom while the client was toileting and knock on the door frame prompting client #5 to wash his hands. Observation revealed staff A to approach the bathroom confor frame prompting client #5 to to anter the bathroom door for privacy. Observation in the group home on 5/16/23 at 6:29 AM revealed staff D to prompt client #5 to go and use the bathroom and use the toilet with the door open and light off. Further observation revealed the client to exit the bathroom and go into the sitting area next to the dining room. At no time during this observation was staff observed to close the bathroom door for privacy. Review of record on 5/16/23 for client #5 revealed a person-centered plan dated 7/7/22. Continued review of record for client #5 revealed an	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
ARORATORY DIRECTOR'S OR PROVIDER/SLIPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	W 130	CFR(s): 483.420(a)(a) The facility must ensitherefore, the facility treatment and care of This STANDARD is Based on observation interview, the facility was maintained for 1 personal care. The find the continued observation in the graph revealed client #5 to go and us observation revealed bathroom and use the Subsequent observation to ileting and knock of client #5 to wash his revealed staff A to was bathroom door for proceeding the bathroom. Observation in the graph and the continued observation in the graph of the toilet with the doc observation revealed client #5 to the toilet with the doc observation revealed bathroom and go into dining room. At no tile was staff observed to privacy. Review of record on a person-centered plant of record for containing room of record for containing record of record for containing record f	ure the rights of all clients. If must ensure privacy during of personal needs. In the tas evidenced by: In the record review and failed to assure that privacy of 6 clients (#5) during onding is: If the prompt of	W 1	W 130 Staff will be in-serviced regarding privacy for cl specifically closing the door when using the bath assessments in the howeek for a period of on then on a routine basis In the future, the QP wiprivacy is ensured for a	ient #5 bathroom athroom. by me twice a ie month, thereafter. ill ensure		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that of deguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	(X3) DATE SURVEY COMPLETED			
34G355			B. WNG	05/16/2023			
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD HIGH POINT, NC 27265				
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W 260	Further review of the no independence and door for privacy. Interview with the quaprofessional (QIDP) is should be observing by closing the client's interview with the QID be with client #5 during PROGRAM MONITO CFR(s): 483.440(f)(2) At least annually, the must be revised, as a process set forth in particle to have evidentially for the control of the process of the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The facility failed that least annually for the findings are: A. The faci	ABI revealed client #5 has discannot close the bathroom diffied intellectual disabilities on 5/16/23 verified that staff privacy during personal care is bathroom door. Continued DP revealed that staff shoulding toileting. PRING & CHANGE Individual program plan appropriate, repeating the aragraph (c) of this section. In the tase evidenced by: liew and interview, the facility on that the person-centered clients (#3 and #4) were at least annually as required. To revise and update the PCP client #3. For example: To client #3 on 5/15/23 and 1/19/22. Continued record it #3 to have no evidence of the continued record it #3 to have no evidence of the continued record it #3 could not be located in the interviews with the all clients should have an	W 260	W 260 QP's will be in-serviced by the Administrator that the PCP be revised and updated at leannually. This will be monit through routine chart review the clinical team. In the futu QP will ensure each PCP is updated at least annually.	must east cored vs by ure the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
34G355			B. WNG		05/16/2023			
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W 260	B. The facility failed	e 2 to revise and update the PCP client #4. For example:	W 26	50				
	revealed a PCP date	or client #4 on 5/15/23 ed 5/3/22. Continued record nt #4 to have no evidence of CP.						
W 369	Interview with the QIDP on 5/16/23 verified that a current PCP for client #4 could not be located during the survey. Further interviews with the QIDP confirmed that all clients should have an updated PCP review at least annually. DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 6 clients (#3) observed during medication administration. The finding is: Observation in the group home on 5/16/23 at 7:00 AM revealed staff A to punch medications into a medicine cup for client #3. Continued observation revealed the medications placed in the cup to be Omega 3 Fish Oil 1000 mg capsule, Clozapine 25 mg 1 tablet, Simethicone 180 mg 1 capsule, Divalproex 500 mg 2 tablets, Acidophilus capsule, Montelukast 10mg 1 tablet, and Magnesium Oxide 400 mg 1 tablet. Further observation revealed staff A to measure Lactulose 10 g/15 ml 30 cc in a separate small cup, then mix the Lactulose with Kool-Aid in another cup, and to		W 36	All staff will be in-serviced				
				nurse regarding medication and ensuring people recemedications as prescribed will be medication pass observations two times at 4 weeks then on a routine thereafter. In the future, the and Nursing will ensuremedications are given as prescribed.	ive all the d. This week for basis			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NILIMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER GUILFORD IV				STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD HIGH POINT, NC 27265				
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W 369	measure Polyethyler mix it with water in a observation revealed containing Lactulose medications with the Polyethylene glycol. revealed client #3 to 7:02 AM and to receiprior to the end of medication administration administration administered Clorevealed physician of the 4/26/23 physic medications to be administration to the end of medications to be administration to the end of medications to be administration to the end of t	third cup. Subsequent I client to drink the cup I client to drink the cup I then to take all remaining Water containing Additional observation I leave the medication room at I we no further medications Orning observations at 8:25 5/16/23 at 7:00 AM during Ration revealed client #3 was I mazepam and Montegrity. I client #3 on 5/16/23 I reders dated 4/26/23. Review I redian orders revealed I ministered at 7:00 AM to I h Oil 1000 mg capsule, I ablet, Simethicone 180 mg 1 I tablet, Acidophilus I tomg 1 tablet, and I tomg 1 tablet, Lactulose 10 I olyethylene glycol powder 17 I he 4/26/23 physician orders I to be administered at 8:00 I tablet by mouth I tablet by mouth I tablet by mouth every day I tablet by mouth every day I record review revealed	W 36	69				

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Clonazepam and Medication administration. The system for druthat clients are taugmedications if the indetermines that seles an appropriate of does not specify of This STANDARD in Based on observations and the opportunity to present the opportunity to present the opportunity to present a self-administration. Observations in the 6:35 AM revealed stroom, remove sever medications from a medication from its paper cup, fill a glaresident #2 into the observation revealed medication room and paper cup of medications with the staff A and leave the Further observation identification of any regarding purpose Additional observativerbal and to engal	Motegrity during the morning stration. RATION (4) g administration must assure ght to administer their own interdisciplinary team (f-administration of medications bjective, and if the physician herwise. s not met as evidenced by: tions, record review and tem for drug administration of 6 clients (#2) observed administration was provided participate in medication. The finding is: g group home on 5/16/23 at staff A to enter the medication aral bubble packs of a plastic bin, punch each bubble pack into a small ss with water, then call a medication room. Continued and client #2 to enter the temporary to enter the temporary to enter the glass of water provided by the medication room at 6:42 AM. In revealed staff A to provide now medication nor education or side effects to the client. It it is not a staff and the client #2 to be ge in extended conversation	W 369	W 371 Staff will be in-serviced on encouraging people to be as independent as possible duri medication administration, in teaching the person what the are and what they are for	ing cluding
	SUMMARY (EACH DEFICIE REGULATORY CO Continued From particular and Medication administration administration and particular and	OVIDER OR SUPPLIER	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Clonazepam and Motegrity during the morning medication administration. DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications as an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and netrviews, the system for drug administration railed to assure 1 of 6 clients (#2) observed during medication administration was provided the opportunity to participate in medication self-administration. The finding is: Observations in the group home on 5/16/23 at 6:35 AM revealed staff A to enter the medication from its bubble pack so formedication from the bubble pack of medication from the bubble pack into a small paper cup, fill a glass with water, then call resident #2 into the medication room. Continued observation revealed client #2 to enter the medication room at 6:39 AM, receive a small paper cup of medications from staff A, take all medications with the glass of water provided by staff A and leave the medication room at 6:42 AM. Further observation revealed staff A to provide no dentification of any medication room at 6:42 AM. Further observation revealed client #2 to be verbal and to engage in extended conversation	A BUILDING 34G355 DIVIDER OR SUPPLIER IV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) COntinued From page 4 Clonazepam and Motegrity during the morning medication administration. DEFICIENCY) Continued From page 4 Clonazepam and Motegrity during the morning medication administration. DERICA DMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the system for drug administration failed to assure 1 of 6 clients (#2) observed during medication administration was provided the opportunity to participate in medication self-administration. The finding is: Observations in the group home on 5/16/23 at 3:35 AM revealed staff A to enter the medication from its bubble pack for medication from the bubble pack of medications with the glass of water provided by staff A and leave the medication room at 6:39 AM, receive a small paper cup, fill a glass with water, then call resident #2 into the medication from staff A, take all medications with the glass of water provided by staff A and leave the medication from at 6:42 AM. Further observations revealed client #2 to be verbal and to engage in extended conversation extended conversation extended conversation by extended conversation and to engage in extended conversation by extended conversat

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G355	B. WING		05/16/2023		
NAME OF PROVIDER OR SUPPLIER GUILFORD IV			40	REET ADDRESS, CITY, STATE, ZIP CODE 4 SKEET CLUB ROAD GH POINT, NC 27265			
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W 436	person-centered p Continued review to include attentio (ADHD), history o moderate, Tardive intolerance, hyper Interview with the Professional (QID verified client #2 s opportunity to par self-administration developmental lev SPACE AND EQU CFR(s): 483.470(The facility must f and teach clients choices about the hearing and other and other devices interdisciplinary te This STANDARD Based on observ interview, the faci eyeglasses for 1 of Observation in the 5/15-5/16/23 surv participate in varie watching television preparation and p the dinner and bre in medication admi	s for client #2 revealed a clan (PCP) dated 10/5/22. of the PCP revealed diagnoses in deficit hyperactivity disorder f Impulse Control Disorder, IDD is Dyskinesia, glucose ropia, and reflective error. Qualified Intellectual Disability in personal provided the ticipate in medication in based on the client's rel. JIPMENT g)(2) furnish, maintain in good repair, to use and to make informed in use of dentures, eyeglasses, in communications aids, braces,	W 436	W 436 The team will meet to disconfigure of glasses/goggles for clie program involving the use will be implemented for his be monitored through asset the home and at the vocat twice a week for a period weeks then on a routine by the the future of the ensure adaptive equipment available and in good repairs.	ent #1. A of glasses m. This will essments in tional center of four asis ne QP will nt is		

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W 440	Review of records for person-centered plan Continued review of a vision consult date of myopia with astign vision consults reveau prescription for eyeg Interview with staff A know about any eye with staff A revealed goggles but he would Interview on 5/16/23 disabilities profession nurse confirmed that prescribed eyeglass the facility nurse revigoggles in place; hor and the facility nurse revigile. The standard of the facility for This STANDARD is Based on review of facility failed to show drills were conducted relative to third shift. Review of the facility through 5/23 revealed times. Further review revealed a second secon	r client #1 revealed a n (PCP) dated 7/7/22. record for client #1 revealed d 10/12/20 with a diagnosis matism. Further review of the aled client #1 to have a new lasses. revealed that staff did not glasses. Continued interview that client #1 used to wear d break them. with the qualified intellectual nal (QIDP) and the facility t client #1 should be wearing es. Continued interview with ealed that the client had wever, he would break them s to have something in place ribed eyeglasses. LS) each shift of personnel. not met as evidenced by: record and interview, the v evidence that quarterly fire d with each shift of personnel	W4	W 440	nd standard of hift, including be monitored safety uture, the QP

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W 440	was no additional doconducting a third sh year. Interview with the queprofessional (QIDP)	cumentation available about ift drill during the review alified intellectual disabilities on 5/16/23 confirmed facility	W 440				
	for each shift. Contin	e been conducted quarterly nued interview with the QIDP ould be documenting					