

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-KAPLAN DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 KAPLAN DRIVE RALEIGH, NC 27606
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 24, 2024. The complaint was substantiated (Intake #NC00215452). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</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 and on each shift. The</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>findings are:</p> <p>Review on 4/24/24 of the facility's fire & disaster drill log revealed:</p> <ul style="list-style-type: none"> - 3/6/24 - fire drill completed at 9am - 2/1/24 - fire drill completed at 4:30pm - 2/1/24 - tornado drill completed at 10am - 3/9/24 - tornado drill completed at 6:30pm - next drill dated 7/8/21 <p>During interview on 4/15/24 client #3 reported:</p> <ul style="list-style-type: none"> - been at the facility 6 years - they have practiced fire drills - they went outside for fire drills - they have done tornado drills a few times - they got down on bathroom floor <p>During interview on 4/15/24 client #4 reported:</p> <ul style="list-style-type: none"> - they have done fire drills - they went to the park for fire drills <p>During interview on 4/15/24 client #5 reported:</p> <ul style="list-style-type: none"> - been at the facility for 8 years - recalls doing fire and tornado drills <p>During interview on 4/24/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - she and the Licensee were responsible for doing drills - shifts for the facility were 7am-3pm, 3pm-11pm and 11pm-7am - she would ensure drills were done 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep MARs current for 3 of 3 audited clients (#1, #2 & #5) and failed to assure medications were self-administered by a client when authorized in writing by a physician for 1 of 3 audited clients (#2). The findings are:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>I. The following are examples of how MARs were not kept current:</p> <p>A. Review on 4/19/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 5/5/21 - diagnoses: Schizophrenia; Schizoaffective Disorder, Bipolar Type; Gastroenteritis - an FL2 dated 4/4/24 revealed: <ul style="list-style-type: none"> - Atorvastatin Calcium 20 mg (milligrams) twice daily (cholesterol) - Paliperidone 234mg injection monthly (Schizophrenia) <p>Review on 4/19/24 of client #1's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> - no initials for March injection of Paliperidone - no documentation of administration of Atorvastatin Calcium from 4/11/24-4/15/24 <p>During interview on 4/24/24 client #1 reported:</p> <ul style="list-style-type: none"> - he got his medication daily - he received his Paliperidone injection in March of 2024 when the nurse came - nurse could not sign MAR because no staff was present <p>During interview on 4/17/24 the nurse reported:</p> <ul style="list-style-type: none"> - she saw him once a month - she was his mental health nurse - she has been going out for a year to give Paliperidone injections - client #1 received his March 2024 injection but she did not sign the March 2024 MAR - in March of 2024, no staff were present when she arrived <p>During interviews on 4/19/24 and 4/24/24 the Qualified Professional (QP) reported:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - missing initials for Atorvastatin Calcium from 4/11/24-4/15/24 was a documentation error - client #1 received the medication as ordered - not sure why the nurse did not sign for March 2024 injection - nurse did not call her <p>B. Review on 4/19/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 8/15/19 - diagnoses: Schizophrenia; Type 2 Diabetes Mellitus; Morbid Obesity; History of recurrent lower extremity cellulitis dependent edema - an FL2 dated 8/31/23: <ul style="list-style-type: none"> - Aspirin 81 mg daily (heart attack and stroke prevention) - Metoprolol Succinate 100 mg twice daily (high blood pressure) - Advair 100-50 twice daily (asthma) - Trulicity 1.5 mg/0.5 mL (milliliters) injection once weekly (diabetes) <p>Review on 4/19/24 of client #2's April MAR revealed:</p> <ul style="list-style-type: none"> - no documentation of administration of Aspirin from 4/12/24-4/19/24 - no documentation of administration of Metoprolol Succinate on the morning of 4/12/24 - no documentation of administration of Advair on the morning of 4/12/24 and evening of 4/17/24 <p>During interview on 4/24/24 the QP reported:</p> <ul style="list-style-type: none"> - missing initials for April 2024 dates on MAR were documentation errors - client #2 received the medication as ordered <p>C. Review on 4/17/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 4/19/16 - diagnosis: Schizophrenia, Hypertension, 	V 118		

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V 118	<p>Continued From page 5</p> <p>Hyperlipidemia, Diabetes</p> <ul style="list-style-type: none"> - a physician's order dated 3/12/24: <ul style="list-style-type: none"> - Spironolactone 25 mg daily (high blood pressure) - Hydrochlorothiazide 25 mg daily (high blood pressure) - Benazepril 40 mg daily (high blood pressure) - Amlodipine 10mg daily (high blood pressure) - Metformin 500 mg daily (diabetes) - Aspirin 81 mg daily (prevent heart attack or stroke) - a physician's order dated 3/19/24 for Potassium 20 mg daily (hypokalemia) - a physician's order dated 1/31/24: <ul style="list-style-type: none"> - Lorazepam 1 mg each night (anxiety) - Fenofibrate 145 mg daily (high cholesterol) <p>Review on 4/19/24 of client #5's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> - no documentation for administration of the following medications on 3/30/24 and 3/31/2024: Spironolactone, Hydrochlorothiazide, Potassium, Benazepril, Amlodipine, Metformin, Metoprolol, Aspirin, Fenofibrate, Lorazepam <p>During interviews on 4/19/2024 and 4/24/2024 the QP reported:</p> <ul style="list-style-type: none"> - missing initials for March dates on MAR were documentation errors - client #5 received the medication as ordered <p>During interviews on 4/19/24 and 4/24/24 the QP reported:</p> <ul style="list-style-type: none"> - she and the Licensee both reviewed MARs - she reviewed MARs quarterly - she thought the Licensee reviewed them on 4/16/24 	V 118		

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V 118	<p>Continued From page 6</p> <p>II. The following is an example of how the facility allowed a to client self administer medication without a physician's order:</p> <p>Review on 4/19/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Trulicity 1.5 mg/0.5 mL (milliliters) injection once weekly (diabetes) - no physician's order to self administer the Trulicity <p>During interview on 4/24/24 the QP reported:</p> <ul style="list-style-type: none"> - he administered his own insulin injections - would get a physician's order for client #2 to self administer Trulicity injection <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 3 audited clients (#1 & #5) treatment plan documented they were capable of remaining in the home & community without supervision. The findings are:</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>A. Review on 4/19/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/5/21 - diagnoses: Schizophrenia, Schizoaffective Disorder, bipolar type & Gastroenteritis - an assessment dated 11/30/23: "...8 hours unsupervised time in the community...not approved for unsupervised in the home..." <p>During interview on 4/24/24 client #1 reported:</p> <ul style="list-style-type: none"> - he had unsupervised time in the facility - had the option to remain in the facility when staff was not present - last month the nurse came to the facility to give him an injection - staff was not present at the facility - staff left without letting the clients know his whereabouts - all the clients were present <p>During interview on 4/17/24 client #1's nurse reported:</p> <ul style="list-style-type: none"> - one day last month she visited the facility to administer client #1's injection - spoke to the staff on duty prior to the visit - arrived to the facility and client #1 was outside - she entered the facility to administer the injection - several clients were present in the facility - she administered the injection and requested the Medication Administration Record - client #1 informed her staff was not present - attempted to reach the Qualified Professional (QP) with no success <p>* the nurse verified the QP's contact number</p> <p>During interview on 4/24/24 the QP reported:</p> <ul style="list-style-type: none"> - client #1, #3, #4 & #6 does not have 	V 290		

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V 290	<p>Continued From page 9</p> <p>unsupervised time in the facility</p> <ul style="list-style-type: none"> - was not aware client #1's nurse came to the facility and staff was not present - the staff that worked last month (March 2024), no longer worked for the facility <p>B. Review on 4/19/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/19/16 - diagnoses: Schizophrenia, Hypertension, Hyperlipidemia & Diabetes - an assessment dated 9/29/23: "... attends his medical appointments via public transportation...does not allow staff to transport him. There have not been any concerns or issues during his unsupervised time in home and community6 hours in community and 4 hours in home..." - no guardian's signature <p>Observation on 4/15/24 at 3:05pm revealed:</p> <ul style="list-style-type: none"> - client #5 arrived to the facility alone by foot with a bag in his hand <p>During interview on 4/15/24 client #5 reported:</p> <ul style="list-style-type: none"> - been at the facility for 8 years - when asked if he had unsupervised time, he replied "I plead the fifth" - his attorney advised him to say "I plead the fifth" <p>An attempted phone call was made to the guardian on 4/23/24 & 4/24/24</p> <p>During interview on 4/24/24 staff #1 reported:</p> <ul style="list-style-type: none"> - been at the facility a little over a week - was not sure which clients had unsupervised time in the home & community - management moved him often from facility to facility 	V 290		

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V 290	Continued From page 10 - it was difficult to keep up with which clients had unsupervised time During interview on 4/24/24 the QP reported: - client #5's guardian was aware he had unsupervised time - client #5's guardian lived out of state and it was difficult to get his signature - she trained staff #1 on which clients had unsupervised time in the home and community	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

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V 291	<p>Continued From page 11</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals who are responsible for the treatment for 1 of 3 audited clients (#1). The findings are:</p> <p>A. During interview on 4/16/24 client #1's Case Manager Social Worker reported:</p> <ul style="list-style-type: none"> - client #1 had missed a couple of psychiatrist appointments - he and the facility's Qualified Professional (QP) took client #1 to his appointments - if was not able to accompany client #1 to the appointment, the facility's QP would - some of the medical appointments were missed due to client #1's hospitalization - there were also times the physician had to reschedule the appointments <p>During interview on 4/17/24 client #1's mental health nurse reported:</p> <ul style="list-style-type: none"> - client #1 had missed several medical appointments - between 4/21/23 - 1/24/24 he missed 12 appointments - the missed appointments were either with his primary or psychiatrist - their system will not indicate no show appointments - some appointments he may have been 	V 291		

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V 291	<p>Continued From page 12</p> <p>missed due to hospitalizations</p> <p>During interview on 4/24/24 the QP reported:</p> <ul style="list-style-type: none"> - 4 of the 12 appointments missed for client #1 was not on her schedule to transport him - on 1 occasion, she went to pick up client #1 and he was not at the facility - the other appointments, he was hospitalized or the appointments were rescheduled <p>B. Review on ...of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/19/16 - diagnoses: Schizophrenia, Hypertension, Hyperlipidemia & Diabetes - a physician's order dated 9/11/23: "Check blood pressure (BP) as recommended" - a discontinue order dated 9/13/23 for daily blood sugar (BS) checks <p>Review on 4/19/24 of client #5's February 2024 MAR, March 2024 and April 2024 MAR revealed:</p> <ul style="list-style-type: none"> - daily BS checks from 4/1/24-4/19/24 - BP checked weekly in February 2024 and March 2024 - no BP checks for April 2024 <p>During interviews on 4/19/2024 and 4/24/2024 the QP reported:</p> <ul style="list-style-type: none"> - client #5 should have had BP checked weekly - she would get clarification about the 9/11/23 order for BP checks - client #5 should not have BS checks completed - BS checks were discontinued - would talk with staff about no longer checking BS 	V 291		
V 367	27G .0604 Incident Reporting Requirements	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-KAPLAN DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 KAPLAN DRIVE RALEIGH, NC 27606
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V 367	<p>Continued From page 13</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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 means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit,</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>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 or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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)</p>	V 367		

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V 367	<p>Continued From page 15 through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 4/24/24 of the IRIS revealed no level II incident reports.</p> <p>During 4/24/24 interview client #1 reported:</p> <ul style="list-style-type: none"> - he had a verbal altercation with a restaurant manager three months ago - police escorted him from the restaurant - police told him not to return - he went to court for the verbal altercation - court would dismiss charges if he took his medication and did not return to the restaurant - follow-up court date was on 10/23/23 <p>During 4/24/24 interview the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - learned of the incident in October of 2023 - client #1 did not tell her about the incident when it happened - he was at a restaurant downtown during his unsupervised time - he gestured at the manager with a "body part" - court dates were in February of 2024 and last 	V 367		

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V 367	Continued From page 16 week - case was dismissed as long as there were no issues in the community for 6 months, until 10/16/24 - incident report was not completed because she learned of the incident so long after it happened	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 was not maintained in an attractive and orderly manner. The findings are: Observation on 4/24/24 at 9:59am of the facility revealed: - couches in television area were sunken in and dirty - broken towel rack in bathroom - wall paint peeling in approximately a 12 inch square near commode - bedroom of client #3 and client #4 smelled of smoke - cigarette butts on floor in the bedroom - client #3's bed frame was bent and broken During interview on 4/24/24 staff #1 reported: - completed walk through of facility - there were no major issues - encouraged clients not to take cigarette butts off the ground into their bedrooms	V 736		

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V 736	Continued From page 17 During interview on 4/24/24 the Qualified Professional (QP) reported: <ul style="list-style-type: none"> - completed walk throughs when she was at the facility - constantly monitored to ensure they were not smoking in the facility - always checked rooms for cleanliness - the Licensee planned to replace mattress and bed frame for client #3 - the Licensee planned to replace couches in television area 	V 736		