	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED
		MHL091-001				04/22/2024
AME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, S			
	ON RECOVERY CEN	TER FOR MEN 1020 CC	OUNTY HOME F	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	rs	V 000			
	on April 22, 2024. T substantiated (Intal Deficiencies were of This facility is licens category: 10A NCA Living for Adults with	(e #NC00215704).				
		ed for 15 and currently has a survey sample consisted of clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at lease repeated for each se under conditions the	207 EMERGENCY PLANS on for each facility and plan shall be developed and by the appropriate local or emade available to all staff cedures and routes shall be y. or drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
		et as evidenced by: view and interview, the facility and disaster drills were				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
		MHL091-001	B. WING	B. WING		22/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ADDICTI	ON RECOVERY CEN	TER FOR MEN	UNTY HOME F			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	IMARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL 'ORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PREFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TION SHOULD BE	(X5) COMPLETI DATE	
V 114	Continued From page 1		V 114			
	conducted quarterly real emergencies.	y, on each shift and simulated The findings are:				
	<ul> <li>Review on 4/18/24 of the facility's fire and disaster drill log revealed:</li> <li>Fire and disaster drills documented as being completed monthly from 1/23/23 to 3/26/24 on each shift</li> <li>Staff #2, #3, &amp; #4 signed the fire and disaster drill log indicating they conducted the fire and disaster drills</li> </ul>		r			
	<ul> <li>Been in the fac</li> <li>The facility had</li> <li>drill "since I been h</li> <li>Wasn't sure wh</li> </ul>	4 client #1 reported: illity for "45 days" In't conducted a fire or disaster ere" nich exit to use during a fire, away from the windows during				
	<ul> <li>Lived in the fac</li> <li>No fire or disas</li> <li>facility</li> <li>Knew to get to</li> </ul>	4 client #2 reported: cilty since December 6, 2023 ster drills conducted in the the exit during a fire and get dows during a tornado				
	<ul> <li>Lived in the fac</li> <li>"No fire or disa</li> </ul>	4 client #3 reported: cility for 10 months ster drills in 10 months" ut of the building" during a fire ring a tornado				
	<ul> <li>Been in the fac</li> <li>The facility had</li> <li>drill</li> </ul>	4 client #4 reported: ility for "30 days" In't conducted a fire or disaste e exit" during a fire and "stay nado	r			

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY
		MHL091-001	B. WING		04/2	22/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
			JNTY HOME F	ROAD		
		HENDER	SON, NC 275	36		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	Interview on 4/12/24 - Lived in the fac - "No drills (fire a here"	4 client #5 reported: ility since February 19, 2024 ind disaster) done since I been side during a fire and get in				
	<ul> <li>Lived in the fac</li> <li>Only participate</li> <li>not recall when</li> <li>The facility had</li> <li>since he's been the</li> </ul>	side during a fire, but he didn't				
	<ul> <li>Been in the fac</li> <li>No fire and disa facility</li> <li>Knew to get out</li> </ul>	4 client #7 reported: ility for 6 months aster drills conducted in the t of the building during a fire om the windows during a				
	<ul> <li>Lived in the fac</li> <li>No fire and disa facility</li> <li>"Fire alarm wer burning," but could</li> <li>Went outside d</li> </ul>	4 client #8 reported: ility for "over 6 months" aster drills conducted in the nt off when something was not recall when uring the fire alarm the hallway during a tornado				
	<ul> <li>Was the supervision</li> <li>Was trained by</li> <li>Staff #3 was cu</li> <li>Was responsible</li> </ul>	4 staff #1 reported: g in the facility last year visor of the facility staff #3 on his job duties urrently on medical leave le for ensuring that fire and conducted monthly, but didn't				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		MHL091-001	B. WING		04/	22/2024
	PROVIDER OR SUPPLIER	TER FOR MEN 1020 COU	DRESS, CITY, ST JNTY HOME F	ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	36 PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	do it - "8 months I wo and disaster drills)' - "There was a le told me I had to do - Was instructed (fire and disaster d staff #3 didn't cond Interview on 4/19/2 - Started workin - Worked 2nd sk - Haven't seen of disaster drills in the - Signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire that he did conduct the drill (fire and di - He signed the fire - He conducted month" - They went outs the hallway during - Documented th fire and disaster dr - Wasn't sure wh practice fire and dis	orked there I didn't see it (fire orked there I didn't see it (fire ot of stuff that she (staff #3) , but I never saw her do it" I by staff #3 to "fill out the form rill) and sign it", but he and luct the drills 24 staff #2 reported: g in the facility on July 5, 2021 nift from 3pm-11pm or conducted any fire or a facility since 2021 and disaster drill indicating t the drills, but he "never did saster)" fire and disaster drill log formed by staff #3 to sign his name w on 4/12/24 with staff #3 was use staff #3 was not available e to being on medical leave. 24 staff #4 reported: am-3pm, 2nd shift was hift was 11pm-7am ift fire and disaster drills "once a side during a fire and went into a tornado ne fire and disaster drills on the ill log ny clients said they didn't	V 114			

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL091-001	B. WING		04/22/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
ADDICT	ION RECOVERY CEN	TER FOR MEN	UNTY HOME F SON, NC 275			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	ge 4	V 114			
	<ul> <li>weren't being condi-</li> <li>Was unaware s</li> <li>disaster drill logs w</li> <li>Staff #1 was th</li> <li>was responsible for</li> <li>drills were being co</li> <li>Staff #3 was cu</li> <li>and was unavailable</li> <li>Interview on 4/15/2</li> <li>reported:</li> <li>Staff #1 was in</li> <li>facility</li> <li>Staff #1 was fill</li> <li>was on medical leat</li> <li>Staff #1 was re</li> <li>and disaster drills w</li> </ul>	staff were signing the fire and ithout conducting the drills e supervisor for the facility and r ensuring fire and disaster inducted irrently out on medical leave e for interview 4 the Executive Director a "supervisory role" in the ing in for staff #3 while she ve sponsible for ensuring the fire vere being conducted of the fire and disaster drills				
V 290	numbers specified of this Rule shall be enable staff to resp needs. (b) A minimum of of present at all times premises, except w habilitation plan doo capable of remainin without supervision as needed but not I the client continues	502 STAFF bes above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to ond to individualized client one staff member shall be when any adult client is on the when the client's treatment or cuments that the client is ng in the home or community . The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for	V 290			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
		MHL091-001	B. WING		04/	04/22/2024	
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE			
	ON RECOVERY CEN						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	HENDER ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	RSON, NC 275: ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From page 5		V 290				
	following client-staft child or adolescent (1) children of abuse disorders sh of one staff present clients present. He present during slee emergency back-up the governing body (2) children of developmental disa one staff present for present and two star more clients present need be present du specified by the em determined by the em determined by the em diagnosis is substa (1) at least of diuty shall be trained withdrawal symptor secondary complicat drug addiction; and (2) the service	or adolescents with substance all be served with a minimum t for every five or fewer minor owever, only one staff need be ping hours if specified by the p procedures determined by r; or or adolescents with abilities shall be served with or every one to three clients aff present for every four or nt. However, only one staff uring sleeping hours if nergency back-up procedures governing body. ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other d ces of a certified substance nall be available on an					
	Based on record re failed to ensure 7 o #8) were assessed	et as evidenced by: eview and interview, the facility of 10 clients (#2, #3, #6, #7 & and deemed capable of in the facility. The findings are					
	Review on 4/16/24	client #2's record revealed:					

	NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		MHL091-001	B. WING			22/2024	
IAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
		TER FOR MEN					
			RSON, NC 275			()(7)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From pa	ge 6	V 290				
	Stimulant Use Disor Cocaine Use Disor Disorder Severe - No documentat assessed and appr the facility Interviews on 4/16/2 - He graduated f Intensive Outpatien - Graduates (clie could be left alone a - Staff left the gra days a week for abo - "Nothing bad e clients were left alo Review on 4/16/24 - Admitted 11/6/2 - Diagnoses of C & Alcohol Use Diso - No documentat assessed and appr the facility Interview on 4/12/2 - He and client #	Icohol Use Disorder Mild, rder Severe Amphetamine, der Severe & Cannabis Use tion of client #2 being oved for unsupervised time in 24 client #2 reported: rom the Substance Abuse at (SAIOP) program ents) from the SAIOP program at the facility aduates alone in the faciliy 1-2 out "15-20 minutes" ver happened" when the ne in the facility of client #3's record revealed: 23 cocaine Use Disorder Severe rder Severe tion of client #3 being oved for unsupervised time in 4 client #3 reported: 2, #7, #8 could stay in the					
	alone - "Graduates" we "about 20 minutes," - Nothing happer	ates could stay" in the facility are left alone in the facility for					
	- Admitted 12/7/2	of client #6's record revealed: 23 Icohol Use Disorder Severe,					

STATEMEN	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOWIDER.	A. BUILDING:			
		MHL091-001	B. WING		04/22/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ADDICT		TER FOR MEN	UNTY HOME F SON, NC 275			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 290	Continued From pa	ige 7	V 290			
	Disorder Moderate - No documenta assessed and appr the facility Interviews on 4/12/ reported: - Was a graduat - "Graduates," (o left at the facility alone - Couldn't recall in the facility alone - The clients sta - There weren't a were alone Review on 4/16/24 - Admitted 11/17 - Diagnosis of Al - No documenta	order Severe & Tobacco Use tion of client #6 being roved for unsupervised time in 24 & 4/16/24 client #6 e of the SAIOP program clients #2, #3, #7, & #8) were one for "20-30 minutes at the how often the clients were left yed in their room any incidents when the clients client #7's record revealed: /23 cohol Use Disorder Severe tion of client #7 being roved for unsupervised time in				
	Interview on 4/16/2 - Was a graduat - He was left alo for "about an hour" - He was there v - "Nothing ever h clients were left alo Review on 4/16/24 - Admitted 12/1/2 - Diagnoses of S & Cannabis Use Di - No documenta	of client #8's record revealed: 23 Stimulate Use Disorder Severe				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		E SURVEY PLETED
		MHL091-001	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
	ON RECOVERY CEN	TER FOR MEN	UNTY HOME F			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pa	ige 8	V 290			
	<ul> <li>Graduated from</li> <li>Was left at the</li> <li>when staff #1 took</li> <li>Staff was gone</li> <li>"We (SAIOP gr (staff) gets back" to</li> </ul>	appens" when staff left the	k			
	SAIOP meetings ar - Was told by sta the SAIOP program facility - Thought the cli	le for transporting clients to nd outings in the community aff #2, #3, #4 the graduates of n could be left alone in the ents graduating the SAIOP				
	time assessment)" - Leaving the "S/ alone had "always I - "It was left to th often they (clients)	assessment (unsupervised AIOP graduates" in the facility been a rule" neir (staff's) discretion on how were left behind (in the				
	the facility anywher minutes" - Was told by the	ne SAIOP program were left in e from "2 hours" to "10-20 e Qualified Professional (QP)				
	"flipped it" when a g "they (staff) always the facility)"	t to be left in the facility, but he group of clients told the QP done that (leave them alone in negative outcome" from the				
	clients being alone Interview on 4/19/2 - The "graduates	in the facility 4 staff #2 reported: s can't be home with no staff" clients alone in the facility, bu	t			

	of Health Service R						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MHL091-001	B. WING		04/	04/22/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	1		
		1020 CO					
ADDICT	ION RECOVERY CEN	HENDER	RSON, NC 275	36			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From pa	age 9	V 290				
	alone in the facility	II when the clients were left or for how long the clients were being left					
	unsuccessful beca	w on 4/12/24 with staff #3 was use staff #3 was not available being on medical leave.					
	<ul> <li>"Guys (clients) stay in the facility a</li> <li>Clients #2, #3, SAIOP program an facility</li> <li>Clients didn't si</li> </ul>	#6, #7, #8 graduated the id could be left alone in the tay alone "often" ys a week" for "15-20 minutes"					
	Interview on 4/16/2 - Visited the faci - Was unaware of facility - Always saw sta - Verified Client so the SAIOP program	4 the QP reported: lity "almost daily" of clients being left alone in the aff in the facility with clients #2, #3, #6, & #8 had graduated n tor (CD)] made it very clear					
	<ul> <li>None of the clie</li> <li>Clients could retime in the communiprogress in their tree</li> <li>Once a reques</li> <li>the client for unsup</li> <li>No one had redime in the community</li> </ul>	t was made, she would assess pervised time in the community quested to have unsupervised	5				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL091-001	B. WING	B. WING		22/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DDICTI	ON RECOVERY CEN	TER FOR MEN	UNTY HOME F SON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pa	ge 10	V 290			
	alone in the facility 3/11/24	issues of clients being left during a staff meeting on he staff were still leaving the facility				
	<ul> <li>Interview on 4/15/24 the Executive Director reported:</li> <li>Knew the CD addressed the issue of staff leaving the clients in the facility before</li> <li>Was unaware the staff was still leaving the clients alone in the facility</li> <li>The CD and QP were responsible for completing the clients assessments for unsupervised time</li> </ul>					
V 512	27D .0304 Client R	ights - Harm, Abuse, Neglect	V 512			
	<ul> <li>(a) Employees sha abuse, neglect and with G.S. 122C-66.</li> <li>(b) Employees sha sort of abuse or neg 27C .0102 of this C</li> <li>(c) Goods or servic purchased from a c established governi</li> <li>(d) Employees sha necessary to repel</li> </ul>	EGLECT OR EXPLOITATION all protect clients from harm, exploitation in accordance all not subject a client to any glect, as defined in 10A NCAC chapter. ces shall not be sold to or slient except through				
	governing body poli is necessary dependent characteristics of the and physical and most aggressiveness intervention proced	nd which is permitted by icy. The degree of force that ids upon the individual ne client (such as age, size iental health) and the degree displayed by the client. Use of ures shall be compliance with CAC 27E of this Chapter.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL091-001	B. WING		04/22/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ON RECOVERY CEN	TER FOR MEN	UNTY HOME F	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ige 11	V 512			
		y an employee of Paragraphs his Rule shall be grounds for hployee.				
	This Rule is not met as evidenced by: Based on observation, record review and interview, 1 of 3 audited paraprofessionals (#1) neglected 3 of 10 clients ( #1, #4 & #9). The findings are:					
	<ul> <li>Admitted 3/7/24</li> <li>Diagnoses of S</li> <li>Severe-Cocaine, A</li> <li>Tobacco Use Disor</li> <li>No documentation</li> </ul>	timulant Use Disorder Icohol Use Disorder Severe &				
	<ul> <li>Admitted 3/14/2</li> <li>Diagnoses of S</li> <li>Alcohol Use Diso</li> <li>No documental</li> </ul>	timulant Use Disorder Severe				
	<ul> <li>Admitted 2/22/2</li> <li>Diagnoses of C</li> <li>Depressive Disorder</li> <li>No documentation</li> </ul>	Cocaine Use Disorder & Major				
	Review on 4/15/24 personnel record re ealth Service Regulation	& 4/17/24 of staff #1's evealed:				

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IF3211

If continuation sheet 12 of 24

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
		MHL091-001	B. WING	B. WING		22/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ADDICTI	ION RECOVERY CEN	TER FOR MEN	UNTY HOME F RSON, NC 275			
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	age 12	V 512			
	<ul> <li>Hired 12/6/23 and terminated 4/15/24</li> <li>Abuse &amp; Neglect training certificate dated 12/6/23</li> </ul>					
	Handbook revealed - "During the 45 period the client will person when they I special permission Director or Facility - "Clients are NC outings at any time	day orientation/probationary Il be accompanied by a staff eave the Center, unless is granted by the Program Manager." DT to leave staff sight while on or for any reason, clients are sems (i.e, food/beverages)				
	report dated 4/10/2 - "Around approx Wednesday April 1 from ARC-Men (Ad Men), [Client #9], w his bedroom 'not lo with unclear speech report from the stat #2] called EMS (En Services)and trar hospital]where he physical evidence f he ingested a large native to Southeast opioid-like effects") Recovery Center for emergency and hos - "[Staff #2] went when EMS came a	nsported [client #9] to [local e was hospitalizedthe found in his room indicates that e amount of [Kratom] ("a tree t Asia with stimulant and while at the Addiction or Men resulting in a medical spitalization." t through [client #9's] room nd found a bag of [Kratom				
	pills], distributed by named [manufactu indicated a quantity	a legitimate manufacturer rer's name]. The bag / of 150, but [staff #2] counted [Staff #1] was not working on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NU				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL091-001	B. WING		04/	22/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
ADDICTI	ON RECOVERY CEN	TER FOR MEN	UNTY HOME R SON, NC 2753			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 512	Continued From pa	ige 13	V 512			
	what happened on phone interview wit took the clients to tobacco store's add not go inside the sr stated that he, 'was	ed to text his statement about his shift on 4/10/2024. A th [staff #1] indicated that he .[tobacco store] located at [the dress]. [Staff #1] stated he did noke shop on 4/10/2024, he s not in the store, but was at ot witness [client #9] purchase				
	dated 4/10/24 revea - "[EMS] dispatch County Home Rd. ( reference a possibl male (client #9) was the care of law enfor responsive to painf at the recovery cen purchased a 150 pa tobacco shop earlie he counted them an Patient was given 2 see if any change w was noted. Patient were in the low 90's stretcher and loader was transported to	of client #9's EMS run sheet aled: hed to above location (1020 (road), Henderson NC 27536) e overdose. Upon arrival the s found inside the residence in orcement. Male was found ul stimuli. A worker (staff #2) ter stated that the patient ack of Kratom at the local er that day. He also stated that nd there was only 115 left. 2mg (milligram) of Narcan to was noted. Pupils dilated. None initial sats (oxygen saturation) s. Patient was moved to the ed into the ambulancePatient [local hospital] emergency ge in responsiveness."	9			
	notes dated 4/11/24 - "[Client #9]pr Department) for un called out patient be taking 35 Kratom p	esented to the ED (Emergency responsiveness. EMS was ecoming unresponsive after ills, 150mg each. incident / at a recovery houseOn ED	/			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```			E SURVEY PLETED
		MHL091-001	B. WING	B. WING		22/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	•	
ADDICTI	ON RECOVERY CEN		UNTY HOME F SON, NC 275			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	age 14	V 512			
	intubate for airway protectionHe was afebrile, tachycardic, and severely hypertensive on arrival satting (oxygen saturation) 95% on 6 L (liters) NC (nasal cannula)CXR (chest x-ray) suggest possible aspiration pneumonia." - "This is a critically ill patient with acute respiratory failure."					
	revealed: - The Executive out of the facility's of - The package w of Kratom - Each pill was 1 - The package h description: - "Directions: Tall juice. Do not consu hours." - The back label the following descrift - "WARNING: The	vas identified as an 150-count 50mg lad the following front label ke 2 capsules with water or lime more than 2 servings in 24 of the Kratom packaging had				
	specimen. Mitragyr dietary ingredient. of this product, the use. Ingesting Mitra dangerous. Consul potential interactior complications, and before considering	na Speciosa is an unapproved The manufacturers / re-sellers refore, can not advise on its agyna Speciosa can be t your physician about ns, other possible precautionary measures this product. By opening this				
	of the product inclu adverse events or l your physician of th the package. Manu no responsibility for product"	ot full responsibility for the use ding, but not limited to any health complications. Inform he alkaloid content labeled on facturers / re-sellers assume r the use or misuse of this : Consult your healthcare				

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>			E SURVEY PLETED
		MHL091-001	B. WING	B. WING		22/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
	ON RECOVERY CEN	TER FOR MEN				
			RSON, NC 275	PROVIDER'S PLAN OF		(NE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ige 15	V 512			
	for you, and if so, h	ermine if this product is right ow to use it safely." s were left inside the package				
	Observation at 12:15pm on 4/12/24 in the facility revealed: - The Executive Director called staff #1 to					
	receive a verbal sta 4/10/24	atement of what occurred on				
	Director reported:	m on 4/12/24 the Executive tobacco store and verified				
	Kratom was sold at - Kratom was a l - Learned Krator	their location egal product n "mimics opiates" and was a				
	- Staff #1 stated phone conversation	nducting an internet search the following during their n: the clients to the local				
	tobacco store to pu	rchase cigarettes ore was located behind a fast				
	- He didn't go ins the clients because	side of the tobacco store with the store was a "small				
	- He stood outsid him (client #9) mak	•				
	<ul> <li>He saw client # soda</li> </ul>	9 purchased cigarettes and a				
	tobacco store revea					
	provided by the Exe - The tobacco st	ore was also located behind a	5			
	- The tobacco st windows were cove	t and beside a nail spa ore's front entrance door and ered with advertisement in sizes, which blocked the				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURV COMPLETE		
		MHL091-001	B. WING		04/	04/22/2024	
AME OF F	PROVIDER OR SUPPLIER	1	DDRESS, CITY, ST	TATE, ZIP CODE			
DDICTI	ON RECOVERY CEN	TER FOR MEN 1020 CO	UNTY HOME F	ROAD			
(X4) ID	SUMMARY ST		ID ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLE DATE	
V 512	Continued From pa	age 16	V 512				
	parking lot - The inside of the open space and co 20-30 customers - The inside of the countertops along of the store - The cash regist the tobacco store the - Kratom packag glass countertop and cash register Interview on 4/12/2 - Staff #1 took the on 4/10/24 - "They (clients) store)," but he went to the tobacco store - Staff #1 didn't shop - Don't know if so client #9 - When he "carred clients) was in the - "Sometimes st sometimes they do - "[Client #9] loo - "At the 7pm m	aff goes in (the location),	t r				
	client #9 to wake u - Staff #2 took c monitor him - Heard client #9	staff #2 and staff #2 "asked p" lient #9 back to the van to 9 "took too many pills" w anything until EMS showed					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	CONSTRUCTION		E SURVEY PLETED
		MHL091-001	B. WING	B. WING		22/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
		1020 CO	UNTY HOME F			
ADDIC H	ON RECOVERY CEN	TER FOR MEN HENDER	SON, NC 275	36		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ige 17	V 512			
	reported: - Staff #1 transports store on 4/10/24 - "Most of the times store by ourselves" - He was sitting if beside staff #1 - Staff #1 remain #9 went in the toba - Client #1 went tobacco store to get - "[Staff #1] didn" Kratom pills)" - Later that day, to their SAIOP meet - During the SAIG appeared "foggys - Client #1 "went "said something's w - Staff #2 took the after the SAIOP meet - Staff #2 took the after the SAIOP meet - Staff #2 took the after the SAIOP meet - Staff #2 went to on him" and found - Staff #2 went to on him" and found - Staff #2 immeet - He "never saw (Kratom) before" Interview on 4/12/2 - Staff #1 took hill tobacco store on 4/ - "Not everybody - Knew that staff proximately overall" - He and client # store while staff #1	in the front seat of the van hed in the van while client #4 & cco store to the barber shop next to the it "a hair cut" 't see it (client #9 purchase the staff #2 transported the clients eting OP meeting, client #9 sluggish" to the van" to get staff #2 and vrong with [client #9]" te clients back to the facility betting stered the clients' medications nt #9 went to his bedroom to client #9's bedroom to "check him laying on the floor liately called 911 him (client #9) with pills 4 client #4 reported: m and the clients to the '10/24 vwent in (the tobacco store)" was supposed to be in "close" 9 went inside of the tobacco				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		MHL091-001	B. WING	B. WING		22/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DDICTI		TER FOR MEN	UNTY HOME F RSON, NC 275			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 512	Continued From pa	age 18	V 512			
	5 minutes"					
	- He didn't see client #9 purchase the Kratom					
	pills					
	<ul> <li>He thought client #9 "just purchased cigarettes"</li> </ul>					
	- Saw client #9 "dozing off" later that day but					
		hat happened to client #9 "unti	1			
	later (next day)"					
	Interview on 4/12/2	4 client #5 reported:				
		aff #1 took him and his peers to	c			
	a tobacco store					
		in the tobacco store with client				
	#4 - Staff #1 remain	ned in the van when the clients				
	went in the store	led in the van when the cherits				
	- He overheard of	client #9 talking to client #10				
	about the Kratom p					
		\$9 show client #10 the Kratom				
	pills - Client #9 purch	ased the Kratom pills "over				
	the counter"					
		atom pills were "energy pills"				
		knew he wont supposed to buy	У			
	them"					
	Interview on 4/12/2	4 client #7 reported:				
		nber if staff #1 or staff #2 took				
		to the store on 4/10/24				
	<ul> <li>He remembere tobacco store</li> </ul>	ed client #9 going into the				
		go in the store with client #9				
		lient #9 with the Kratom pills				
		trying to hide it (Kratom pills)				
	from staff"	acting yory atransa ha actid				
		acting very strangehe could e vanacted like he was sick"				
	during their SAIOP					
		/hat else happened to client #9	)			
	that night					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL091-001	B. WING		04/22/2024	
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DDICTI	ON RECOVERY CEN	TER FOR MEN	UNTY HOME F RSON, NC 275			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
V 512	Continued From pa	age 19	V 512			
	<ul> <li>He was admitte</li> <li>Asked staff #1</li> <li>purchase clothing a</li> <li>Afterwards they</li> <li>He remained in</li> <li>Knew "staff sup distance" of clients</li> <li>He "didn't know client #9 when they</li> <li>Interview on 4/15/2 the local hospital re- Client #9 overd</li> <li>Kratom pills</li> <li>Kratom was a '</li> <li>"The serving do bunch it acts as a s</li> <li>Client #9 came unresponsive</li> <li>Client #9 was "</li> <li>An attempt to re- 4/13/24 was unsuch</li> <li>Client #9 remaind the Intensive Care be interviewed</li> <li>Interview on 4/17/2</li> <li>Was responsib</li> <li>SAIOP meetings and</li> <li>Took the some purchase cigarettes</li> <li>1 or 2 clients stalone</li> <li>Couldn't recall alone, but thought it</li> <li>"[Client #1] wer barber shop next to</li> </ul>	losed after consuming 35 'stimulus" pill ose is 2 pills, but if you take a stimulant" a into the ED vomiting and 'put on a ventilator" emove the ventilator on cessful ined sedated and intubated in Unit (ICU) and was unable to 4 staff #1 reported: le for transporting clients to nd outings in the community clients to the tobacco store to s tayed behind at the facility who remained at the facility it was client #6 nt to get an edge up" at the				

STATE FORM

IF3211

If continuation sheet 20 of 24

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		MHL091-001	– B. WING	B. WING		22/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE			
		1020 CO				
ADDICTI	ON RECOVERY CENT	TER FOR MEN HENDER	SON, NC 2753	36		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ge 20	V 512			
	in the van)" - "I could have di - He "didn't stay - He stood "in be and "was able to se - Saw client #9 p from the tobacco st - "He (client #9) y store)" - Didn't see client - Staff #2 relieve - Didn't find out a (4/11/24) - He saw the Krat the next day - He'd "never" see permission) a purch - "If I knew he (co (Kratom), then it wo	in the van" etween the van and the store" ee inside of the door" ourchase cigarettes and a soda fore was in and out (of the tobacco t #9 with the Kratom pills d him of his shift at 4pm about client #9 until next day atom pills in the facility's office een the pills before en anyone authorize (give	1			
	SAIOP meetings ar - Worked 2nd sh 3pm-11pm - When he arrive client #9 was "norm - Transported the meeting and "knew #9 - Client #9 had "I "asked him if he wa - He and client #	le for transporting clients to nd outings in the community ift on 4/10/24, which was ed to the facility on 4/10/24,				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			E SURVEY PLETED
		MHL091-001	B. WING	B. WING		22/2024
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	1	
ADDICTI	ON RECOVERY CEN	TER FOR MEN				
	SUMMARY STA		RSON, NC 275	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
V 512	Continued From pa	age 21	V 512			
	took "5-10 minutes - After he admin medications, he we found him on the fle - He called 911 k wrong with him (clie - Client #9 had " "kept nodding off" - "I wondered if H I started checking t the Kratom (pills)" - Counted the Kri he took and it was - Didn't see any client #9's bedroom - The clients tolo van when client #9 - He heard that s store by themselve - Staff "suppose on the counter" whe - "If [staff #1] had #9) knew he won't pills) periodthey drinks!" Interviews on 4/12/ Director reported: - Client #9 didn't community - Staff were to su community unless days - Client #9 took 3 purchased at a toba - "I felt like staff	tents their medication which at the most" istered the clients' ent to check on client #9 and oor because "something was ent #9)" moments of alertness" but he he (client #9) had any drugs so the room (bedroom) and found ratom pills "to see how many only 115 in the bag" Kratom pills on the floor of h d him that staff #1 was in the purchased the Kratom pills staff would let clients go in the	s n			

TATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         ND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/22/2024	
		MHL091-001	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ADDICTI	ON RECOVERY CENT	FR FOR MEN	UNTY HOME F SON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 512	Interview on 4/15/24 Director reported: - The Qualified P the client and progravity - Client #9 didn't community - Staff #1 "accomstore as instructed in Handbook - Was unaware s while client #4 and of tobacco store - Was unaware s #9's purchase of Kr - Spoke with staff story" that he stood and witnessed client client #9's purchase - Although Krator not permitted in the - Staff #1 was ter lack of supervision of Review on 4/15/24 b revealed: "What imit take to ensure the s your care? Effective receive training to e clients into the com directly with the client view. Describe your plans happens. [Qualified	4 & 4/17/24 the Executive Professional trained staff #1 on am handbook during his have unsupervised time in the panied" the clients to the in the facility's Client staff #1 remained in the van client #9 went inside of the staff #1 didn't supervise client atom pills if #1 and he "maintained his outside of the tobacco store at #9's purchase, but didn't see the Kratom pills m pills were legal, they were facility rminated on 4/15/24 due to		DEFICIENC	Τ)	

	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/22/2024	
		MHL091-001	B. WING			
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
DDICT		TER FOR MEN	UNTY HOME F SON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ige 23	V 512			
	Disorder Severe, To Stimulant Use Diso Disorder & Major D transported clients Client #1 went to ge that was located ne client #4 and #9 we #1 did not supervise required. While in th purchased a 150-co Client #9 consumed 150mg each and w an overdose. EMS transported to the h sedated, intubated aspiration pneumor This deficiency con	a diagnoses were Alcohole Use obacco Use Disorder Severe, order Severe, Cocaine Use repressive Disorder. Staff #1 to a tobacco store on 4/10/24. et a hair cut at a barber shop exit to the tobacco store, while ent into the tobacco store. Staff e clients #1, #4, & #9 as he tobacco store, client #9 pount pack of Kratom pills. d 35 Kratom pills that were as found unresponsive due to was called and client #9 was nospital. Client #9 was and admitted into ICU for hia & acute respiratory failure. stitutes a Type A1 rule a neglect and must be days.	F			