

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 6/7/24. The complaint was substantiated (intake # NC00214980). Deficiencies were cited.</p> <p>This 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 has a current census of 5. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p>	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 1</p> <p>(7) clinical skills.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure paraprofessionals shall be supervised by a qualified professional affecting 2 of 2 audited staff. The findings are:</p> <p>Review on 6/7/24 of staff #1's record revealed: - A hire date of 10/18/21 as a Paraprofessional</p> <p>Interview on 6/4/24 with staff #1 revealed: - The facility did not currently have a Qualified Professional (QP)</p> <p>Review on 6/7/24 of staff #2's record revealed: - A hire date of 2/15/22 as a Paraprofessional</p> <p>Interview on 6/5/24 with staff #2 revealed: - He reported the Licensee was the facility's QP - Since the departure of the former QP, the Licensee had become the QP</p> <p>Interview on 6/6/24 with the Licensee revealed: - The previous QP resigned effective 3/15/24 - There was no QP currently employed by the facility - Had not been able to hire any staff, including a QP due to issues with "funding."</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 2	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe, attractive, and orderly manner. The findings are:</p> <p>Observation of the facility's interior and exterior on 6/4/24 between 0:10 am and 11:20 am revealed:</p> <ul style="list-style-type: none"> - Cigarette butts in the landscaped area near the entrance of the facility. - Cigarette butts were also in the grass near the back door of the facility. - The washing machine had rust on the lid. - The middle cushion on the couch had a rip that was approximately 5 inches. - The laundry room had a hole that was approximately 5 inches wide in the wall above the shelving. - Client #3's bedroom door had a hole that was approximately 3 inches. - The hall bathroom had a dent in the wall that was approximately 1 ½ feet. - The hallway bathroom fixture had a lot of lint on all 4 sides. - Client #4's window blinds had a lot (were filled with) lint. - Client #1's window blinds were broken. - The toilet handle in the hall bathroom was broken. 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 3</p> <p>Interview on 6/5/24 with staff #2 revealed:</p> <ul style="list-style-type: none"> - The staff and clients were responsible for cleaning up the cigarette butts on the exterior of the facility each day. - He did not know there was rust on the lid of the washing machine. Normally they would have the maintenance worker make repairs to the washing machine. - Client #3 got frustrated "about two months ago" and cut the cushion on the couch with scissors. Client #3's legal guardian was supposed to pay for the couch to be fixed or replaced. - The maintenance worker would need to repair the holes in the walls and doors. - The clients were responsible for keeping their window blinds clean and it was the staff's responsibility to encourage the clients to clean their window blinds. - He did not know client #1's window blind was broken. - He would "try to address" the broken toilet handle. - He did not know the toilet handle in the bathroom was broken "because they (clients) use it." <p>"No one has said anything to me about the toilet being broken."</p> <p>Interview on 6/6/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The clients were responsible for cleaning up the cigarette butts on the exterior of the facility. "They (clients) have been told on several occasions to clean up the cigarettes." - He was cleaning up the rust on the washing machine lid "today." - The rip in the couch cushion happened when he was not working and he was unable to provide further details. - The maintenance worker will repair the holes in the walls and doors "tomorrow." 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> - He was dusting the blinds and bathroom fixture "today." - The toilet handle had been broken for "a couple of weeks." The maintenance worker would repair the toilet handle "tomorrow." <p>Interview on 6/5/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - "Everyone" (clients and staff) was responsible for cleaning the house. - She was not sure why the cigarette butts on the exterior of the facility were not cleaned up. - The rust on the washing machine was "just ugly" and "not a problem." - The couch cushion was ripped by client #3 a "couple of months ago." - "No one" was responsible for cleaning the window blinds and light fixtures. - She would "guess the maintenance crew" was responsible for repairing the holes in the walls and doors. <p>Interview on 6/5/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - The cigarette butts outside the facility were not getting cleaned up. - She had not noticed the rust on the washing machine. - She ripped a hole in the couch "around March (2024). It was an accident and I was upset." - She put the hole in her bedroom door when she got upset because she wanted to "go out alone" and threw a chair. - The clients do not clean the window blinds. - The toilet handle was broken and she had to reach her hand "inside the toilet to flush." - The toilet handle had been broken for several months. <p>Interview on 6/6/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - The clients and staff were supposed to clean up the cigarette butts outside the facility. - She had not noticed the rust on the washing 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 5</p> <p>machine.</p> <ul style="list-style-type: none"> - She did not know how the rip in the couch cushion occurred. - The maintenance worker repaired the holes in the walls in doors. - The maintenance worker and clients were responsible for cleaning the window blinds and light fixtures. - She did not use the hall bathroom and did not know about the broken toilet handle in the hall bathroom. <p>Interview on 6/6/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The clients and staff were supposed to clean up the cigarette butts. She did not know why the cigarette butts were not getting cleaned up outside. - Client #3 put the rip in the couch cushion. "We have made plans to have that (couch cushion) replaced." - The maintenance worker would be refinishing and painting the rusted areas on the washing machine. - The maintenance worker would be repairing the holes in the wall and door. - The staff were responsible for dusting the window blinds and light fixtures. - The sanitation inspector made her aware (3/14/24) that client #1's window blind was broken. - The sanitation inspector made her aware (3/14/24) that the toilet handle was broken. - She was "working" on getting the toilet handle and client #1's window blind repaired. 	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 738	<p>Continued From page 6</p> <p>(d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation, the facility was not kept free from insects. The findings are:</p> <p>Review on of client #3's record revealed: - No documentation of an admission date - Diagnoses of Autism Spectrum Disorder (D/O); Moderate Intellectual Disability D/O and Bipolar D/O</p> <p>Interview on 6/5/24 with client #3 revealed: - She had not lived at the facility for "long." - There were bedbugs in the facility - "Brownish red bugs" that bit her during the night and kept her awake - Kept changing her sheets "but that doesn't get rid of them." - There were bedbugs in the facility's couch and she had torn a couch cushion with a pair of scissors in an attempt to kill the bedbugs she believed were in the couch</p> <p>Interview on 6/5/24 with client #5 revealed: - When client #3 came into her bedroom to watch television with her, bugs (possibly "bedbugs" and/or "roaches") would appear in her bedroom - Believed client #3 had brought the pests with her into her bedroom - She had not experienced any bites from any bugs</p> <p>Interview on 6/5/24 with client #2 revealed:</p>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 738	<p>Continued From page 7</p> <ul style="list-style-type: none"> - She was not aware of there being any bedbugs in the facility - She had not experienced any type of bug bites <p>Interview on 6/5/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Client #3 reported to him that she had bedbugs in her room - Did not see any bedbug bites on her person; however, he asked if she believed she had been bitten by bedbugs - She reported to him that she was "itching and her arm was a little red." - He checked client #3's bed pillow and saw "two bedbugs." - Occurred "about two months ago." - "I bought some bombs, sprayed the room down and washed and dried all of her bed linens." - Could not recall if he told anyone (staff and/or clients) about the bedbugs he observed and treated for in client #3's room - "I bought some supplies and took care of it myself." <p>Interview on 6/5/24 with two surveyors with the Division Health Services Regulation (DHSR) Construction Section revealed:</p> <ul style="list-style-type: none"> - Inspection of the client #3's bedroom revealed "multiple dead bedbug carcasses." - There were no evidence of any bedbugs in or on the sofa in the facility's living room - As part of their survey process, they had gathered a sample of the carcasses of 3 bedbugs from client #3's bedroom and placed them in a plastic bag - The facility had not been treated by a qualified professional but instead a treatment had been performed by facility staff to address the issue instead <p>Observation on 6/5/24 at 12:54 pm revealed:</p>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 738	Continued From page 8 - A plastic bag which held the carcasses of three bedbugs Interview on 6/6/24 with the Licensee revealed: - She was aware bedbugs had been found in the facility - The facility had not been inspected or treated for bedbugs by a qualified professional but instead facility staff had used a "topical spray" to address the issue and client #3's bedroom had been vacuumed and the bed was replaced - The bedbugs were confined to client #3's room only	V 738		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on interview, the facility failed to be equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are: Interview on 6/4/24 with client #1 revealed: - The facility's telephone (landline) was not working - Other clients and the staff had cell phones which were available for her to use Interview on 6/4/24 with client #2 revealed:	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 744	<p>Continued From page 9</p> <ul style="list-style-type: none"> - The facility's telephone was not working - Had her own cell phone which she could use when she had "minutes on it." <p>Interview on 6/5/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - She and two other clients (#1 and #4) didn't have a cell phone of their own to use - The facility's telephone worked "but someone presses the button, it keeps it from calling out." - Maybe she "pressed something wrong and that's why it hung up." <p>Interview on 6/5/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The facility's telephone was not working - Did not recall how long it had been out of service or what was wrong with the telephone - "I think we just need a new phone." - Allowed clients who did not have their own cell phone to use his personal cell phone to make calls <p>Interview on 6/5/24 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Staff #1 had reported the facility's telephone was not working - Believed one of the clients had broken the telephone - "Sometimes it works and sometimes it doesn't work." - Clients (#2 and #5) had a cell phone for their own personal use <p>Interview on 6/6/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She was not aware the facility's telephone was not working - Sometimes the phone cord "does get detached." - There were two phone lines for the facility with one line "dedicated to the staff and one to the clients." - Would have someone go to the facility to determine what was wrong with the telephone 	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 744	<p>Continued From page 10</p> <p>No attempt was made to determine if the facility's telephone was working due to there being bedbugs in the facility; however, per staff #1 if any additional interviews needed to be conducted with the clients, they could be reached via his personal cell phone.</p> <p>Interviews with clients (#1 and #2) on 6/6/24 were conducted on staff #1's personal cell phone as the facility telephone remained out of order.</p>	V 744		