

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 289 WADE ROAD SCOTLAND NECK, NC 27874
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 7/11/24. The complaint was substantiated (Intake #NC00218487). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 2 former 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> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (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 reviews and interviews, 2 of 7 staff (#3 and #4) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/27/24 of staff #3's record revealed:</p> <ul style="list-style-type: none"> - Employed: 6/15/23 - Title: Paraprofessional - Documentation of National Crisis Intervention Plus (NCI+) training on 6/8/24 <p>Review on 6/27/24 of staff #4's record revealed:</p> <ul style="list-style-type: none"> - Employed: 5/20/24 - Title: Paraprofessional - Documentation of NCI+ training on 5/20/24 <p>Review on 6/27/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/20/24 - Age: 10 years old - Diagnoses: Major Depressive Disorder recurrent moderate, Post Traumatic Stress Disorder chronic, Other disorders of psychological development, Attention Deficit Hyperactivity Disorder combined type, and Oppositional Defiant Disorder - Person Centered Plan dated 12/7/23 	V 110		

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V 110	<p>Continued From page 2</p> <p>documented a history of elopement</p> <ul style="list-style-type: none"> - Admission Determination dated 3/17/23 documented elopement behaviors <p>Review on 6/27/24 of agency's "Elopement/Wandering" policy revealed:</p> <ul style="list-style-type: none"> - "The agency will have staff get into their vehicles and begin a search of the local area in an attempt to secure the client/resident before they are able to travel out of the local area." <p>Review on 6/24/24 of Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - Incident of unplanned consumer absence submitted by facility on 6/22/24 for client #2 - Incident comments: "...While the staff were supervising the client, they noticed that the client proceeded to walk off the property. The staff asked the client to return to the premises, but he refused. The client came back moments later ...The client then walked outside and proceeded to go off the property again. The staff then contacted higher authorities (management) and were notified to assist the client with returning to the group home. While the staff were on the phone with higher authorities, local authorities arrived with the client and the client returned inside and went to his room." <p>Interview on 6/28/24 the Sheriff's Deputy reported:</p> <ul style="list-style-type: none"> - he received a call about a 10 year old (client #2) on 6/20/24 - a man had found client #2 walking about a mile and a half from the facility and stopped to see if he needed assistance - the man called 911 - he had responded to calls from the facility before, so he made calls to see if client #2 was living at the facility 	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> - client #2 told him that a staff stated "she hoped he had water" before he eloped and then went back inside the facility - when he returned client #2 to the facility, staff #3 stated that they were instructed not to call law enforcement for 2 hours following elopement - staff #4 stated that they were "directed not to go after him for 15 minutes to give him time to calm down" <p>Interview on 6/24/24 staff #1 reported:</p> <ul style="list-style-type: none"> - been working at the facility for 3 years - the elopement policy stated the staff was to wait 30 minutes to an hour before calling the police following a client's elopement - they were supposed to try to get the client to return if the client was still in sight - if the client refused, they were supposed to call the police <p>Interview on 6/27/24 staff #3 reported:</p> <ul style="list-style-type: none"> - been working at the facility for about a year - on 6/20/24, client #2 was engaged in a group activity and became upset because he wanted to use a pen and she wanted client #2 to use a pencil - client #2 left the activity, walked outside, and eloped from the facility - client #2 returned about 5 minutes later - several minutes after returning, client #2 eloped again - approximately 10 minutes later, they received a call from management notifying them that law enforcement was trying to reach the facility because client #2 was with them - they normally gave clients 2 hours before they called the police - spoke with the Owner and he said to take the van to look for client #2, but the officer had already returned with client #2 	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> - client #2 was gone for about 40 minutes - when the officer returned with client #2, he reported that staff #4 told client #2 that "she hoped he had water because it was hot out" - staff #4 reported "I did say that. Was I wrong for saying that?" <p>Interview on 7/2/24 staff #4 reported:</p> <ul style="list-style-type: none"> - been working at the facility for about a month - the elopement policy stated that clients were not supposed to be outside without supervision - when clients did leave, they were supposed to get them to come back - if clients did not return, staff should call the police - staff was supposed to wait an hour before calling the police - on 6/20/24, client #2 became upset when staff #3 asked him to use a pencil instead of a pen during a group activity - client #2 walked away from the facility and was gone for approximately 40 minutes - client #2 was brought back to the facility by police <p>Interview on 6/28/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - been working at the facility for 3 and a half years - the elopement policy stated if a client left the premises to first ask them not to leave and notify them of dangers of leaving - if the client left and staff lost sight, they should call the police after a certain amount of time, "maybe 30 minutes" - staff called him for any major incident and if he was local, he came to the facility <p>Interview on 7/1/24 the Mental Health Counselor/Licensed Professional reported:</p>	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> - been working at the facility since 2021 - she told staff to always know what a client was wearing and to always try to keep a client in their sight - if they lost sight of the client, they needed to call for backup - no timeframe was given because every situation is different - regarding the incident on 6/20/24, client #2 reported he wanted to use a pen and staff #3 wanted him to use a pencil - client #2 went outside to calm down and staff #4 said something to him about water that escalated him again - "I was livid to hear about that, I did not like that at all" to hear that staff were at the facility and not looking for client #2 - staff #3 and #4 were given verbal warnings for their management of the incident with client #2 <p>Interview on 7/1/24, the Compliance Officer reported:</p> <ul style="list-style-type: none"> - been working at the facility since 2016 - regarding elopements, staff were supposed to call the QP and the QP was supposed to come on site within 30 minutes - once the QP was on site, staff was supposed to go look for the client that eloped - lately, staff had called 911 as soon as a client eloped - they used to wait 2 hours but now with younger clients, the Owner had recommended going ahead and calling the police - regarding the incident on 6/20/24, client #2 became upset during a group activity when staff #3 asked him to use a pencil instead of a pen - she thought the incident could have been avoided if client #2 had been allowed to use a pen - she had met with staff #3 and #4 and 	V 110		

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V 110	Continued From page 6 addressed appropriate ways to talk to clients Interview on 7/2/24, the Owner reported: - elopement policy stated they were supposed to call the police immediately when the client left the facility or follow the client in a car - "Ran into lots of problems with that policy because if one staff follows then you risk having a crisis in both places" - the QP was "usually good about going out there to help with the situation ..." - they started having them call the police right away, but then the police stopped showing up - he met with the sheriff because they were told that they were exhausting the 911 system - they have been giving them 30 minutes because sometimes the kids would just go for a walk and come right back - last time they followed them in the car, the client laid down in the middle of the road and tried to get hit by a car - the elopement policy was last updated in 2021 and they will update it for this quarter	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a	V 111		

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V 111	<p>Continued From page 7</p> <p>detrification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete admission assessments for 2 of 2 audited current clients (#2 & #4) and 1 of 2 former clients (FC #5). The findings are:</p> <p>Review on 6/27/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/20/24 - Age: 10 years old - Diagnoses: Major Depressive Disorder recurrent/moderate, Post Traumatic Stress Disorder chronic, Other Disorders of Psychological Development, Attention Deficit Hyperactivity Disorder combined type, and Oppositional Defiant Disorder 	V 111		

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V 111	<p>Continued From page 8</p> <ul style="list-style-type: none"> - No documentation of an admission assessment or Clinical Comprehensive Assessment (CCA) being completed <p>Review on 6/24/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/14/23 - Age: 13 years old - Diagnoses: Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Intermittent Explosive Disorder, Child Sexual Abuse, Child Neglect, Child Abuse, Victim of Fictitious Disorder on Another - Munchausen by Proxy - No documentation of an admission assessment or CCA being completed <p>Review on 6/27/24 of FC #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/23/24 - Age: 16 years old - Diagnoses: Attention Deficit Hyperactivity Disorder - combined and Disruptive Mood Dysregulation Disorder - Discharged: 4/18/24 - No documentation of an admission assessment or CCA being completed <p>Interview on 7/1/24 the Mental Health Counselor/Licensed Professional (LP) reported:</p> <ul style="list-style-type: none"> - The Compliance Officer and the Qualified Professional (QP) did the admission assessments <p>Interview on 6/28/24 the QP reported:</p> <ul style="list-style-type: none"> - He and the Mental Health Counselor/LP normally did the admission assessments - He didn't remember doing an admission assessment for client #2 - They did a CCA as soon as clients were admitted in place of an admission assessment - The Mental Health Counselor/LP should have 	V 111		

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V 111	<p>Continued From page 9</p> <p>all the CCA's</p> <p>Interview on 7/1/24 the Compliance Officer reported:</p> <ul style="list-style-type: none"> - The Mental Health Counselor/LP did the admission assessments and usually did them at the time they accepted the client but the Mental Health Counselor/LP should have that information <p>Interview on 7/2/24 the Owner reported:</p> <ul style="list-style-type: none"> - The Mental Health Counselor/LP was responsible for completing admission assessments - They were cited for this before so he knew they had completed them - "If I can't get them from [Mental Health Counselor/LP] today, we will just take the deficiency but I know that she has them" <p>No admission assessment or CCA was provided by the exit of this survey, 7/11/24.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 111		
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 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</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (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. (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 review and interview, the facility failed to administer medications on the written order of a physician affecting 1 of 2 audited clients (#4). The findings are:</p> <p>Review on 6/24/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/14/23 - Age: 13 years old - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder, Intermittent Explosive Disorder, Child Sexual Abuse, Child Neglect, Child Abuse, Victim of Fictitious Disorder on Another - Munchausen by Proxy 	V 118		

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V 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Physician's Order dated 6/5/24 for: <ul style="list-style-type: none"> - fluoxetine hydrochloride (hcl) 20 mg (milligrams) take 3 tablets by mouth once daily (mood) - levothyroxine 125 mcg (micrograms) take 1 tablet by mouth once daily (thyroid) - dexmethylphenidate ER (extended release) 20 mg take 1 capsule by mouth every morning (ADHD) <p>Review on 6/27/24 of client #4's April 2024 MAR revealed:</p> <ul style="list-style-type: none"> - no documentation of administration of dexmethylphenidate ER on 4/19/24 - a note dated 4/19/24 on page 2 of the MAR: "Dexmethylphenidate ER 20 mg Capsule Waiting for Pharmacy Delivery" <p>Review on 6/27/24 of client #4's May 2024 MAR revealed:</p> <ul style="list-style-type: none"> - no documentation of administration of dexmethylphenidate ER from 5/19/24 - 5/24/24 - notes for dates 5/19/24 - 5/24/24 on page 2 of the MAR: "Dexmethylphenidate ER 20 mg Capsule Waiting for Pharmacy Delivery" <p>Review on 6/27/24 of client #4's June 2024 MAR revealed:</p> <ul style="list-style-type: none"> - no documentation of administration of levothyroxine on 6/7/24 - no documentation of administration of fluoxetine hcl on 6/25/24 - a note dated 6/7/24 on page 2 of the MAR: "Levothyroxine 125 mcg Tablet Waiting for Pharmacy Delivery" - a note dated 6/25/24 on page 2 of the MAR: "Fluoxetine HCL 20 mg Tablet Waiting for Pharmacy Delivery" <p>Interview on 6/24/24 staff #1 reported:</p>	V 118		

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V 118	<p>Continued From page 12</p> <ul style="list-style-type: none"> - she administered medications at the facility - she was responsible for making sure refills were sent to the pharmacy <p>Interview on 6/28/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the Compliance Officer checked MARs weekly to ensure medications had been administered - staff communicated with the Compliance Officer about what needs to be ordered and she completed the order for medication refills - sometimes staff #1 would order medication refills - tried to order reills about 2 weeks before medication runs out - not sure how client #4 ran out of medication - they called in refills but they have to wait for the pharmacy to deliver the medications <p>Interview on 7/1/24 the Compliance Officer reported:</p> <ul style="list-style-type: none"> - the facility got batch medicine deliveries from the pharmacy between 8th and 10th of each month - controlled medication was only refilled if client #4 attended a medication appointment quarterly - in May, client #4 missed his medication appointment because his guardian was not available to take him and due to school testing - his guardian requested a medication refill from his doctor without him being seen due to the circumstances - not sure why he would have missed the other medications <p>Interview on 7/2/24 the Owner reported:</p> <ul style="list-style-type: none"> - they are supposed to receive pharmacy deliveries on the 9th of every month 	V 118		

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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 289 WADE ROAD SCOTLAND NECK, NC 27874
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V 118	Continued From page 13 This deficiency has been cited 3 times since the original cite on 9/9/22 and must be corrected within 30 days.	V 118		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 1 of 2 audited clients (#2) maintained their rights to	V 540		

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V 540	<p>Continued From page 14</p> <p>privacy. The findings are:</p> <p>Review on 6/27/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/20/24 - Age: 10 years old - Diagnoses: Major Depressive Disorder recurrent/moderate, Post Traumatic Stress Disorder chronic, Other Disorders of Psychological Development, Attention Deficit Hyperactivity Disorder combined type, and Oppositional Defiant Disorder <p>Observation on 6/22/24 of client #2's bedroom door at approximately 1:45pm revealed:</p> <ul style="list-style-type: none"> - client #2 had a french door leading to his room with a window in each door - one side of the door had a blind covering all but approximately 4 inches from the bottom of the window and no covering on the other door <p>Interview on 6/28/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - they covered the french doors after the last survey but a client tore them down - they put them back up but they were down again <p>Interview on 6/28/24 the Compliance Officer reported:</p> <ul style="list-style-type: none"> - they just replaced the blinds for client #2's doors because the clients kept tearing them down - hadn't thought about a different solution other than the blinds - she may try and do something different since the clients kept tearing down the blinds <p>Interview on 7/2/24 the Owner reported:</p> <ul style="list-style-type: none"> - he just hadn't had the money for repairs and the clients were always damaging things - he would have the blinds replaced 	V 540		

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V 540	Continued From page 15 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 540		
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 interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 6/24/24 at approximately 1:45pm revealed: <ul style="list-style-type: none"> - missing door knob on client #1's closet door - a section of sheetrock paper approximately 3 feet long and 2 feet high was missing on the wall behind client #1's bed - blinds on 2 windows in the bedroom of clients #2 and #3 were missing 10 slats - a dried water spot approximately the size of a basketball on the ceiling in client #2's and #3's bedroom - multiple spots ranging in size from a 6 inch square to approximately 2 feet by 3 feet around the bedrooms of clients #2, #3, and #4 with mismatched paint - kitchen cabinet drawer under stove was covered in food debris, such as crumbs and a grease-like substance, and missing a knob - burn mark approximately 2 inches long on the kitchen counter behind the stove - area of blue carpet with a white spot about 	V 736		

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V 736	<p>Continued From page 16</p> <p>the size of a basketball in the game room</p> <p>Interview on 6/27/24 staff #5 reported:</p> <ul style="list-style-type: none"> - if something in the facility needed to be fixed, he would try to fix it - if unable to fix it, he would report it to the Qualified Professional (QP) or the Compliance Officer <p>Interview on 6/28/24 the QP reported:</p> <ul style="list-style-type: none"> - the blinds had been replaced but were broken again when clients became upset - the mismatched spots of paint on the walls were from repairs to holes in the walls caused by clients - he notified the Owner or the Compliance Officer if repairs were needed in the facility - the Owner was responsible for maintenance and repairs of the facility <p>Interview on 7/1/24 the Compliance Officer reported:</p> <ul style="list-style-type: none"> - she completed walkthroughs of the facility weekly - she sent needed repairs to the Owner - the Owner had a contractor that typically completed all repairs and maintenance - the blinds were just replaced last week but the clients had broken them again <p>Interview on 7/2/24 the Owner reported:</p> <ul style="list-style-type: none"> - he had a contractor to complete repairs but something was always being broken - client #1 was constantly tearing the sheetrock paper on the wall behind his bed - the mismatched paint was due to repairs from clients hitting holes in walls - the blinds were constantly being replaced and would be broken again right away - he just received an estimate for all the repairs 	V 736		

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V 736	Continued From page 17 - "There is no way that we can pay that to get that house fixed in the summer time with having to be fully staffed all day." - planned to get many of the repairs done when clients returned to school This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 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. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100 - 116 degrees Fahrenheit. The findings are: Observation on 6/24/24 at approximately 1:45pm revealed: - the kitchen sink, bathroom sink and bathroom tub faucets water temperatures were 119 degrees Fahrenheit Interview on 6/24/24 the Qualified Professional (QP) reported: - water tempertures were checked by him monthly - "I just use my hand" to check the water	V 752		

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V 752	<p>Continued From page 18</p> <p>temperature</p> <ul style="list-style-type: none"> - "Is it 120?" <p>Interview on 7/1/24 the Compliance Officer reported:</p> <ul style="list-style-type: none"> - water tempertures were checked in April and were "about 110 then" - the QP was responsible for checking them - a water temperature thermometer is kept at the facility <p>Interview on 7/2/24 the Owner reported:</p> <ul style="list-style-type: none"> - the QP was responsible for checking water tempertures - he thought someone turned the water temperature up - the water temperture guage is digital and easy to adjust - he was going to have someone start checking it daily 	V 752		