

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHANGING LIVES GROUP HOME II, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5788 BETHEL CHURCH ROAD MC LEANSVILLE, NC 27301</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 4, 2024. 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>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of 3 audits of 3 current clients.</p>	V 000		
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing</p>	V 117		

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

Division of Health Service Regulation

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V 117	<p>Continued From page 1</p> <p>practitioner.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure prescription medications were dispensed in a tamper resistant packaging that minimized the risk of accidental ingestion and failed to ensure the packaging label of each prescription drug dispensed included the client's name, the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed drug and the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 1 of 3 audited clients (#3). The findings are:</p> <p>Observation on 8/29/24 at 10:12am of client #3's medications revealed: -Stored in a clear plastic container with the client #3's first and last name -2 loose pills were in the bottom of client #3's clear plastic container -The first pill was white and had G10 and was identified as Metformin and the second pill was purple and gray and identified as Olanzapine</p> <p>Review on 8/29/24 of client #3's medications revealed: -Physician's orders dated 8/26/24 for Metformin 500mg, 1 po qd with supper and Olanzapine 20mgs, 1 po bid</p> <p>Interview on 8/29/24 with client #3 revealed:</p>	V 117		

Division of Health Service Regulation

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V 117	<p>Continued From page 2</p> <p>-The facility staff administered his medications. -Had not refused his medications.</p> <p>Observation and interview on 8/29/24 at 11:41am with staff #1 revealed: -Regarding the loose pills in client #3's clear plastic storage container, "they probably just fell out of the package." -Picked the two pills, looked at them and then placed them back at the bottom of the container -"[Staff #2] is responsible for disposing of the medications."</p> <p>Interview on 9/4/24 with the Executive Director revealed: -Was not aware there were loose pills in client #3's container -"I will have all the staff retrained on medication administration and how to dispose of prescription medications."</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>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:</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the MARs was kept current, and administration of medications was documented immediately following administration affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/29/24 of client #3's medications revealed: -Physician's orders dated 3/15/24 for Polyethylene Glycol Powder, take 17 grams po q hs for constipation, mix in 8 ounces of fluid. -Blanks for the Polyethylene Glycol Powder -The MARs had blanks from from June 1st to 30th 2024 , July 1st to 31st and August 1st to August 28th for the Polyethylene Glycol Powder.</p> <p>Interview on 8/29/24 with client #3 revealed: -"I have not taken that since I got out of the</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>hospital."</p> <p>Interview on 8/29/24 with staff #1 revealed: -"[Client #3] was prescribed a laxative. He doesn't take it. He will just say he doesn't need it. I have not signed on the back (of the MAR) when he refuses it. I am sorry."</p> <p>Interview on 9/4/24 with the Executive Director revealed: -Was unaware client #3 was not taking his Polyethylene Glycol Powder as prescribed by the physician. -Was not aware staff were not keeping the MARs current -Would have all the facility staff retrained in Medication Administration.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate.</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 5</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to store external and internal medications separately for 1 of 3 clients (#3). The findings are:</p> <p>Observation on 8/29/24 at 10:12am of client #3's medications revealed: -Internal and external medications were not stored separately</p> <p>Review on 8/29/24 of client #3's medications revealed: -Physician's orders dated 8/26/24</p> <p>Interview on 8/29/24 with client #3 revealed: -The facility staff administered his medications. -Had not refused his medications.</p> <p>Interview on 8/29/24 at 11:41am with staff #1 revealed: -Internal medications meant taking them "by mouth", and external medications would be "a nasal spray and a cream." -Was not sure why client #3's internal and external medications were not stored separately. -"We just put all the medications in the same bin."</p> <p>Interview on 9/4/24 with the Executive Director revealed:</p>	V 120		

Division of Health Service Regulation

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V 120	Continued From page 6  -Was not sure why client #3's internal and external medications were not stored separately. -"I will have all the staff go back through medication administration training."	V 120		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 7</p> <p>specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a minimum of one staff was present at all times when a client was on the premises, except when the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 2 of 3 clients (#2, and #3). The findings are:</p> <p>Observations on 8/29/24 at 8:43am of the facility's clients revealed: -Facility Compliance Consultant (FCC) arrived at the facility on 8/29/24 at 8:43am. -The facility's clients were observed waiting at the left end of the road. -There was no staff present. -The woods blocked the staff's view of the clients as they waiting for public transportation.</p> <p>Review on 8/29/24 of client #2's record revealed: -An admission date of 3/19/24 -Diagnoses of Schizophrenia Spectrum and Other</p>	V 290		



Division of Health Service Regulation

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V 290	<p>Continued From page 8</p> <p>Psychotic Disorders, Amphetamine-Type Substance Use Disorder and Cannabis Use Disorder</p> <p>-Age 28</p> <p>-An assessment dated 3/19/24 noted "recently moved into the group home after being hospitalized, first time living in a group home setting, would like to one day have a job, will presently attend a PSR (PsychoSocial Rehabilitation) program on a daily basis, will learn social skills, communication skills and community integration, has a guardian that assists with making decisions for him regarding his health and mental health, is currently compliant with all medications and medical appointments."</p> <p>-A treatment plan dated 3/29/24 noted "will engage in and learn the community structure by following the household rules set forth in the group home to include him being able to complete basic household tasks, keeping a set hygiene routine throughout the duration of this current plan, the facility will provide residential care for member 24/7/365, refrain from using substances, attend all scheduled medical appointments, maintain medication regimen, review positive coping strategies, will be able to communicate his needs and wants to others by expressing his feelings, providing information on what is wrong, his likes, his dislikes throughout the duration of this plan."</p> <p>-No documentation of the client's ability to have unsupervised time in the home or community</p> <p>Review on 8/29/24 of client #3's record revealed:</p> <p>-An admission date of 6/28/21</p> <p>-Diagnoses of Schizophrenia, Cannabis Use Disorder, Moderate, Chronic Hepatitis C and Hypertension</p> <p>-Age: 34</p> <p>-An assessment dated 6/28/21 noted "has lived in</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 9</p> <p>the facility since June 2021, is currently not seeking employment, has a guardian that assists with making decisions for him, currently lives in a group home setting where he is in a remote location, continues to remain compliant with all medications and medical appointments, has had difficulty over the past year or so with managing his mental health, his father is very supportive of him, is very strong minded, is able to express to others when his mental health is off but tends to have moments of not being able to keep his thoughts straight, and obstacles for him currently include his want for substances at times."</p> <p>-A treatment plan dated 6/13/24 noted "will be able to learn about his mental health and learn what it takes to be able to manage his mental health through the use of medications as well as different interventions and strategies by learning more about his mental health through research, learning about his personal triggers and symptoms, developing and utilizing different coping strategies throughout the duration of this plan, will continue to develop healthy relationships with his family, service providers and others through the use of open communication, engagement in services, participation in different events throughout the duration of this plan."</p> <p>-No documentation of the client's ability to have unsupervised time in the home or community</p> <p>Interview on 8/29/24 with client #2 revealed: -Waited at the bottom of the driveway for the bus to transport him to the day program -"I can only be alone at the house for a few minutes while staff runs to the store."</p> <p>Interviews on 8/29/24 with clients #1 and #3 revealed: -Waited at the bottom of the driveway for the bus to transport them to the day program.</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 10</p> <p>Interview on 8/29/24 with staff #1 revealed: -None of the clients at the facility had unsupervised time. -The clients wait at the bottom of the driveway to ride the bus to the day program. -"I have had them move into the center of the grassed in area. If it is raining, they will remain on the porch until he blows the horn." -Staff #1 admitted she could not see the clients from inside the facility unless she was on the front porch.</p> <p>Interview on 8/30/24 with staff #2 revealed: -The clients were to be supervised -"When I am here I be sitting outside. I have them on the right side (of the gravel driveway) so I can see them." -It was "very seldom" the clients had unsupervised time in the facility. -"Only if I have a funeral, do I leave them alone. It's no longer maybe about 2 ½ hours and then I come back right away." -"I have no idea why she (staff #1) wouldn't be supervising them. I never told [staff #1] not to supervise the clients. The clients know what side (of the gravel driveway) to stand on. They know where they are supposed to be. They sure do."</p> <p>Interview on 8/29/24 with the Qualified Professional (QP) revealed: -Was responsible for assessing the clients for unsupervised time and putting it in the clients' treatment plans. -"The clients were only allowed unsupervised time if the staff has to run to the store. The clients can stay in home so it's not actual unsupervised time in the community. They can stay up to 1 hour in the home."</p>	V 290		

Division of Health Service Regulation

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V 290	Continued From page 11  Interview on 9/4/24 with the Executive Director revealed: -The QP was responsible for assessing the clients for unsupervised time and putting it in the clients' treatment plans. -"I was not aware of that. I will get with [the QP] to correct that (no documentation of unsupervised time)."  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 12</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2024</b>
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V 367	<p>Continued From page 13</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II incident report within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/29/24 of the facility's incident reports revealed: -No level II incident report was submitted for client #2's hospitalization for kidney stones.</p> <p>Interview on 8/29/24 with client #2 revealed: -Was hospitalized for kidney stones "on either 8/5 (2024) or 8/6 (2024)" and had to have surgery.</p> <p>Interviews on 8/29/24 and 8/30/24 with staff #1 and #2 revealed:</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>-Client #2 was admitted to the hospital for kidney stones and had surgery.</p> <p>Interview on 8/29/24 with the Qualified Professional (QP) revealed: -"I am going to be up front with you. [Client #2] was admitted to the hospital at the beginning of the month (August 2024) with kidney stones and I did not do a level II incident report." -Would ensure in the future level II incident reports were completed within the mandated time frames.</p> <p>Interview on 9/4/24 with the Executive Director revealed: -Was aware a level II incident report was to be submitted within 72 hours. -Was aware client #2 was admitted to the hospital for kidney stone surgery in August 2024. -The QP was responsible for the level II incident reports</p>	V 367		
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 observations and interviews, the facility and its grounds were not maintained in a clean and attractive manner. The findings are:</p> <p>Observations on 8/29/24 from 11am to 11:38am of the facility revealed: -The air conditioning vent was covered in dust</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>-A piece of molding, approximately 2 inches by 3 inches, was missing above the dining room table</li> <li>-The storage cabinet for the trash can was missing the door</li> <li>-The storage cabinet's door was leaning against the fireplace mantle</li> <li>-The lower right side of the fireplace was missing two bricks</li> <li>-The clients' toilet and sink had brown-like stains and needed to be cleaned.</li> <li>-The clients' shower/tub combo had shoes in it and brown-like stains and need to be cleaned.</li> <li>-The clients' bathroom #2's toilet and sink had brown-like stains and needed to be cleaned.</li> <li>-The clients' shower/tub combo had brown-like stains and need to be cleaned.</li> <li>-The clients' bathroom #3's toilet and sink had brown-like stains and needed to be cleaned.</li> <li>-The client's pillows were soiled and had stains on them</li> </ul> <p>Interview on 8/29/24 with client #1 revealed: -"We are to clean up after ourselves and staff is to make sure we clean the house. They are supposed to go behind us to make sure we did a good job. I usually take out all the trash as my chore. I also have to clean the sink and toilet. I will not clean the shower. I will if I have to, but I don't like to get on my knees to clean things."</p> <p>Interview on 8/29/24 with client #2 revealed: -"We all clean the house. We all do chores here. We switch it up. On Sundays, I mop and sweep the bathroom. I cleaned the bathrooms about two weeks ago. The staff is to follow up behind us to make sure we cleaned everything."</p> <p>Interview on 8/29/24 with client #3 revealed: -The clients were responsible for cleaning the bathrooms.</p>	V 736		



Division of Health Service Regulation

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V 736	<p>Continued From page 16</p> <p>"I haven't cleaned the bathroom in a week. I've been gone for almost a week. It probably does need to be cleaned again."</p> <p>Interview on 8/29/24 with staff #1 revealed: -"With the cleanliness of the facility, I was told by [the Executive Director (ED) that me and [staff #2] are to clean the bathrooms and get them in order. We do the chore charts. [Staff #2] is responsible for cleaning. She told me they (the clients) do the cleaning on Saturdays."</p> <p>Interview on 8/30/24 with staff #2 revealed: -"The note on the bathroom door? Let me go look. Oh, that's [the ED] that put it up there ...they clean their own bathrooms, and I assist them. I do the main cleaning on the weekends when I get here ..." -"These plastic tubs (shower/tub combos), when we use bleach, and it stains them. I put the dish detergent in the bucket, we mop the floors. Me and [the ED] looked at the tubs. He said the wax needs to be taken off ...it is a job cleaning the showers." -"The toilets, you can't get the stains out. I scrub it with the commode brush and if you put bleach in there, it gets worse. I think it is the water (hard). It has been like that since I started here. I make sure the house is good and sanitized. I keep plenty of bleach in the house."</p> <p>Interview on 8/29/24 with the Qualified Professional revealed: -"I was not aware light bulbs were burned out nor was I aware bulbs were not over the vanity." -"Usually, the members clean the bathrooms. The staff are to follow up behind them. I do remember 2 weeks ago, [staff #2] said the tubs were hard to clean out. She said she thought it was hard water and she had something to clean it with. I know</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 17</p> <p>she has tried several times to scrub them ...we heard from some neighbors that there was rust in their pipes ...we've struggled with the stains ...I will call the landlord ..."</p> <p>Interview on 9/4/24 with the ED revealed: -Was not aware two bricks were missing from the fireplace mantel. -"I don't know what happened. That's the first time I have noticed that." -Was aware of the stains in the clients' bathrooms toilet and shower areas. -"This place (the facility) has well water and it's in the country. I have never dealt with it (stains) before. It has something to do with the well. I have told the landlord about the issues, and he is working on it. The landlord will look into it and we will check it out to see what is making the stains."</p>	V 736		