PRINTED: 09/12/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI		PLE CONSTRUCTION		E SURVEY IPLETED
		34G248	B. WING			09/	11/2024
	PROVIDER OR SUPPLIER  SSWOOD GROUP HO	ME		:	STREET ADDRESS, CITY, STATE, ZIP CODE 214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
E 015	CFR(s): 483.475(b)  §403.748(b)(1), §41 (1), §460.84(b)(1), §483.475(b)(1), §4	18.113(b)(6)(iii), §441.184(b) §482.15(b)(1), §483.73(b)(1), §5.542(b)(1), §485.625(b)(1)  Docedures. [Facilities] must ment emergency preparedness lures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must odated every 2 years [annually At a minimum, the policies and ddress the following:  If subsistence needs for staff for they evacuate or shelter in fare not limited to the following: dical and pharmaceutical the protect patient health and afe and sanitary storage of thing.  Extinguishing, and alarm faste disposal.	EO	015	,		
LABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G248	B. WING		09	/11/2024
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E 039	hospice employees evacuate or shelter limited to the follow (A) Food, water, mosupplies. (B) Alternate source following: (1) Temperatures to safety and for the sprovisions. (2) Emergency light (3) Fire detection, esystems. (C) Sewage and water the systems. (C) Sewage and water supply on 9/1 present, and an inactients and staff for linterview with the horevealed the water discarded, and was qualified intellectual (QIDP) on 9/11/24 in the facility did not hood and water supply which signals.	and patients, whether they in place, include, but are not ing: edical, and pharmaceutical es of energy to maintain the protect patient health and afe and sanitary storage of ting. Extinguishing, and alarm aste disposal. It is not met as evidenced by: tions and interview, the facility provision of subsistence and staff relative to the individual water supply. The finding is: facilities emergency food and 0/24 revealed no water supply dequate amount of food for a 3-day period.  In ome manager on 9/10/24 supply had expired, was anot replaced. Interview with a disabilities professional revealed they were unaware ave an adequate emergency ply. Continued interview with a the facility should maintain a should be inspected regularly sion of subsistence needs.	ΕO			

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
E 039	§416.54(d)(2), §41 §460.84(d)(2), §48 §483.475(d)(2), §4 §485.542(d)(2), §4 §485.920(d)(2), §4 °* [For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRI (2) Testing. The [fa to test the emerger must do all of the formunity-based (A) When a commaccessible, conduce exercise every 2 years (B) If the [facility natural or man-mackivation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an add years, opposite the functional exercise this section is conducted in the formunity-based of functional exercise (B) A mock disaste (C) A tabletop exercise exercise (B) A mock disaste (C) A tabletop exercise exercise exercise (B) A mock disaste (C) A tabletop exercise (B)	8.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 84.102(d)(2), §485.68(d)(2), 85.625(d)(2), §485.727(d)(2), 91.12(d)(2), §494.62(d)(2). 6.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]:  cility] must conduct exercises be plan annually. The [facility] bellowing:  ull-scale exercise that is every 2 years; or unity-based exercise is not at a facility-based functional ears; or ty] experiences an actual de emergency that requires hergency plan, the [facility] is ging in its next required or individual, facility-based following the onset of the litional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of lucted, that may include, but is or individual, facility-based; or individual, facility-based; or individual, facility-based; or	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		34G248	B. WING _		09	/11/2024
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E 039	scenario, and a set directed messages designed to challer (iii) Analyze the [fact maintain document exercises, and emergency [facility's] emergency *[For Hospices at 4 (2) Testing for hospatient's home. The exercises to test the annually. The hospice in a fact community based of (A) When a community based of (A) When a community based of (B) If the hospice eman-made emergency plane emergency pla	y-relevant emergency of problem statements, or prepared questions ge an emergency plan. cility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed.  18.113(d):] Dices that provide care in the enospice must conduct emergency plan at least poice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or exercise or individual on, the hospital is exempt from a required full scale exercise or individual onal exercise following the ency event. Sitional exercise every 2 years, or effull-scale or functional eagraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	E 03	9		

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(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 039	directed messages designed to challer (3) Testing for hosp care directly. The hexercises to test theyear. The hospice (i) Participate in an is community-base (A) When a community-based function (B) If the hospice eman-made emergency planengaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based of exercise; or (B) A mock disasted (C) A tabletop exercise; or (B) A mock disasted (C) A tabletop exercise facilitator that including an a set of problem messages, or preporticity. Analyze the homaintain document exercises, and emergen (iii) Analyze the homaintain document exercises and emergen (iii) exercises and emergen (iiii) exercises and emergen	of problem statements, , or prepared questions age an emergency plan.  Dices that provide inpatient cospice must conduct e emergency plan twice per must do the following: annual full-scale exercise that d; or unity-based exercise is not t an annual individual onal exercise; or experiences a natural or ency that requires activation of ent, the hospice is exempt from exercise of the emergency event. Editional annual exercise that enot limited to the following: cale exercise that is or a facility based functional er drill; or recise or workshop led by a des a group discussion using a relevant emergency scenario, en statements, directed ared questions designed to	E	039			

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E 039	§482.15(d), CAHs (2) Testing. The [Pl conduct exercises twice per year. The do the following: (i) Participate in ar is community-base (A) When a comme accessible, conduct facility-based funct (B) If the [PRTF, H actual natural or m requires activation [facility] is exempt for required full-scale of facility-based funct onset of the emerg (ii) Conduct ar and that may include following: (A) A second full-scommunity-based of functional exercise (B) A mock (C) A tabletop of led by a facilitator ad discussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and eme [facility's] emergen.  *[For PACE at §466]	at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must an annual full-scale exercise that d; or unity-based exercise is not at an annual individual, ional exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the from engaging in its next community based or individual, ional exercise following the ency event.  In [additional] annual exercise or de, but is not limited to the cale exercise that is or individual, a facility-based it; or exercise or workshop that is and includes a group in narrated, clinically-relevant it, and a set of problem and messages, or prepared did to challenge an emergency e [facility's] response to and tation of all drills, tabletop ergency events and revise the cy plan, as needed.	EC	039			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	exercises to test the annually. The PAC following:  (i) Participate in an is community-base (A) When a community-based funct (B) If the PACE expended and the emergency platengaging in its next based or individual exercise following event.  (ii) Conduct an years opposite the exercise under partice conducted that in the following:  (A) A second full-scommunity-based functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, conscipling a narrated, conscipling a conducted that in the following:  (B) A mock disaste (C) A tabletop exercise (B) A mock disaste (C) Exercise (B) A mock disaste (C) Exercise (B) A mock disaste (C) A tabletop exercise (B) A mock disaste (C) A tabletop exercise (B) A mock disaste (C) Exercise (B) A mock disaste (C) A tabletop exercise (B) A mock disaste (B) A moc	e emergency plan at least E organization must do the an annual full-scale exercise that ad; or unity-based exercise is not an annual individual, ional exercise; or periences an actual natural or ency that requires activation of an, the PACE is exempt from the required full-scale community, facility-based functional the onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited to ecale exercise that is for individual, a facility based; or er drill; or recise or workshop that is led by sludes a group discussion, linically-relevant emergency to for problem statements, and of all drills, tabletop ergency events and revise the y plan, as needed.	E	039			

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E 039	including unannoune emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function actual natural or marequires activation of LTC facility is exemined a full-scale individual, facility-based following the onset (ii) Conduct an additional exercise; (B) A mock disasted (C) A tabletop exert a facilitator includes narrated, clinically-rand a set of problem messages, or prepare challenge an emergical individual exercises, and emergical exercises. The ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must desired as exercises.	ced staff drills using the ures. The [LTC facility, e following: annual full-scale exercise that d; or unity-based exercise is not an annual individual, onal exercise. ty] facility experiences an an-made emergency that of the emergency plan, the pt from engaging its next e community-based or ased functional exercise of the emergency event. In the exercise that not limited to the following: cale exercise that is or an individual, facility based or er drill; or cise or workshop that is led by a group discussion, using a relevant emergency scenario, on statements, directed ared questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop ergency events, and revise the semergency plan, as needed.  83.475(d)]:  F/IID must conduct exercises cy plan at least twice per year. To the following: annual full-scale exercise that	E 03	9		

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		34G248	B. WING			09/	11/2024
	PROVIDER OR SUPPLIER  GSWOOD GROUP HO	ME		21	TREET ADDRESS, CITY, STATE, ZIP CODE  14 HOLLINGSWOOD DRIVE  TATESVILLE, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	(A) When a communication accessible, conduct facility-based function (B) If the ICF/IID eximan-made emerge the emergency plar engaging in its next community-based of functional exercise emergency event.  (ii) Conduct an add may include, but is (A) A second full-so community-based of functional exercises (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, cl scenario, and a set directed messages designed to challen (iii) Analyze the ICF maintain document exercises, and emerger least annually. The (i) Participate in a ficommunity-based; (A) When a coraccessible, conduction.	unity-based exercise is not t an annual individual, onal exercise; or. operiences an actual natural or ency that requires activation of a, the ICF/IID is exempt from t required full-scale or individual, facility-based following the onset of the itional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or ar drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions and eation of all drills, tabletop ergency events, and revise the cy plan, as needed.  I.102]  HHA must conduct exercises any plan at HHA must do the following: util-scale exercise that is	E	039			

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E 039	of the emergency pengaging in its nex community-based functional exercise emergency event.  (ii) Conduct an addopposite the year the exercise under partise conducted, that limited to the follow (A) A second frommunity-based functional exercise (B) A mock dis (C) A tabletopoled by a facilitator addiscussion, using a emergency scenar statements, directed questions designed plan.  (iii) Analyze the Hidocumentation of a emergency events emergency plan, a *[For OPOs at §48 (d)(2) Testing. The to test the emergency following:  (i) Conduct a pape workshop at least a led by a facilitator addiscussion, using a emergency scenar statements, directed statements, d	rigency that requires activation plan, the HHA is exempt from the required full-scale or individual, facility based following the onset of the litional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not at may include, but is not at may include, but is not at may individual, facility-based is or an individual, facility-based is or an individual, facility-based includes a group in narrated, clinically-relevant it, and a set of problem and messages, or prepared at to challenge an emergency lays response to and maintain all drills, tabletop exercises, and and revise the HHA's is needed.	E	039			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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E 039	plan. If the OPO ex man-made emerge the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency events, OPO's] emergency exercises to test the must do the followin (i) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercises to test the must do the followin (ii) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercise of problem statements of problem statements and emergency plan. (iii) Analyze the RNI maintain documents and emergency plan, as This STANDARD is Based on record refailed to conduct bits Emergency Preparting finding is:  Review of the facilitabletop exercise direvealed no eviden community/facility-lexercise.	reperiences an actual natural or ency that requires activation of a, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain all tabletop exercises, and and revise the [RNHCI's and plan, as needed.  748]: RNHCI must conduct e emergency plan. The RNHCI ng: rebased, tabletop exercise at bletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an ents, and revise the RNHCI's response to and revise the RNHCI's	E 03	9			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
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E 039	not conducted an a	•	E 0:	39			
W 104	GOVERNING BOD CFR(s): 483.410(a)  The governing body budget, and operation of the server interviews, the gover failed to exercise godirection over the faroutine repairs and home were comple finding is:  Observations throus revealed damage in include a broken based wall damage, and be Continued observation a chair missing an ameal on 9/10/24.  Review of the facility 9/11/24 revealed not the bathroom sin room chairs.  Interview with the home revealed the damage they are waiting for Interview with quality professional (QIDP) were aware of the residual professional for the professional (QIDP) were aware of the residual professional for the p		W 10	04			