

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2024
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NAME OF PROVIDER OR SUPPLIER RSI - EPHESUS CHURCH ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 4, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>27G .0205 (C-D) Expired PCPs will be updated and signed to make them current. A calendar of non-Waiver ISP meetings will be created to ensure that meetings occur on an annual basis and support plans are created prior to the current plan's expiration date. Supervisor will be trained on the schedule and Director will monitor the schedule each month to ensure all meetings are scheduled and plans created and signed on time.</p>	11/3/2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Brandi Baker, BA/QP
TITLE
Director of Supported / Independent Living Services
(X6) DATE
10/17/2024

RECEIVED BY MHL & C
10/17/24

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting two of three audited clients (#1 and #2). The findings are:</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Person Centered Plan (PCP) dated 8/1/23. -There was no documentation of a current plan.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed: -Admission date of 9/15/23. -Diagnoses of Moderate Intellectual Disability and Epilepsy. -PCP dated 8/24/23. -There was no documentation of a current plan.</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services (DSL) revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned. -The calls were not returned prior to the exit on 9/4/24.</p> <p>Interview on 9/3/24 with the Support Services</p>	V 112		

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V 112	Continued From page 2 Supervisor revealed: -She just sent the DSLS a text to inquire about the PCPs for clients #1 and #2. -The DSLS texted and stated both plans expired at the end of August 2024. -The DSLS stated she didn't realize the plans expired for clients #1 and #2. -She confirmed the facility failed to schedule a review of a plan at least annually for clients #1 and #2.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	27G .0207 All drills were completed as scheduled and required except for one day shift disaster drill during the 4th quarter of 2023. These documents were stored in an alternate location and not found on the day of the survey. These documents are included in POC response. All drills have been completed as required so far in 2024. Drills are monitored every month by a committee and missing drills completed after follow up by committee and supervisor.	2/14/2024

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 9/3/24 of the facility's fire and disaster drill log from November 2023-August 2024 revealed:</p> <ul style="list-style-type: none"> -There was no fire drill conducted for the day shift during the 2nd quarter (April, May, June) of 2024. -There was no fire drill conducted for the day shift during the 1st quarter of (January, February, March) of 2024. -There were no fire drills conducted during the 4th quarter (October, November, December) of 2023. -There was no disaster drill conducted for the day shift for the 2nd quarter (April, May, June) of 2024. -There was no disaster drill conducted for the day shift during the 1st quarter of (January, February, March) of 2024. -There were no disaster drills conducted during the 4th quarter (October, November, December) of 2023. <p>Interview on 9/3/24 with client #1 revealed:</p> <ul style="list-style-type: none"> -They did fire and disaster drills with staff. -They went outside to the mailbox for fire drills. -They went downstairs for disaster drills. <p>Interview on 9/3/24 with client #2 revealed:</p> <ul style="list-style-type: none"> -They went outside for fire drills. -They went downstairs for disaster drills. <p>Interview on 9/3/24 with client #3 revealed:</p> <ul style="list-style-type: none"> -They went outside to the mailbox for fire drills. -They went downstairs for tornado drills. <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services</p>	V 114		

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V 114	Continued From page 4 revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned. -The calls were not returned prior to the exit on 9/4/24. Interview on 9/3/24 with the Senior Direct Support Coordinator revealed: -"The staff shifts are a little different in this facility." -Staff worked 3 pm to 9 pm. -Some staff did an overnight shift during the week. -Weekend staff worked 10 am to 6 pm and overnight. -Staff were doing fire and disaster drills. -She thought some of the documented drills were misplaced by staff.	V 114		
V 118	27G .0209 (C) Medication Requirements 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 all drugs administered to each client must be kept	V 118	Re-training completed with supervisors on the requirement of having medication orders in the record prior to administering a new medication was completed on 9/4/2024. Supervisor will verify orders are received for all new medications prior to medication being added to medication record and administered. Supervisor will monitor this on a monthly basis. Supervisor will retrain all employees certified in medication administration to sign off on all medications as scheduled in MAR and to complete reviews of the MAR on a daily basis. Supervisor will monitor MAR on a weekly basis.	11/3/2024

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V 118	<p>Continued From page 5</p> <p>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 observation, record reviews and interviews, the facility failed to keep the MARs current affecting one of three audited clients (#1) and failed to have physician's orders affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Physician's order dated 8/26/24 for Ketoconazole cream 2% (Dry, flaky skin), apply topically to affected area daily. -Physician's order dated 4/30/24 for Lorazepam 0.5 milligrams (mg) (Anxiety), one half tablet in morning and at 4 pm. -Physician's order dated 3/18/24 for D-Mannose</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>500 mg (Urinary Tract Infection), one capsule in morning and Quetiapine 100 mg (Major Depressive Disorder), one tablet at bedtime</p> <p>Review on 9/3/24 of MARs for client #1 revealed:</p> <p>September 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for Ketoconazole cream 2% on 9/1 and 9/2. <p>July 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for D-Mannose 500 mg on 7/8 and 7/23; Lorazepam 0.5 mg on 7/13 4 pm dose and Quetiapine 100 mg on 7/4. <p>Interview on 9/3/24 with the Senior Direct Support Coordinator revealed:</p> <ul style="list-style-type: none"> -Client #1 had therapeutic leave in July 2024. -Staff possibly forgot to indicate that on her MAR. <p>Interview on 9/3/24 with the Support Services Supervisor revealed:</p> <ul style="list-style-type: none"> -She had no explanation for the blank boxes on client #1's MAR because that was not her facility. -She confirmed the MAR for client #1 was not current. <p>2. Reviews on 8/29/24 and 9/3/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> -There were no physician's orders for the medications below. <p>Observation on 9/3/24 at approximately 11:30 am client #1's medication bin revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Nitrofurantoin 100 mg (Urinary Tract Infection) -Bupropion HCL 300 mg (Depression) -Ketoconazole Shampoo 2% (Itchy, flaky scalp) 	V 118		

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V 118	<p>Continued From page 7</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed: -Admission date of 9/15/23. -Diagnoses of Moderate Intellectual Disability and Epilepsy. -There were no physician's orders for the medications below.</p> <p>Observation on 9/3/24 at approximately 11:45 am client #2's medication bin revealed: The following medications were available for administration- -Acetyl-L-carnitine 500 mg (Depression) -Fluticasone 50 mg (Allergy symptoms)</p> <p>Reviews on 8/29/24 and 9/3/24 of client #3's record revealed: -Admission date of 8/14/04. -Diagnoses of Moderate Intellectual Disability, Major Depressive Disorder-single episode, Adjustment Disorder with mixed anxiety and depressed mood, Down Syndrome, Hearing Loss (right ear) and Hypothyroidism. -There were no physician's orders for the medications below.</p> <p>Observation on 9/3/24 at approximately at 11:20 am client #3's medication bin revealed: The following medications were available for administration- -Melatonin 3 mg (Sleep) -Facial moisturizer (Dry skin)</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned.</p>	V 118		

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V 118	Continued From page 8 -The calls were not returned prior to the exit on 9/4/24. Interview on 9/3/24 with the Support Services Supervisor confirmed: -There was no documentation of physician's orders for clients #1, #2 and #3.	V 118		
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	V 290	27G .5602 Unsupervised time assessments will be completed as part of the annual ISP process. Supervisor will be trained on this process and review of unsupervised time will be conducted when the client's PCPs are updated.	11/3/2024

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V 290	<p>Continued From page 9</p> <p>present and two staff present for every four or more 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.</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 observation, record reviews and interviews, the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home without supervision for specified periods of time for two of three audited clients (#1 and #2). The findings are:</p> <p>Observation on 8/29/24 at approximately 11:15 an revealed: -Client #2 was at the facility alone upon surveyor's arrival.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Unsupervised time assessment dated 9/3/19-Client #1 had 90 minutes at the facility</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>without staff supervision.</p> <p>-There was no documentation client #1's plan was reviewed in 2024 to ensure she remained capable of continuing unsupervised time at the facility.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed:</p> <p>-Admission date of 9/15/23.</p> <p>-Diagnoses of Moderate Intellectual Disability and Epilepsy.</p> <p>-Person Centered Plan dated 8/24/23-He had 6 hours at the facility without staff supervision.</p> <p>-There was no documentation client #2's plan was reviewed in 2024 to ensure he remained capable of continuing unsupervised time at the facility.</p> <p>Interview on 9/3/24 with client #1 revealed:</p> <p>-She had unsupervised time at the facility.</p> <p>-She had 1 and 1/2 hours daily.</p> <p>-She had unsupervised at the facility for several years.</p> <p>-She stayed at the facility without staff 1 or 2 days a week.</p> <p>Interview on 9/3/24 with client #2 revealed:</p> <p>-He had unsupervised time at the facility.</p> <p>-"I stay at home (the facility) most of the day unsupervised."</p> <p>-He had unsupervised time since he was admitted to the facility last year in September 2023.</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services revealed:</p> <p>-She was called and did not answer.</p> <p>-Text messages were sent requesting the calls be returned.</p>	V 290		

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V 290	<p>Continued From page 11</p> <p>-The calls were not returned prior to the exit on 9/4/24.</p> <p>Interview on 9/3/24 with the Senior Direct Support Coordinator revealed:</p> <ul style="list-style-type: none"> -Client #2 had unsupervised time at the facility. -Client #2 had up to 6 hours each day at the facility. -Client #1 also had unsupervised at the facility. -Client #1 had 1 and 1/2 hours each day. -Client #1 had unsupervised time since she started working at the facility in 2017. -They just recently talked about increasing the unsupervised time for client #1. -She thought client #1's unsupervised time assessment had been updated since 2019. 	V 290		

Residential Services, Inc.
Fire/Disaster Drill Summary Sheet

This document is intended for quick review/reference and is not the official fire/disaster drill report.
 Each fire and disaster drill must be reported on form: **Fire/Disaster Drill Report (RSI-PRO 07-01)**.

Day Shift = 9am - 9pm Night Shift = 9pm - 9am

Residential Location: Ephesus Church

Year: 2023

	Shift	Suggested Date	Suggested Time	Fire or Disaster	Announced or Unannounced	Actual Date	Total Time to Evacuate/Go to In-Home Shelter	Signal to Fire Station Confirmed (for fire drills)	Comments (include time of day drill was completed)
1st Quarter (Jan-Mar)	Day	Jan: Week 2	3p-5p	Fire	Unannounced	1/10/23	47.08 secs	yes	4P
	Day	Jan: Week 2	3p-5p	Disaster	Unannounced	1/10/23	1:20	N/A	5p; Hurricane
	Night	Feb: Week 1	10p-1a	Fire	Unannounced	2/7/23	53.35 secs	YES 7:40P	
	Night	Feb: Week 1	10p-1a	Disaster	Announced	2/10/23	45 sec	N/A	10P; Tornado
2nd Quarter (Apr-Jun)	Day	Apr: Week 1	7p-9p	Fire	Announced	4/15/23	15 secs	yes	7:20pm
	Day	Apr: Week 1	7p-9p	Disaster	Announced	4/11/23	45 sec	N/A	Tornado; 8:30p
	Night	May: Week 1	5a-8a *must awaken residents	Fire	Announced	6/21/23	2:36.04	yes	8am
	Night	May: Week 1	5a-8a	Disaster	Announced	6/24/23	1:00	N/A	Thunderstorm w/ Flood
3rd Quarter (Jul-Sept)	Day	Jul: Week 2	5p-7p	Fire	Unannounced	7/6/23	90 sec	Yes	Fire in the kitchen
	Day	Jul: Week 2	5p-7p	Disaster	Unannounced	7/23/23	30 sec	N/A	Tornado warning
	Night	Aug: Week 1	5a-8a *must awaken residents	Fire	Unannounced	8/5/23	5 mins	9am/yes	9a: Fire in Kitchen
	Night	Aug: Week 1	5a-8a	Disaster	Unannounced	9/30/23	2:40 secs	N/A	9a: Tropical Storm
4th Quarter (Oct-Dec)	Day	Oct: Week 1	7p-9p	Fire	Unannounced Announced	10/9/23	60 sec	Yes	Unknown due to maintenance painting
	Day	Oct: Week 1	7p-9p	Disaster	Announced				
	Night	Nov: Week 1	1a-5a	Fire	Announced	11/4/23	3 mins	5:45a; yes	5:45a
	Night	Nov: Week 1	1a-5a	Disaster	Announced	11/4/23	30 secs	N/A	tornado; 6am

Resident Services, Inc.
Fire/Disaster Summary Sheet

This document is intended for quick review/reference and is not the official fire/disaster drill report.
fire and disaster drill must be reported on form: Fire/Disaster Drill Report (RSI-PRO 07-01).

Each

Residential Location: Ephesus Church
 Day Shift = 9am - 9pm Night Shift = 9pm - 9am

Year: 2024

Shift	Suggested Date	Suggested Time	Fire or Disaster	Announced or Unannounced	Actual Date	Actual Time	Shift	Total Time (to Evacuate/Go to In-Home Shelter)	Signal to Fire Station Confirmed (for fire drills)	Residents woken from sleep?	
1st Quarter (Jan-Mar)	Day	Jan: Week 2	3p-5p	Fire	Unannounced	2/14/24	5:05P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	3mins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Day	Jan: Week 2	3p-5p	Disaster	Unannounced	3/20/24	3P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	30secs	<input type="checkbox"/>	<input type="checkbox"/>
	Night	Feb: Week 1	10p-1a	Fire	Unannounced	3/29/24	9P	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	3:48.	N/A	<input type="checkbox"/>
	Night	Feb: Week 1	10p-1a	Disaster	Announced	3/28/24	9PM	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	45 secs	<input type="checkbox"/>	<input type="checkbox"/>
2nd Quarter (Apr-Jun)	Day	Apr: Week 1	7p-9p	Fire	Announced	5/3/24	8:10P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	2:41	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Day	Apr: Week 1	7p-9p	Disaster	Announced	5/20/24	9:08P	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	38 sec	<input type="checkbox"/>	<input type="checkbox"/>
	Night	May: Week 1	5a-8a *must awaken residents	Fire	Announced	6/8/24	8A	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	3:43s	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Night	May: Week 1	5a-8a	Disaster	Announced	6/8/24	8A	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	30s	<input type="checkbox"/>	<input type="checkbox"/>
3rd Quarter (Jul-Sept)	Day	Jul: Week 2	5p-7p	Fire	Unannounced	7/19/24	5:30P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	1:16:97	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Day	Jul: Week 2	5p-7p	Disaster	Unannounced	7/19/24	6P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	30s	<input type="checkbox"/>	<input type="checkbox"/>
	Night	Aug: Week 1	5a-8a *must awaken residents	Fire	Unannounced	8/1/24	5P	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	5min	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Night	Aug: Week 1	5a-8a	Disaster	Unannounced	8/2/24	7A	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	30 sec	<input type="checkbox"/>	<input type="checkbox"/>
4th Quarter (Oct-Dec)	Day	Oct: Week 1	7p-9p	Fire	Announced			<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/>	<input type="checkbox"/>
	Day	Oct: Week 1	7p-9p	Disaster	Announced	9/27/24	11 AM	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	45secs	<input type="checkbox"/>	<input type="checkbox"/>
	Night	Nov: Week 1	1a-5a	Fire	Announced			<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/>	<input type="checkbox"/>
	Night	Nov: Week 1	1a-5a	Disaster	Announced			<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/>	<input type="checkbox"/>