Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		71. 501251110.			2
	MHL098-203	B. WING			7/2024
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
C WILSON COUNTY D	IDA .	_			
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
INITIAL COMMENT	-S	V 000			
on November 7, 20	24. Deficiencies were cited.				
category: 10A NCA	C 27G .5600C Supervised				
census of 6. The s	urvey sample consisted of				
27G .0207 Emerge	ncy Plans and Supplies	V 114			
AND SUPPLIES  (a) Each facility sha and a disaster plan these plans availab to the county emergrequest. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility.  (c) Fire and disaste shall be held at least repeated for each so Drills shall be condustimulate the facility' emergencies.	and shall make a copy of le gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift. ucted under conditions that s response to fire				
	PROVIDER OR SUPPLIER  WILSON COUNTY D  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  INITIAL COMMENT  An annual and follo on November 7, 20.  This facility is licens category: 10A NCA Living for Adults wit  This facility is licens census of 6. The s audits of 3 current of  27G .0207 Emerger  10A NCAC 27G .02  AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerger equest. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condusting the mergencies. (d) Each facility sha	PROVIDER OR SUPPLIER  STREET ADD  WILSON COUNTY DDA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual and follow up survey was completed on November 7, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.  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	MHL098-203  B. WING	OF CORRECTION    MHL098-203   B. WING	OF CORRECTION    IDENTIFICATION NUMBER:   A BUILDING:   COMP

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	of Health Service Re	egulation	_			
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			D WING		R	
		MHL098-203	B. WING		11/0	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	- NOVIDEN ON SUFFEIEN					
LIFE. INC	C WILSON COUNTY D	)DA	PHILL STRE			
,		STANTON	ISBURG, NC	27883		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PRÉFIX	`	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
V 114	Continued From pa	ge 1	V 114			
	This Rule is not me	et as evidenced by:				
		view and interviews, the				
		ure disaster drills were held at				
		repeated on each shift. The				
	findings are:	repeated on each silit. The				
	illidings are.					
	Review on 11/7/24	of the facility's records for				
	disaster drills revea					
		eld for the Friday 5pm-11pm				
		i-11pm shift and the Sunday				
		the first quarter of 2024				
	(January-March).	the mot quarter of 2021				
		eld for the Friday 5pm-11pm				
		i-11pm shift and the Sunday				
		the second quarter of 2024				
	(April-June).	the second quarter of 2024				
		eld for the 6am-9am shift, the				
		e Saturday 7am-11pm and the				
		shifts for the 3rd quarter of				
	2024 (July-Septem	ber).				
	Interview on 11/7/0	1 aliant #1 atatad				ļ
	Interview on 11/7/2					ļ
		fire alarm and everyone went				ļ
	to the end of the dri					
		I we go into the hallway or the				
	bathroom."					ļ
	14/7/0	4 15 1 115 1 1 1				
	Interview on 11/7/24					
		road for a fire drill, for a				
	tornado drill I go int	o the bathroom."				
	1t	4 -1:+ #C -+-+- !				
	Interview on 11/7/24					
		it the house and go to the end				ļ
		he staff will sound a loud				
		ill. For a disaster drill we go to				ļ
		o where there are not any				ļ
	windows."					
	Interview on 11/7/24					ļ
	-She had not comp	leted any drills since she				

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL098-203	B. WING		11/0	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIFE, INC	WILSON COUNTY D	ΝΔ	HILL STREE			
		SIANION	SBURG, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	started workingShe asked the form and the former mareShe took the drills -The former manag. QP (Qualified Profedisaster drills only disaster drills only doneShe had provided disasterShe understood di	mer manager about the drills nager "we will get to it". "seriously". ger finally showed her and the essional) how to do the fire and one time.  4 staff #2 stated: t the facility since August 2024 one fire drill.				
V 131	the facility were: -Monday thru Thurs -6am-9amFriday 5:00pm-11:0-Saturday 7am-11p -10pm-6am is staff clients are out of th G.S. 131E-256 (D2 Verification G.S. §131E-256 HEREGISTRY (d2) Before hiring health care facility of health care facility	4 the Director stated shifts at sday 5pm-10pm and 00pm m and Sunday 7am-10pm. sleep shift and 9am-5pm the e facility Monday -Friday.  ) HCPR - Prior Employment  EALTH CARE PERSONNEL ealth care personnel into a priservice, every employer at a shall access the Health Care and shall note each incident propriate business files.	V 131			

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						₹
		MHL098-203	B. WING		1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LIFE, INC	WILSON COUNTY D	IDA	PHILL STREE SBURG, NC			
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 3	V 131			
V. 400	facility failed to ens Registry (HCPR) we employment for 1 of findings are:  Review on 11/7/24 revealed: -Hire date 7/22/24No documentation to hire.  Interview on 11/7/24 stated: -She began work in -"I assume it has be it right now."	views and interviews, the ure the Health Care Personnel as accessed prior to f 4 audited staff (Staff#1). The of staff #1's personnel record of HCPR was accessed prior 4 the Qualified Professional October 2024 at the facility. een done, but we just can't find	V.400			
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any prodevelopmental disaservices that is licentic Chapter.  (b) Requirement As a control of the					

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DIVISION	<u>of Health Service Re</u>	egulation				
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MIII 000 202	B. WING		F	
		MHL098-203	B. W(0		11/0	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		505 HEMI	PHILL STREE	ĒΤ		
LIFE, INC	C WILSON COUNTY D	DDA STANTON	ISBURG, NC	27883		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON.	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ine 1	V 133			
. 100	•					
		sition that does not require the				
		n occupational license is				
		sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
	,	, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The				
		story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		ite criminal history record				
		ant. A provider shall not				
		it who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
	with the provider. P	roviders shall make available				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	MHL098-203	B. WING		1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIFE, INC WILSON COUNTY D	ΙΠΔ	PHILL STREE			
	STANTON	ISBURG, NC	27883		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From pa	ge 5	V 133			
upon request verific check has been con by this section. A concept appropriate local or the Division of Criminal history reconsection without the request to the Department of the conditional offer of the conditional offer of the conditional offer of the application of the application of the conditional history is provider is confident except to the application of the conditional history reconsection, the term business regularly exciminal history reconsection. If an apprecord check revear a relevant offense, of the following fact hire the applicant:  (1) The level and section.  (2) The date of the conviction.  (4) The circumstant commission of the commission of the filled.  (5) The nexus between the person and the filled.  (6) The prison, jail, rehabilitation, and consecution.	cation that a criminal history impleted on any staff covered ounty that has adopted an idinance and has access to sinal Information data bank thalf of a provider a State ord check required by this provider having to submit a fartment of Justice. In such a stall commence with the State ord check required by this pusiness days of the employment by the provider. Information received by the stall and may not be disclosed, and as provided in subsection for purposes of this im "private entity" means a engaged in conducting ord checks utilizing public or a State agency. Oplicant's criminal history is one or more convictions of the provider shall consider all fors in determining whether to deriousness of the crime. Overson at the time of the crime, if known, the entitle of the position to be stated on the position to be stated on the position to be	V 133			

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				F	,
	MHL098-203	B. WING			7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
LIEE INC WILSON COUNTY DDA	505 HEMP	HILL STREE	ĒΤ		
LIFE, INC WILSON COUNTY DDA	STANTON	SBURG, NC	27883		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JIST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From page	6	V 133			
a relevant offense. The fact of conviction of shall not be a bar to endisted factors shall be offered factors shall be of	of a relevant offense alone mployment; however, the considered by the provider. fies an applicant after elevant factors, then the information contained in cord check that is relevant but may not provide a copy record check to the  - A provider and an officer ider that, in good faith, tion shall be immune from cord check of the individual. In employee's history of employee's criminal is requested and received in ection.  - As used in this section, and a county, state, or y of conviction or pending whether a misdemeanor or an individual's fitness to the safety and well-being of tal health, developmental ce abuse services. These minal offenses set forth in ticles of Chapter 14 of the cle 5, Counterfeiting and stitutes; Article 5A, e and Legislative Officers; rticle 7A, Rape and Other	V 133			

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL098-203	B. WING			` 7/2024
		WII 12090-203			1 11/0	112024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	O WILLOOM COUNTY F	505 HEMF	PHILL STREI	ET		
LIFE, INC	C WILSON COUNTY D	STANTON	ISBURG, NC	27883		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	-	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ae 7	V 133			
	•					
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		ticle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		nd Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		Offenses Against the Public				
	1	Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		Statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
	•	n of G.S. 20-138.1 through				
	G.S. 20-138.5.	ahing Calaa Information - Any				
		shing False Information Any				
		yment who willfully furnishes,				
		ise gives false information on plication that is the basis for a				
		ord check under this section Class A1 misdemeanor.				
		oloyment A provider may				
		t conditionally prior to				
		s of a criminal history record				
		e applicant if both of the				
	following requireme					
		all not employ an applicant				
	prior to obtaining th	e applicant's consent for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:		R	
		MHL098-203	B. WING			7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIFE, INC	WILSON COUNTY	ΠΔ	PHILL STREI ISBURG, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	criminal history recsubsection (b) of the fingerprint cards as (2) The provider shorimal history recubusiness days after conditional employs 2001-155, s. 1; 2002005-4, ss. 1, 2, 3,  This Rule is not me Based on record refacility failed to enscheck was requested making the conditional effecting 1 of 4 auditional findings are:  Finding #1: Review on 11/7/24 revealed: -Hire date 7/22/24No documentation requested.  Interview on 11/7/25 stated: -She began work in	ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; )4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133	DEFICIENCY)		
V 736	` ,	ty and Grounds Maintenance	V 736			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL098-203	B. WING		R	? 7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIFE INC	C WILSON COUNTY D	ΠΔ	HILL STREI			
		SIANION	SBURG, NC	27883		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 9	V 736			
	maintained in a safe	REMENTS Its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	and its grounds wer	et as evidenced by: on and interviews, the facility re not maintained in a clean, ly manner. The findings are:				
	1:03pm-1:29pm rev-Client #1's bedroor ceiling near the ven-Client #3's bedroor clothes piled up on -Client #5's bedroor closet floor, bottom track and dust accu-Walk in shower ba throughout the tile frust on the towel ra side of the door frantal -Bathroom with tube discoloration on the top perimeter of the side of the shower land the bar was misside.	m had a thin crack in the t approximately 6 inches long. In had several shoes and the closet floor. In had clothes scattered on the right dresser drawer was off imulated on top of the dresser. It throom had black residue loor and walls in the shower, ck, paint bubbling on the left me. Is shower combination had dark caulking around the entire tub, black residue on the left nead, towel rack was broken ssing.				
	-"I have not seen and bathroom. Clients	I the Staff #2 stated: ny issues with clients' clean their own bathrooms. ed any issues with the				
	stated: -She began work in	the Qualified Professional October 2024 at the facility. Program Manager about a slow				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL098-203	B. WING			R 0 <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LIFE, INC	C WILSON COUNTY D	ΠΙΔ	PHILL STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 10	V 736			
	reported any issues	in shower. Clients have not about the bathroom to me. ues with the bathroom and the				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				

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