	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
711012711	OF CONTRECTION	BENTI TO ATTENTION BETA	A. BUILDING:			
		MHL041-654	B. WING		01/3	; 1/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SERVAN	T'S HEART		BATTLEGR BORO, NC 2	OUND ROAD 7410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 000	INITIAL COMMENT	ΓS	V 000			
	A complaint survey The complaint (into be substantiated in categorized (10A N From Harm, Abuse however, non-comp regarding the allega (1) General Statute Personnel Registry 27G .10A NCAC 13 Reporting Health C (3) 10A NCAC 27E Physical Restraint a V537). This facility is licens category: 10A NCA Individuals of All Dis	was completed on 1/31/25. ake #NC00226140) could not the rule area as initially CAC 27D .0304 Protection, Neglect or Exploitation); bliance was substantiated ation in these three rule areas: §131E-256 Health Care (Tag V132); (2) 10A NCAC GO .0102 Investigating and are Personnel (Tag V318) and .0108 Training in Seclusion, and Isolation Time-Out (Tag Sed for the following service C 27G .5400 Day Activity for sability Groups.				
		urrent census of 21. The sisted of an audit of 1 current				
V 132	G.S. 131E-256(G) I Allegations, & Prote		V 132			
	REGISTRY (g) Health care faci Department is notifi health care person unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person as defined by G.S. as defined by G.S.	EALTH CARE PERSONNEL lities shall ensure that the fied of all allegations against hel, including injuries of which appear to be related to odivision (a)(1) of this section. See of a resident in a healthcare to whom home care services 131E-136 or hospice services 131E-201 are being provided. In of the property of a resident				

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

TITLE (X6) DATE

Division	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-654	B. WING		01/3) 1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SERVAN	T'S HEART		BATTLEGR BORO, NC 2	OUND ROAD 7410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	.D BE	(X5) COMPLETE DATE
V 132	Continued From pa	ge 1	V 132			
	(b) of this section in care services as de hospice services as are being provided. c. Misappropriatio healthcare facility. d. Diversion of drufacility or to a patient e. Fraud against a a patient or client for providing services). Facilities must hav acts are investigate to protect residents investigation is in prinvestigations must	ings belonging to a health care intor client. Inhealth care facility or against or whom the employee is e evidence that all alleged ind and must make every effort from harm while the rogress. The results of all be reported to the five working days of the initial				
	failed to make ever	view and interview, the facility y effort to protect clients from estigation into an alleged act of				
	- A hire date of 1	of staff #1's record revealed: 0/21/24 ct Support Professional (DSP)				
	An admission of CDiagnoses of C	ototoxic Hearing Loss, al Disability (Intellectual order), Severe				
		of an email sent by Former ne Director on 1/13/25				

revealed: Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 2 of 19 HU3411

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COI	PLETED
A. BOILDING.	С
MHL041-654 B. WING 01	31/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132 Continued From page 2 - "I am writing to formally report a serious incident of client abuse that occurred at our workplace on 01-09-2025 by [staff #1], which some employees witnessed and were present in the area. During the departure time, unsure of exactly what initiated the situation, but it resulted in [staff #1] returning back in the building admitting to punching a client by the name of [client #1] in the face" - FS #5 requested an "immediate investigation" into the events of 1/9/25 as "I am deeply concerned about the well-being of [client #1] and other clients who may be exposed to similar treatment" Review on 1/23/25 of an "Internal Investigation Report" completed and signed and dated 1/15/25 by the Director revealed: - The internal investigation began on 1/13/25 and was completed on 1/15/25 - No evidence staff #1 was placed on suspension while the internal investigation was ongoing Interview on 1/27/25 of staff #1 revealed: - She was not suspended from her position as a DSP while she was being investigated for allegedly "punching" client #1 in the face on 1/9/25 Interview on 1/27/25 and on 1/31/25 with the Director revealed: - Confirmation staff #1 had not been placed on suspension while she was being investigated for the alleged abuse of client #1 - Did not realize staff #1 should not have continued to work at the facility while under investigation - The Day Program Director and the Qualified Professional had "monitored" staff #1 when she	

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
			A. BOILDING.			C
		MHL041-654	B. WING			31/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SERVAN	T'S HEART		BATTLEGR BORO, NC 2	OUND ROAD 7410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 132	was at work at the t		V 132			
V 318	The reporting by he Department of all a personnel as define including injuries of done within 24 hour becoming aware of the health care faci		V 318			
	failed to notify the H Registry (HCPR) w aware of any allega audited staff (#1). Review on 1/13/25 A hire date of 1 Hired as a Dire	view and interview, the facility Health Care Personnel ithin 24 hours of becoming tition of abuse affecting 1 of 1 The findings are:				

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-654	B. WING		01/3	2 1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	-NOVIDEN ON SUFFEIEN			OUND ROAD		
SERVAN	T'S HEART		BORO, NC 2			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 318	•		V 318			
	Bilateral; Intellectual Developmental Disciple 24 years of age Review on 1/23/25 submitted by the Di Response Improve 1/13/25 revealed: The date and tidocumented as have 3:15 pm The narrative re (1/9/25) [client #1] towards I behind [staff #1] and fist and then grabs around to see what turning around, the down her shoulder appears to make co [staff #1] who hit her car. She drops and begins to walk #1] meets her halfw vocalize in [staff #1 aggressively signs walked into the buil documented via an	of a report completed and rector to the Incident ment System (IRIS) on the incident was ving occurred on 1/9/25 at evealed: "On Thursday was standing at the side exit of a staff [staff #1] walked past her car. [Client #1] runs up d hits her on the head with her her tobaggan. [Staff #1] turns is going on. In the process of book bag she was caring falls to her elbow, The book bag ontact with [client #1.]. When d around and sees it was er, she continues to walk to off her book bag at her car back into the building. [Client vay and continues to loudly				
	signed and dated 1 - The "event type	of an in-house incident report /9/25 by staff #1 revealed: " was listed as "assault" with the "victim" of a "physical"				

6899

Division of Health Service Regulation STATE FORM

HU3411 If continuation sheet 5 of 19

V 318 Continued From page 5 The incident report revealed "[Client#1] was standing outside vocalizing and displaying aggression towards staff. [Staff #1] walked out of the side door to leave for the day when [client #1] ran up behind [staff #1]] and hit her in the back of the head. [Staff #1] turned around and moved in attempt to avoid another hit. [Staff #1] walked to her car to put stuff down and returned into the building to let admin (administration) know what happened. [Client#1] continued to walk up on [staff #1] in an aggressive manner. After [staff #1] made admin aware she walked away and left for the day." No other information regarding the incident was listed in the report Interview on 1/27/25 with staff #1 revealed: On 1/9/25, as she walked out of the facility, she observed client #1 standing outside near a facility vehicle Client #1 was "fussing" (using sign language in a "fast" manner and "yelling"); however, these behaviors were not directed towards anyone special Did not engage with client #1; however, as she continued to walk away from the facility, client #1 walked up behind her and "grabbed her by the	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH OF CICIENCY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 318 Continued From page 5 - The incident report revealed "[Client#1] was standing outside vocalizing and displaying aggression towards staff. [Staff #1] walked out of the side door to leave for the day when [client #1] ran up behind [staff #1] and hit her in the back of the head. [Staff #1] urned around and moved in attempt to avoid another hit. [Staff #1] walked to her car to put stuff down and returned into the building to let admin (administration) know what happened. [Client#1] continued to walk up on [staff #1] made admin aware she walked away and left for the day." - No other information regarding the incident was listed in the report Interview on 1/27/25 with staff #1 revealed: - On 1/9/25, as she walked out of the facility, she observed client #1 standing outside near a facility vehicle - Client #1 was "fussing" (using sign language in a "fast" manner and "yelling"), however, these behaviors were not directed towards anyone special - Did not engage with client #1; however, as she continued to walk away from the facility, client #1 walked up behind her and "grabbed her by the							
SUMMARY STATEMENT OF DEFICIENCIES TO PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 318			MHL041-654	B. WING		01/3	1/2025
CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) OF THE APPROPRIATE DEFICIENCY V 318	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY PREFIX CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SERVAN	T'S HEART	3706 OLD	BATTLEGR	OUND ROAD		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 318 Continued From page 5 - The incident report revealed "[Client#1] was standing outside vocalizing and displaying aggression towards staff. [Staff #1] walked out of the side door to leave for the day when [client #1] ran up behind [staff #1] and hit her in the back of the head. [Staff #1] mand and moved in attempt to avoid another hit. [Staff #1] walked to her car to put stuff down and returned into the building to let admin (administration) know what happened. [Client#1] continued to walk up on [staff #1] in an aggressive manner. After [staff #1] made admin aware she walked away and left for the day." - No other information regarding the incident was listed in the report Interview on 1/27/25 with staff #1 revealed: - On 1/9/25, as she walked out of the facility, she observed client #1 standing outside near a facility vehicle - Client #1 was "fussing" (using sign language in a "fast" manner and "yelling"); however, these behaviors were not directed towards anyone special - Did not engage with client #1; however, as she continued to walk away from the facility, client #1 walked up behind her and "grabbed her by the	OLIVAII	TOTILART	GREENSE	BORO, NC 2	7410		
- The incident revealed "[Client#1] was standing outside vocalizing and displaying aggression towards staff. [Staff #1] walked out of the side door to leave for the day when [client #1] ran up behind [staff #1] and hit her in the back of the head. [Staff #1] turned around and moved in attempt to avoid another hit. [Staff #1] walked to her car to put stuff down and returned into the building to let admin (administration) know what happened. [Client#1] continued to walk up on [staff #1] in an aggressive manner. After [staff #1] made admin aware she walked away and left for the day." - No other information regarding the incident was listed in the report Interview on 1/27/25 with staff #1 revealed: - On 1/9/25, as she walked out of the facility, she observed client #1 standing outside near a facility vehicle - Client #1 was "fussing" (using sign language in a "fast" manner and "yelling"); however, these behaviors were not directed towards anyone special - Did not engage with client #1; however, as she continued to walk away from the facility, client #1 walked up behind her and "grabbed her by the	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
- When she turned around to see who had "grabbed" her, the bag she was carrying, "came off my arm and hit [client #1]." - Believed the bag "hit" client #1 in her face, "because she was holding her eye." - After the encounter, client #1 was "making sounds and signing." - Knew some sign language; however, she did not know what client #1 was saying at that time - Walked to her vehicle to put away her belongings and then walked back towards the	V 318	- The incident restanding outside voor aggression towards the side door to lear an up behind [staff the head. [Staff #1] attempt to avoid an her car to put stuff obuilding to let admir happened. [Client# [staff #1] in an aggr #1] made admin awfor the day." - No other inform was listed in the regulation of the day." - On 1/9/25, as a she observed client facility vehicle - Client #1 was "in a "fast" manner a behaviors were not special - Did not engage she continued to wa #1 walked up behin back of her head." - When she turned "grabbed" her, the boff my arm and hit [she and the behaviors and signing her in the way was signed and signing her in the way walked to her wal	port revealed "[Client#1] was icalizing and displaying is staff. [Staff #1] walked out of ve for the day when [client #1] if #1] and hit her in the back of turned around and moved in other hit. [Staff #1] walked to down and returned into the n (administration) know what ware she walked away and left ware she walked away and left ware she walked away and left was a walked out of the facility, if #1 standing outside near a fussing" (using sign language and "yelling"); however, these directed towards anyone with client #1; however, as alk away from the facility, client and her and "grabbed her by the ed around to see who had be ag she was carrying, "came iclient #1]." In g "hit" client #1 in her face, holding her eye." Inter, client #1 was "making i." In language; however, she did int #1 was saying at that time wehicle to put away her	V 318	DETIONENCY)		

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 6 of 19

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MIII 044 054	B WING		0.470		
		MHL041-654	D. WINO		01/3	1/2025	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SERVAN	T'S HEART			OUND ROAD			
			BORO, NC 2				
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 318	Continued From pa	ge 6	V 318				
V 318	- As she walked walked towards her noises"; however, sinstead continued were once back insicon my gosh, I think Believed the Dathe Qualified Profes #3) were present were were were walked to the facility and the facility words were alarmicomplete an in-houst the matter and since spoken were date provided) and 1/13/25 regarding the matter and since spoken were disclosed to reflect the facility and 1/13/25 regarding the matter and since spoken were disclosed to reflect the facility of the matter and since spoken were disclosed to matter the matter and since spoken were disclosed to matter the matter of the matter of the matter than 1/9/25 and 1/9/25 and 1/9/25 and 1/9/25 and 1/9/25, she time of the incident	towards the facility, client #1 r, continuing to "sign and make she did not engage with her but valking towards the facility de the facility, she "blurted out, it I hit her (client #1)" ay Program Director (DPD); ssional (QP) and staff (#2 and hen she made the statement ing to anyone any further, she ephone call from the DPD later the DPD telling her that her ing" and she needed to se incident report regarding in-house incident report and with the DPD, and the QP (no met with the Director on he matter as carrying struck client #1; ent #1 d to anyone she "punched" or since then ite up" for not responding well y are in crisis mode." e-take North Carolina training (on the proper use of on 2/20/25 c client #1 sustained any of the incident on 1/9/25 en no other incidents between ince 1/9/25 5 with the DPD revealed: was in the bathroom at the between staff #1 and client #1	V 318				
	- There have been her and client #1 sind Interview on 1/23/25 - On 1/9/25, she time of the incident - While in the bar	en no other incidents between nce 1/9/25 5 with the DPD revealed: was in the bathroom at the between staff #1 and client #1 throom, she heard staff #3 ent #1 was outside "hitting"					

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 7 of 19

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	TIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED		
		MHL041-654	B. WING			31/2025
	PROVIDER OR SUPPLIER T'S HEART	3706 OLD		STATE, ZIP CODE OUND ROAD 7410	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 318	- Observed staff facility and report sl - When staff #1 I with with her, she re the incident betwee - When she reviet that as staff #1 wall client #1 "grabbed" - When staff #1 t "grabbed" her head made contact with client #1 or client #1 had reported staff would need to be considered that day - Received an er Staff #5 who report overheard staff #1 slient	#1 come back inside the ne had "hit [client #1]." eft before she could meet eviewed the video footage of n client #1 and staff #1 ewed the video, it appeared ked away from the facility, staff #1 by the head surned around to see who had the had she was carrying client #1 ar that staff #1 had intentionally eaused any harm to client #1 ar in-house incident report completed regarding the matter of with the Director revealed: but inform her on 1/9/25, staff is "hit" client #1 during an arred between the two of them mail on 1/13/25 from Former ed that on 1/9/25, she state she "punched" client #1 tiated an internal investigation in the dan IRIS report which	V 318			
V 537	10A NCAC 27E .01	SICAL RESTRAINT AND	V 537			

6899

Division of Health Service Regulation STATE FORM

HU3411 If continuation sheet 8 of 19

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					l c	:
		MHL041-654	B. WING		I	1/2025
					1 0170	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SERVAN	T'S HEART			OUND ROAD		
OLIVIAN	1 O HEART	GREENSI	BORO, NC 2	7410		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORT OR E	OCIDENTII TING INI ONWATION)	TAG	DEFICIENCY)	MAIL	37.11.2
V 537	Continued From pa	ge 8	V 537			
	(a) Seclusion, phys	sical restraint and isolation				
		nployed only by staff who have				
	been trained and ha	ave demonstrated				
	competence in the	proper use of and alternatives				
	to these procedures	s. Facilities shall ensure that				
	staff authorized to e	employ and terminate these				
	•	ained and have demonstrated				
	competence at leas					
		g direct care to people with				
		eatment/habilitation plan				
		interventions, staff including				
	•	employees, students or				
		nplete training in the use of				
		restraint and isolation time-out lese interventions until the				
		d and competence is				
	demonstrated.	a and competence is				
		for taking this training is				
		petence by completion of				
		ig, reducing and eliminating				
	the need for restrict					
	(d) The training sha	ill be competency-based,				
		learning objectives,				
		(written and by observation of				
	,	objectives and measurable				
		ne passing or failing the				
	course.					
		er training must be completed				
		vider periodically (minimum				
	annually).	raining that the comics				
		raining that the service				
		nploy must be approved by DD/SAS pursuant to				
	Paragraph (g) of thi					
		ning programs shall include,				
	but are not limited t					
		information on alternatives to				
	the use of restrictive					
		s on when to intervene				
	(=) galacililes	, c., which to intol vollo				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-654	B. WING		1	1/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SERVAN	T'S HEART		BATTLEGR BORO, NC 2	OUND ROAD 7410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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)	D BE	(X5) COMPLETE DATE
V 537		ge 9 ninent danger to self and	V 537			
	others); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive interverses of restrictive interverses of interventions which assessment and mpsychological well-luse of restraint throuse of prohibited (7) debriefing importance and pur (8) document (9) document (10) Service provided documentation of in at least three years (1) Document (11) Document (12) The Divisor review/request this (13) Instructor Qualification Requirements: (14) Trainers is by scoring 100% or aimed at preventing	on safety and respect for the fall persons involved (using estrictive interventions and nan intervention); for the safe implementation entions; femergency safety include continuous onitoring of the physical and being of the client and the safe aughout the duration of the on; procedures; a strategies, including their pose; and tation methods/procedures. It is shall maintain nitial and refresher training for the training and the sipated in the training and the lip; where they attended; and documentation at any time. It is included to make the safe and the safe training and the lip; where they attended; and the safe training and the lip; where they attended; and the safe training and the lip; where they attended; and the safe training and the lip; where they attended; and the safe training and the lip; where they attended the safe training and the lip; where they attended the safe training and the lip; where they attended the safe training and the lip; where they attended the safe training and the lip; where they attended the safe training and the lip in a training program greducing and eliminating the				
	by scoring 100% or teaching the use of and isolation time-or	shall demonstrate competence n testing in a training program seclusion, physical restraint				

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 10 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE : COMPI	
				c	;
	MHL041-654	B. WING		01/3	1/2025
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SERVANT'S HEART	3706 OLD	BATTLEGR	OUND ROAD		
SERVANT S HEART	GREENSE	BORO, NC 2	7410		
PREFIX (EACH DEFICIEN	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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 537 Continued From p	age 10	V 537			
by scoring a pass instructor training (4) The trai competency-base objectives, meast observation of being measurable meth failing the course. (5) The conservice provider papproved by the It to Subparagraph (6) Acceptashall include, but of: (A) understa (B) method course; (C) evaluat (D) docume (7) Trainers annually and dem of seclusion, physitime-out, as specially secured in teaching the usleast two times with coach. (9) Trainers in teaching the usleast two times with coach. (10) Trainers use of restrictive is annually. (11) Trainers instructor training (k) Service provides	ng grade on testing in an program. ning shall be d, include measurable learning trable testing (written and by navior) on those objectives and ods to determine passing or tent of the instructor training the lans to employ shall be division of MH/DD/SAS pursuant (j)(6) of this Rule. ble instructor training programs not be limited to, presentation anding the adult learner; as for teaching content of the constrate competence in the use ical restraint and isolation fied in Paragraph (a) of this shall be currently trained in shall have coached experience the of restrictive interventions at the a positive review by the shall teach a program on the interventions at least once shall complete a refresher at least every two years. Hers shall maintain	V 337			
time-out, as speci Rule. (8) Trainers	fied in Paragraph (a) of this				
ČPR. (9) Trainers in teaching the us	shall have coached experience e of restrictive interventions at				
coach. (10) Trainers use of restrictive i annually. (11) Trainers instructor training (k) Service provide	shall teach a program on the nterventions at least once shall complete a refresher at least every two years. lers shall maintain initial and refresher instructor				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
		MHL041-654	B. WING			C 31/2025
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STATE, ZIP CODE	01/.	31/2025
				OUND ROAD		
SERVAN	IT'S HEART	GREENSE	BORO, NC 2	7410		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 537	(1) Documen (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches	tation shall include: sipated in the training and the ; d where they attended; and 's name. ion of MH/DD/SAS may documentation at any time. 'Coaches: shall meet all preparation trainer. shall teach at least three which is being coached. shall demonstrate inpletion of coaching or truction. in shall be the same	V 537			
	interview, the facility (staff #1) demonstrations on the interventions. The footage recorded of the facility, client took staff #1's head on her head at the head into her head - When staff #1	on, record review and y failed to ensure 1 of 1 staff ated proper use of restrictive indings are: 3/25 at 2:11 pm of video n 1/9/25 revealed: 15 pm, as staff #1 walked out #1 came up behind her and I into her hands oserved to be wearing a hood time when client #1 took her				

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 12 of 19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
		A. BUILDING:			_	
MHL041-654		B. WING		I	C 31/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
SERVANT'S HEART		BATTLEGR BORO, NC 2	OUND ROAD 7410			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 537	the tote bag she wa about the face and about the face and about the face and about the face and about the bag back towards the face and about towards the face and about the bag back towards the face and about the bag back towards the face and the face and the bag back into the building at the back into the building at face and contact with [client turned around and her, she continues off her book bag at back into the building at safe and continues off her book bag at back into the building at safe and continues off her book bag at back into the building at safe and and her, she continues off her book bag at back into the building at safe at [Staff #1] as she	as carrying struck client #1 for shoulders cunter, staff #1 walked to her g inside the vehicle and walked acility ked back towards the facility, ed her and could be seen gesture at staff #1 I past client #1 and never with her nor turn around as to follow behind her audio associated with the	V 537			

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 13 of 19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С		
MHL041-654			B. WING		01/3	1/2025
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
SERVANT'S HEART				OUND ROAD		
			BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	D BE	(X5) COMPLETE DATE
V 537	7 Continued From page 13		V 537			
	report on 1/9/25. [Client #1's] team was alerted that day as well"					
	Review on 1/23/25 of client #1's record revealed: - An admission date of 4/5/24 - Diagnoses of Ototoxic Hearing Loss, Bilateral; Intellectual Disability (Intellectual Developmental Disorder), Severe - 24 years of age Interview on 1/23/25 of client #1 via a interpreter from the Communication Services for the Deaf and Hard of Hearing (CSDHH) revealed: - Via the use of American Sign Language (ASL) the CSDHH interpreter informed client #1 who the DHSR (Department of Health Service Regulation) surveyor was and the surveyor's wish to talk with her - When asked how she was, client #1 signed she was "fine." - Did not wish to answer any more questions and signed to the CSDHH interpreter that she was "ready to leave."					
	A hire date of 1Hired as a DireStaff #1 receiveIntervention Plus - I	of staff #1's record revealed: 0/21/24 ct Support Professional (DSP) ed training in North Carolina Restrictive (NCI + Prevention, trictive) on 10/25/24				
	Interview on 1/27/25 with staff #1 revealed: - On 1/9/25, as she walked out of the facility, she observed client #1 standing outside near a facility vehicle - Client #1 was "fussing" (using sign language in a "fast" manner and "yelling"); however, these behaviors were not directed towards anyone in particular - Did not engage with client #1; however, as					

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SERVANT'S HEART STREET ADDRESS, CITY, STATE, ZIP CODE GREENSBORO, NC 27410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ONLY OF COMPLETED A. BUILDING: D. C. O1/31/2025 A. BUILDING: C. D. D1/31/2025 A. BUILDING: DEFICIENCY B. WING O1/31/2025 ONLY STATE, ZIP CODE ONLY STATE, ZIP CODE GREENSBORO, NC 27410 (X5) COMPLETED COMPLETED COMPLETED ONLY STATE, ZIP CODE GREENSBORO, NC 27410 (X5) COMPLETED COMPLETED ONLY STATE, ZIP CODE COMPLETED ONLY STATE, ZIP CODE GREENSBORO, NC 27410 (X5) COMPLETED COMPLETED ONLY STATE, ZIP CODE COMPLETED ONLY STATE, ZIP CODE GREENSBORO, NC 27410 (X5) COMPLETED ONLY STATE, ZIP CODE COMPLETE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING O1/31/2025 STREET ADDRESS, CITY, STATE, ZIP CODE 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			
SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL041-654		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) GREENSBORO, NC 27410 PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SUPPLIER STREET ADD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SEDVANT'S HEADT 3706 OLD		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SERVANT STIEAT		
52.16.1.6.7	PREFIX (EA		
V 537 Continued From page 14 V 537	V 537 Continu		
she continued to walk away from the facility, client ## walked up behind her and "grabbed her by the back of her head." - When she turned around to see who had "grabbed" her by the back of her, the bag she was carrying, "came off my arm and hit [client ##1]." - Believed the bag "hit" client ##1 in her face, "because she was holding her eye." - After the encounter, client ##1 was "making sounds and signing." - Knew some sign language; however, she did not know what client ##1 was saying at that time - Walked to her vehicle to put away her belongings and then walked back towards the facility - As she walked towards the facility, client #1 walked towards her, continuing to "sign and make noises"; however, she did not engage with her but instead continued walking towards the facility - Once back inside the facility, she "blurted out, Oh my gosh, I think I hit her (client ##1)" Believed the Day Program Director (DPD); the Qualified Professional (QP) and staff (#2 and #3) were present when she made the statement - Without speaking to anyone any further, she left the facility - Received a telephone call from the DPD later that same day with the DPD telling her that her "words were alarming" and she needed to complete an in-house incident report regarding the matter - Completed an in-house incident report and had since spoken with the DPD, and the QP (no date provided) and met with the Director on 1/13/25 regarding the matter - The bag she was carrying struck client #1; she did not "hit" client #1 - Had never disclosed to anyone she "punched" client #1 on 19/25 or since then	she cor #1 walk back of - Wh "grabbe off my a - Bel "becaus - Afte sounds - Kne not kno - Wa belongi facility - As walked noises" instead - On Oh my Bel the Qua #3) wer - Wit left the - Ree that sar "words comple the mat - Cor had sin date pro 1/13/25 - The she did - Had		

Division of Health Service Regulation

		guiation					
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					С		
MHL041-654			B. WING		1	, 1/2025	
					1 01/0	.,2020	
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD							
02:117:111		GREENSE	BORO, NC 2	7410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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 537	Continued From pa	ge 15	V 537				
	- Scheduled to re Interventions (NCI) restraints/releases) - Neither she nor injuries as a result or There have been and client #1 sinterventions and client #1 sinterventions as a state interviewed. An attempt to intervention attempt to intervention of the surveyor prosurveyor's telephone.	r client #1 sustained any of the incident on 1/9/25 en no other incidents between noce 1/9/25 riew staff #2 on 1/23/25 was aff #2 refused to be riew staff #2 on 1/27/25, the vided staff #2 with the e number; however, no phone om staff #2 prior to the close					
	- On 1/9/25, she of the facility watchi the van." - As staff #1 was walking away from up from behind her and shook [staff #1' - Staff #1 used h #1's arm down - Never saw staff #1 in the face or an - She turned awa observe anything el and client #1 while is - Staff #1 later re stated, "Y'all better there putting her ha	er hand and "pushed" client f #1 or any object strike client y other part of her body ay from the door and did not se happen between staff #1 they were outside turned inside the facility and get her, because she is out					

Division of Health Service Regulation						
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			SURVEY
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
						、
MUI 044 654		B. WING				
MHL041-654			D. W. C		01/3	1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		3706 OLD	BATTLEGR	OUND ROAD		
SERVAN	T'S HEART		BORO, NC 2			
	OLIMAN DV OTA		-			0.5
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
	,			DEFICIENCY)		
1/507	0 " 15	40	1/507			
V 537	Continued From pa	ge 16	V 537			
	Interview on 1/27/2	5 with staff #4 revealed:				
		alleged incident between staff				
		owever, she did review the				
	video of the inciden					
		aff #1 could be seen walking]
		ty when client #1 "grabbed her				
	by the head."	,				
		ed up (caused injury) [staff				
	#1]."	7 7 7 2				
	- Was an "unexpected" action by client #1 and					
	"[Staff #1] was caught off guard."					
	- Staff #1 "swung around" and the bag she was					
	carrying struck with client #1					
	- Overhead staff #1 state, "She may have hit					
	client #1 in the face with her bag."					
	- Did not believe staff #1 would purposefully					
	strike client #1; however, in this instance, it was					
	just a "reflex" her pa	art because she was "startled"				
	and "caught off gua	rd" by client #1's action				
	- Client #1 "attac	ked her (staff #1) from				
	behind."					
	- Staff #1 left the	facility without talking to				
	anyone else to prov	ride any additional details				
	- Believed the DI	PD contacted the Director on				
	1/9/25 to inform her	r of the incident				
]
		5 with the DPD revealed:				
		was in the bathroom at the				
		between staff #1 and client #1				
	 While in the bar 	throom, she heard staff #3				
	"screaming" that client #1 was outside "hitting					
	[staff #1] in the bac					
		#1 come back inside the				
		nat she "hit [client #1}."				
		eft without any further				
		iewed the video footage of				
	client #1 and staff #					
		ewed the video, it appeared				
		ked away from the facility,				
	client #1 "grabbed" staff #1 by the head					

Division of Health Service Regulation

STATE FORM 6899 HU3411 If continuation sheet 17 of 19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL041-654		B. WING			C 31/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	TATE, ZIP CODE		
SERVANT'S HEART		BATTLEGROBORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 537	- When staff #1 t "grabbed" her head made contact with - It did not appea intentionally nor cau - She did not spee (the facility was closinclement weather) in-house incident re - Staff #1 receive because she did not how to properly free grab you by the hea - One should "dipfrom the client" inst - In NCI training, around and move a - Staff #1 was so training in NCI soor Interview on 1/31/2! - Initiated an inte of the alleged abust 1/9/25 - The investigatio - The conclusion team's was that sta abused client #1 bu proper North Caroli protocol on how to were in crisis - Staff #1 did not "grabbed" her head "reflex" as she was - Felt it was imponce staff #1 was finer head, she did nanymore but instea	turned around to see who had the bag she was carrying, client #1 ar that staff #1 struck client #1 used any harm to client #1 eak with staff #1 until 1/13/25 sed on 1/10/25 due to and had her complete an export ed a written disciplinary action of follow her NCI training on expourself if someone should ad a your head and move away ead of how staff #1 responded you are "taught to twist liway from the person."	V 537			

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-654	B. WING			C 01/31/2025	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 01/1	3172020	
I SERVANI'S HEARI		BATTLEGR BORO, NC 2	OUND ROAD 27410				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST 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 537	- No other incide staff #1 and client # - Staff #1 was en	nts had occurred between	V 537				

6899