PRINTED: 03/13/2025 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G197		B. WING		C 03/06/202	
	PROVIDER OR SUPPLIER ST. JOHN'S CHURCH	ROAD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP OF 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215	ODE	03/06/2025
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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) COMPLETI DATE
W 000	INITIAL COMMEN	TS	W 00	0		
141.400	intake #NC002280 substantiated. A co Protections and a s cited.	y was completed on 3/6/25 for 24. The complaint was ndition of participation in Client standard level deficiency was		The facility will appear the right		
W 122	Therefore the facilit This CONDITION i The facility failed to procedures that pro abuse of a client (V allegations of mistre well as injuries of un immediately to the a officials in accordant established procedure. The cumulative effe	sure the rights of all clients. y must s not met as evidenced by: implement policies and hibit mistreatment, neglect or /149); ensure that all eatment, neglect or abuse, as nknown source, are reported administrator or to other acc with State law through	W 123	The facility will ensure the right clients are protected and encoundividual clients to exercise the client of the facility, and ensure are notified of significant incide injury per company policies. To prevent further occurrences educate QIDP on client rights, abuse for all clients in the home client guardians of significant injury and to ensure all violation thoroughly investigated. B. QIDP will educate all staff or rights, neglect, abuse and reposignificant incidents and injury	ourage neir rights as e guardians ents and A. PM will neglect, and he, notified al ncidents and n is n client orting	
	statutorily mandated Protections. STAFF TREATMEN CFR(s): 483.420(d)	T OF CLIENTS (1)	W 149	to management. The facility will ensure written pand procedures are implement	olicies that that	
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to implement written policies and procedures to prevent the neglect of mental health needs for 1 of 1 clients (#1). The findings is:		prohibit mistreatment, neglect, of the client. To prevent further occurrence: educate QIDP's, Area Supervis Site Supervisor on policies and procedures that prohibited mist neglect, or abuse of the client.	PM will or's and CEIVED reatment,	04/01/2025	
				DHSR-MH	Licensure Sec	ct

Andrew Taylor

Program Manager

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				CIVID IVC	7. 0930-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G197	B. WING	i		03	C /06/2025
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
VOCA-S	T. JOHN'S CHURCH	ROAD GROUP HOME		100011	20 ST. JOHN'S CHURCH ROAD HARLOTTE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 149	incident report dat incident report cor client #1's behavior aggression, hitting knife and trying to the incident report "four times on the knife and tried to sthe phone and wardown, that's when tried to calm him countried with Sta 3/5/25 at approximation of a Mountain Dewhen directed to interview with Sta client #1 to complicate to continued to esca aggressive and the went into the kitch counter with a kitch with Staff A reveal by punching her inhead and then the kitchen knife, "jab deserved to die." revealed they call during the incider deescalate by follower the phone, as	ecords on 3/6/25 revealed an ed 3/5/25. Review of the impleted by Staff A revealed ors included "physical stab me." Continued review of revealed client #1 hit Staff A back of the neck, grabbed a stab me, my manager was on stelling him to put the knife the other staff came in and down but he kept going and o die." If A on 3/6/25 revealed that on nately 6:30 AM, client #1 asked w soda and became upset wait until breakfast. Continued if A revealed she redirected ete his morning hygiene, but he late, becoming verbally rowing his toothbrush, then hen and began stabbing the chen knife. Further interview aled client #1 then attacked her in the neck, kicking her in the reatened to kill her with the shing the knife at me, he said I Additional interview with Staff A led the Home Manager (HM) at and client #1 began to owing redirections from the HM is well as redirections from Staff ting another client with a shower		149			
	Interview with Sta arrived to the gro	aff B on 3/6/25 revealed they up home at 6:05 AM on 3/5/25					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					OMB NO. 0938-0391		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G197	B WING			C 03/06/2025	
NAME OF PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		370072023	
VOCA-	ST. JOHN'S CHURCH I	ROAD GROUP HOME			20 ST. JOHN'S CHURCH ROAD		
		NOAD GROOF HOME		22000	ARLOTTE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 149	Continued From pa	ige 2	W 1	49			
		d interview with Staff B		70			
	revealed while assi	sting another client with their					
	shower she heard \$	Staff A say, "put the knife					
	down." Staff B came	e out of the bathroom and saw					
	client #1 with a knife and hitting it on the counter. "I told him to put the knife down and get a drink,						1
	by then Staff A was on the phone with the HM."						
	Observations in the group home on 3/6/25,						
	substantiated by interview with Staff B, revealed						
	the knife client #1 used to threatened Staff A was a serrated knife from the kitchen knife block.						
	a schaled kille iloi						
	Interview with the H						
	received a phone ca	all from Staff A on 3/5/25 at					
	approximately 6:30 /	AM to report that client #1 had					= 15
	prompted to comple	aggressive after being					
	A then reported being	te his morning hygiene. Staff ng hit in the back several					
	times by client #1 be	efore he threatened her with a					
	kitchen knife. Contin	ued interview with the HM					
	revealed he attempt	ed to calm client #1 down					
	over the phone and	instructed Staff B, who was					
	giving another client	a shower, to also help calm					
	home at 7:00 AM clie	en he arrived at the group ent #1 was calm and he took					
	him into the office to	talk about the incident.					
	Further interview with	n the HM revealed that					
	afterwards he attemp	oted to call and sent a text					
	message to the Qual	lified Intellectual Disabilities					
	report the incident A	and Area Supervisor (AS) to ditional interview with the					
	HM revealed he rece	eived a phone call after the					
	incident from the loca	al police (CMPD) offering to					
	send mobile crisis se	rvices to the home to access					
	client #1, however he	e denied the services, telling					
	CMPD their internal t	eam would access client #1					
	first.						

PRINTED: 03/13/2025

		E & MEDICAID SERVICES). 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G197	B. WING		03	3/06/2025
	ROVIDER OR SUPPLIER	ROAD GROUP HOME	22:	REET ADDRESS, CITY, STATE, ZIP CODE 20 ST. JOHN'S CHURCH ROAD HARLOTTE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 149	was aware of the that client #1 had throwing things, no Staff A. Continuer revealed they had threatening Staff sought psychiatric mobile crisis." Fur revealed the HM is a mental health coincident should have management immight the QIDP revene had spoken di CMPD Crisis Unit attempted to combined entry. Additionally and procedures date and procedures date and procedures date and procedures to be "the failure treatment, care, necessary to ma person we suppopolicy and procedures will in or suspicions of a include any bruis include a	QIDP on 3/6/25 revealed she incident on 3/5/25, to include refused hygiene, started arme calling, and hit and kicked dinterview with the QIDP of no knowledge of client #1 A with a knife, "we would have chelp, I would have called arther interview with the QIDP is misinformed on how to handle risis and the severity of the ave been reported to nediately. Continued interview realed the HM had not disclosed rectly with the hospital and its or that he told them if they he to the home they would be ditional interview with the QIDP withheld all information as to the	W 149			

that is not involved in the incident. After reporting internally, proceed with external reporting."

Further review of the policy and procedures revealed their purpose is to "ensure all persons

				OMB	NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 10 10 10 10 10 10	TIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		34G197	B. WING		C
				STREET ADDRESS, CITY, STATE, ZIP CODE	03/06/2025
		Section 1997 Control of the section		CHARLOTTE, NC 28215	
(X4) ID PREFIX TAG	AG197 34G197 34G197 34G197 STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD GROUP HOME OF PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED From page 4 Served are treated with dignity and respect, ensure that all persons served are free from abuse, neglect and exploitation in the facility's Critical incident Database, and ensure all incidents of abuse, neglect and/or exploitation to the facility's Fittle and local regulations. "Subsequent review of the policy and procedure revealed the facility's HM failed to accurately and timely report the occurrences of the events of 3/5/25, as well as withheld information from management that he spoke with hospital and police who offered crisis intervention for client #1, reporting that "internal staff" would provide crisis services. Additionally, the HM told hospital staff and police if they came to the home they would not be allowed entry thus neglecting timely needed mental health assessment for client #1 for the safety of the client, other clients in the group home and staff. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(Z) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. To prevent further occurrence: PM will educate QIDP's, Area Supervisor's and Site Supervisor on reporting all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. To prevent further occurrence: PM will educate QIDP's, Area Supervisor's and Site Supervisor on reporting all allegations of mistreatment, neglect or abuse, as well of mistreatment, neglect or abuse, as well of mistreatment, neglect or abuse, as well of mistrea	(X5) COMPLETION DATE			
W 149	served are treated ensure that all per abuse, neglect and protocol for report neglect and/or explicitly and neglect to the appropriate and local regulation policy and procedificated to accurately occurrences of the withheld information spoke with hospital intervention for cliestaff' would provide the HM told hospitate to the home they we neglecting timely neglecting tim	d with dignity and respect; resons served are free from d exploitation; establish a ing all incidents of abuse, ploitation to the facility's Critical or, and ensure all incidents of and exploitation are reported authority as defined by state ins." Subsequent review of the are revealed the facility's HM or and timely report the events of 3/5/25, as well as on from management that he and police who offered crisis ent #1, reporting that "internal ecrisis services. Additionally, all staff and police if they came ould not be allowed entry thus eeded mental health ent #1 for the safety of the in the group home and staff. NT OF CLIENTS (2) sure that all allegations of ect or abuse, as well as a source, are reported administrator or to other noce with State law through ures. In some met as evidenced by: on, record review and of failed to ensure an incident		The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. To prevent further occurrence: PM will educate QIDP's, Area Supervisor's and Site Supervisor on reporting all allegations	er
	physical aggression ideation directed to (Staff A) was reported	nts (#1) relative to verbal and n, assault and homicidal wards a direct support staff ed timely and accurately to the administrator. The finding is:		reported immediately to the administrator, program manager, DON or to other officials in accordance with State law through established procedures.	04/01/2025

PRINTED: 03/13/2025 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	7//0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		OWR MC	J. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUILDI	X2) MULTIPLE CONSTRUCTION N BUILDING		TE SURVEY MPLETED	
		34G197	B WING		03	3/06/2025
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	
VOCA-S	T. JOHN'S CHURCH I	ROAD GROUP HOME		2220 ST. JOHN'S CHURCH ROA CHARLOTTE, NC 28215	D	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO I DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 153	Continued From pa	age 5	W 1	53		
	incident report date incident report com client #1's behavior aggression, hitting, knife and trying to the incident reporter "four times on the knife and tried to sthe phone and was down, that's when tried to calm him down, that's when tried to calm him down, and the when directed to with the saying I deserve to the latest approximation of the latest approximation	ecords on 3/6/25 revealed an ed 3/5/25. Review of the opleted by Staff A revealed resincluded "physical stab me." Continued review of ed revealed client #1 hit Staff A back of the neck, grabbed a tab me, my manager was on a telling him to put the knife the other staff came in and own but he kept going and o die." If A on 3/6/25 revealed that on ately 6:30 AM, client #1 asked w soda and became upset rait until breakfast. Continued for A revealed she redirected the his morning hygiene, but he ate, becoming verbally owing his toothbrush, then en and began stabbing the nen knife. Further interview ed client #1 then attacked her the neck, kicking her in the ed to kill her with the kitchen knife at me, he said I deserved interview with Staff A revealed I during the incident and client calate by following redirections the phone, as well as Staff B, who was assisting a shower when the incident				
		f B on 3/6/25 revealed they				

arrived to the group home at 6:05 AM on 3/5/25

PRINTED: 03/13/2025 FORM APPROVED

CTATEME	TOT ON WEDICAR	E & MEDICAID SERVICES			FOR	M APPROVE
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DA	O. 0938-039 ATE SURVEY DMPLETED
NAME		34G197	B. WING		Andreas	С
VOCA-S		ROAD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215	03	3/06/2025
(X4) ID PREFIX TAG	(LACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D DE	(X5) COMPLETION DATE
th he he he	revealed while assishower she heard adown." Staff B camclient #1 with a kniff "I told him to put the by then Staff A was Observation in the gubstantiated by into the knife client #1 us a serrated knife from Interview with the Hireceived a phone cat approximately 6:30 A become physically a prompted to complet A then reported being imes by client #1 be a citchen knife. Continuevealed he attempted by the client down. When ome at 7:00 AM client into the office to further interview with a fterwards he attempted to the client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down. When one at 7:00 AM client into the office to further interview with a client down.	g clients with their morning d interview with Staff B isting another client with their Staff A say, "put the knife e out of the bathroom and saw e and hitting it on the counter. It knife down and get a drink, on the phone with the HM." Group home on 3/6/25 derview with Staff B confirmed sed to threatened Staff A was in the kitchen knife block. M on 3/6/25 revealed he will from Staff A on 3/5/25 at AM to report that client #1 had ggressive after being the his morning hygiene. Staff g hit in the back several fore he threatened her with a used interview with the HM and to calm client #1 down instructed Staff B, who was a shower, to also help calm in he arrived at the group int #1 was calm and he took talk about the incident. The HM revealed that the HM rev	W 153			

PRINTED: 03/13/2025 FORM APPROVED OMB NO. 0938-0391

NSTRUCTION (X3) DATE SURVEY
COMPLETED
C 03/06/2025
T ADDRESS, CITY, STATE, ZIP CODE
ST. JOHN'S CHURCH ROAD RLOTTE, NC 28215
PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE

Event ID: PNER11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/13/2025

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	D. 0938-039 TE SURVEY MPLETED
NAME OF	DPOMPER OF CHES	34G197	B WING		02	C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215	03	/06/2025
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	OULD BE	(X5) COMPLETION DATE
	This STANDARD is Based on observati interviews, the facility behavior support plarelative to increased aggression. The find Review of facility reclient #1's admission individual support plarelative of the facility behavior logs from Jiclient #1 engaged in staff on 10/3/24, 10/review revealed on 3	s not met as evidenced by: ons, record reviews and ty failed to update the an (BSP) for 1 of 1 clients (#1) I incidents of physical dings is: cords on 3/6/25 revealed a date to be 6/22/24 and an an (ISP) dated 7/17/24. It is incident reports and client une 2024 to present revealed physical aggression towards 10/24, and 12/4/24. Further 15/5/25 client #1 engaged in towards staff and threatened	W 24	The facility will ensure when the interdisciplinary team formulated individual program plan, each clie receive a continuous active treating program consisting of needed into and services in sufficient number frequency to support the achiever objectives identified in the individual program plan. To prevent further occurrence: A. QIDP will ensure client #1 BSP updated to includes all target behavior and the program plan. B. QIDP will trained/in-service all scontinuous active treatment in relaction that the program to includes all sharps) C. QIDP will obtain consents from guardian to lock all sharps in the harms.	a client's ent will ment derventions and ment of the ual P is aviors. staff on ation to s (locking	
f f r e e e e f f f d d s	Continued review of the continued review of the continued review of the continued review of the continued review ends self-injurious behaved and self-injurious behaved reducations: Clonazed Tuoxetine 80 MG for continue review with the Quadrofessional (QIDP) of the continue review with	record on 3/6/25 revealed a in (BSP) dated 9/24/24. The BSP revealed the viors: verbal aggression, rement, suicidal ideations avior. Further review of the aled the following behavior apam 2 MG for anxiety, anxiety, Risperidone 3 MG done 50 MG for insomnia. Ilified Intellectual Disabilities on 3/6/25 revealed the team BSP needed to be updated into of physical aggression inued interview with the illity consulted a		D. QIDP will trained/in-service all sindividual BSP programs and how provide continuous active treatmer E. QP will document progress on a monthly. To be completed by: 04/01/2025. Person(s) Responsible: PM and QI	staff on all to nt.	

psychologist but client #1 has not been assessed nor has his BSP been updated to address the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		
		240407	B WING		000	C
NAME OF PROVIDER OR SUPPLIER VOCA-ST. JOHN'S CHURCH ROAD GROUP HOME			STF 222	REET ADDRESS, CITY, STATE, ZIP CODE 20 ST. JOHN'S CHURCH ROAD MARLOTTE, NC 28215		/06/2025
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	Continued From princreased aggress		W 249			