STATEMENT OF DEPLOMENTES (X1) PROVIDED BY BROALA AND PLAN OF CORRECTION SENTIFICATION NUMBER:  MIT-080-222		V mmone: (xx) metafe tameaningina		COMPLETED COMPLETED		
		R WING		06/09/2025		
PRESIDENT	इत्यानक्षां इत्यान स्थान	A THEFTS	DORESS, CITY, ST	ATE, ZIP CODE		
			ITH LONG STRI			
AME: SH	OUSING, LLC		JRY, NC 28144			
X8) (8)	ermanismos	TATEMENT OF EXPECTENCIES		WASTERSTEEN AND AN OF STREETS	errererererererererererererer	
PEPIX TAG	SEACH DEFICIEN	CY MOST BE PRECEDED BY FULL RECEDENTIFYING INCUMATION)	PREFIX TAG	FIX (FACH CORRECTIVE ACTION SHOULD BE COM		
V 000	INITIAL COMMENT	S	V 800			
	*					
		plaint survey was completed	*****			
		plaint was unsubstantiated	***			
,	United the ACCOSTANCE.	15), Deficiencies were cited.	, , , , , , , , , , , , , , , , , , ,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Thin domittee in tinner	ed for the following service	*		•	
	restances the MCM	O 37C 4700 Davidselat	*			
	category, 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or		-			
	Adolescents.	and ice comments of	******			
					;	
9	The facility is license	ed for 4 and currently has a				
	census of 3. The survey sample consisted of		3		,	
Š	•	lients and 1 former client.				
V 114	27G .0207 Emerger	ncy Ptans and Supplies	V 114			
	Auffer Names of Transport			10A NCAC 27G .0207 EMERGE	<b>VCY</b>	
	10A NCAC 27G .02	07 EMERGENCY PLANS		PLANS AND SUPPLIES		
	5					
	3	il develop a written fire plan		Revive Housing has updated the	***	
	3 · · · · · · · · · · · · · · · · · · ·	and shall make a copy of		protocol for drills. Monthly drills w		
	these plans available			now be conducted for each shift t	O	
	request. The plans :	ency services agencies upon shall include evacuation		address the identified issue.		
	procedures and rou			Staff will be notified via the home	y	
		be made available to all staff		base system when the monthly d	nus	
. 9	cans evacuation prot posted in the	padures and routes shall be		are due. They will be required to	malina .	
	facility		į	perform the drill during their resp		
		r drills in a 24-hour facility		shifts and log the details of the de	Hà.	
		d quarterly and shall be		A meeting with staff was held on		
		bill and the second		6/12/2025 to discuss the change		
3		icled under conditions that		drill frequency and the document		
	simulate the facility's		1	procedure	teations a	
,	emergencies.	April agregagi taskati addib ay sabasasantah		per surestablished by		
erita di Tanggaran	(d) Each facility sha	ii have a first aid kit	. 4	The QP/Director will review the		
	accessible for use.			loobooks at the end of each mon	db to	
			4,0	ensure staff compliance with the	ities to	
				busine arm combinates was as	of the	
			1	issue.	ent Make	
2000000	\$1000000 c	e gasilian perangga seru ya masu kito ya m	ì	1000000000	1	

Division (	of Haalth Service Reg	sistion			1 (31,2001, 1.0)
	CALDELLICATION CASE	(X1) EMINDERGRAPHERETA	CO BIPSTARM (SX)	(XI) ONLE 233MEN.	
4000 PG 400 C	DE COMMERCIAM	EXENTIFICATION MUMBER:	A BUNEDANG	······································	COMPLETED
					de de josée
********		MHL089-222	8 www		06/09/2025
NAME OF P	ROVITTI OF SERVER	and and an analysis of the second	manana waxa arasana		mondian S.
			vooress, city, state RTH LONG STREET		
SEMME H	CONSINC' LTC		URY, NC 28144		
::::::::::::::::::::::::::::::::::::::	SANNAGE .	STATEMENT OF DESIGNACIES	GR.	PROVIOERS ENANCE	CTON ( 0/9)
5456 3.45	EACH DEFECEN	Cy rust be preceded by fire	PSEESOX	(EACH CORRECTIVE ACTION SH	S.F88CO SHICLRIC
280	STANGER CONTRACTOR	ACHIMIBO ME DMEALLING DET 5	TAG	CROSS REFERENCED TO THE APT DESIGNATION	MONINE DATE
	***************			***************************************	
¥ 134	Continued From page	ge ii	V 114		
	3				
	This Rule is not me				
		views and interviews, the			
		e fire and disaster drills were			
	L .	quarterly and repeated for			Š
	each shift. The findi	(Hange)			
	i Isteolew on 6/9/25	with Staff #1 revealed:			****
	-The facility operate				
	He had been empl				and the second s
		in fire drifts but not a disaster			
	driff.				
	•				
		the facility's fire drills for the			
	•	- December 2024, revealed:			
	i i	of a completed 3rd shift drill			
	No. of the second secon	ly 2024 - September 2024;			
	No. 1 Control of the	of a completed 2nd shift drill dober 2024 - December 2024.			
	the end despress of or	Acon roan - cecomos roas.			
	Review on 6/9/25 of	I the facility's disaster drills for			
	5	2024 - December 2024			
	revealed:	*	***************************************		
		of a completed 3rd shift drill			1
		iy 2024 - September 2024;			
	3	of completed 1st or 3rd shift			ļ
	· ·	of October 2024 - December	· · · · · · · · · · · · · · · · · · ·		<b>.</b>
	2024.	···	***************************************		ž V
	Intention on ERIOS	with Client #1 revealed:			
	A THE PERSON AND DESCRIPTION OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O	dent at the facility for over 4			
		desir as no mounty the crease in	Tanan.		
		I in fire drills but not a disaster			
	drail while at the facil		(constitu		
		•	***************************************		
Ì		with the Owner revealed:	Per series		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		fire and disaster drills were			
3		leted quarterly on each shift;		•	\$ \$
3	He was going to en	sure drills were completed as			

;

Division c	f Health Service Recu	dation			C Section of Color value	
SEMEMENT	CA, CAERTARMENE	IX11 PROVENERSLEPPLEERILIA	PATRIM (SX)	E CONSTRUCTION	(X3) DATE SURVEY	
14463 14 WA	A, COMMEDIACA	EDENTIFICATION NUMBER:	A BUILDING	· · · · · · · · · · · · · · · · · · ·	COMMERCIAL	
			iii			
and the second s		MHL080-222	B. WING	***************************************	06/09/2025	
MAME OF FR	ABLERIC RO REDIVO	A THERTS	CORESS CITY, S	EATS: DES CONS		
			TH LONG STR			
REVIVE H	Ousing, LLC		IRY NC 28144			
(% (&%)	A YAAMBIS	ATEMENT OF DEFICENCES		PROVIDERS PLAY OF CORRECTION		
PREFER	ремси неголем	Y MUST BE PRECEDED BY FULL	\$255555X	EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGRARDRY OR	LSC Dentifying be ormation)	3AG	CROSS-NUTERENCED TO THE APPROPR	eate date	
**********	******	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEFECENCES	orrerene en	
VIII	Continued From pag	e 2	V 114			
	required in the future	ı.	***	Anexile in weekening		
				14 640 070 0000 101 44 6 2		
V 138	27G .0209 (C) Medic	ation Requirements	V 118	V 118 27G .0209 (C) Medication		
		·	****	Requirements		
	10A NCAC 27G .020	9 MEDICATION		All client records were immediate	fuz	
	REQUIREMENTS		***************************************	reviewed by the Qualified Profess		
	(c) Medication admin			(QP) for accuracy and have been	100	
		on-prescription daugs shall to a client on the written	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	updated to include current active		
		thorized by law to prescribe		medication orders. A house meet	ing	
	drugs,	are more by active to property	*****	with staff was conducted on 6/12/		
	· · · · · · · · · · · · · · · · · · ·	be self-administered by		The meeting addressed the corre		
	clients only when au	horized in writing by the		protocol for updating the medicati		
	client's physician.			record, including the requirement		
		iding injections, shall be		signatures and procedures to folk when medication is refused, not	<b>XW</b>	
		licensed persons, or by rained by a registered nurse.	*****	administered, or discontinued. St	r#	
		egally qualified person and	i	were explicitly informed that the u		
		and administer medications.		white-out is strictly prohibited und		
		ninistration Record (MAR) of		any circumstances.		
	all drugs administere	d to each client must be kept				
		administered shall be	, in the second	To prevent the recurrence of thes		
		y after administration. The		issues, the following actions have	1	
	MAR is to include the	tollowing:		been implemented:		
	(A) chent's name;	and quantity of the drug;		talmain, saari minata ta ta ta	i	
	(C) instructions for a			- Weekly MAR checks have been instituted as of 6/12/2025 by the (	*****	
		drug is administered; and	1	ensure the accuracy of logs.	ar io	
		f person administering the	***************************************	and a morning of today		
	drug.		*	Additionally, end-of-month checks	a will	
		r medication changes or	******	be performed by the house super		
***		ded and kept with the MAR	a paragraph	or authorized personnel to ensure	<b>&gt;</b>	
		pointment or consultation		Revive Housing, LLC complies w	ith	
	with a physician.	en e	· · · · · · · · · · · · · · · · · · ·	Medication Requirements.		
			*****	All making about	, , , , , , , , , , , , , , , , , , , ,	
			7/22/2	All active staff members receive	a [	
				medication refresher training,	dono	
***************************************			******	completed as of 6/19/2025, to ad the deficiencies cited.	Jiess [	
in and the second			***************	THE PROPERTY OF THE PROPERTY.		

Division of Health Service Regulation

Ovision of Health Service Regulation STATEMENT OF DEFECTIONS S ALCORELIONISCHICHEN (IX) OCH AND THE CONSTRUCTION CC31 EXATE: SUMIVEY AND FLAN OF CORRECTION SDENTIFICATION NUMBER: CONSTRUCTED A BURDING MH3.080-222 R WINES 06/09/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 28P CODE **523 NORTH LONG STREET** REVIVE HOUSING, LLC SALISBURY, NC 28144 SCHIMARY STATEMENT OF DEFICENCES 00(00) PROMOTERS PLAN OF COMPROTION SEACH TRESCRIBLY MUST BE PRECEDED BY FULL \$1263646C COURS FYE PERFEC IEACH CORRECTIVE ACTON SKRULD BE TAL BEIGHT FLOSA OF THE KENTEARC BROSWITCHS STAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFECT MENT V 118 Continued From page 3 V 118 Medication record logs have been updated to include more detailed information on administration This Rule is not met as evidenced by: (medication/admin instructions/date Based on observation, record reviews and dispensed, etc.). interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 2 of 2 surveyed clients (#1 and 4. Review on 6/9/25 of Client #1's record revealed: -An admission date of 2/1/25: -An age of 13; -Diagnoses included Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder and Oppositional Defiance Disorder (ODD): -Physician orders dated 6/9/25 for Risperidone (antipsychotic) 25 milligrams (mg), take 1 tablet by mouth (po) daily 8:00am, Escitalopram (antidepressant) 10 mg, take 1 tablet po daily 8:00em and Clonidine Hydrochloride (ADHD) .1mg, take 1 tablet po in the morning 8:00am; -Physician order dated 5/27/25 for Dextroamphetamine (ADHD) 20mg, take 1 tablet po daży 8:00am. interview on 6/9/25 with Client #1 revealed: -He was ordered to be administered 4 pills every morning and for the past couple of days, he had only been administered 3; -ite had been out of at least one of his medications for a couple of days: -He wasn't administered at least one of his medications for a couple of days every month. -When he asked monthly why he wasn't administered att his medications, staff informed him that he was out. Attempted interviews on 6/5/25, 6/6/25 and

Division of Health Service Regulation

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Division (	al Health Service Resp.	Sistion			1. V24.244 WW. 5.1.257355537
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3 986 ZEE COM.	36,028888023086	DENTIFICATION NUMBERS		and the second s	COMPLETED
			1	and the state of t	
		MHL080-222	ar mans	and the second s	06/09/2025
260200 524 50	ROLLEGE OR BURNIER	manning and the second	umanimi da	annimmen open state op	
	and a second a man of all the a designed		erress. City, State		
<b>LEALLE H</b>	OUSMG, LLC		RTH LONG STREET		
		**********	URY, NC 20144	· · · · · · · · · · · · · · · · · · ·	
	SANGARAN SI	IN MORT HE PRECEDED BY FORL	80	provident plan of correction	(305)
2963	V 118 Continued From pay 6/9/25, with Client # successful as reque ignored. Review on 6/9/25 si for the month of Jur No documentation Risperidone, Esoilai Hydrochlonde or De administered or why Chservetion on 6/9/ for Client #1 reveale Esoilalopram were a Interview on 6/9/25 pharmacy utilized b -Risperidone for Client	FRE BENIE AND RESERVOICES	PREFIX	DANGE FOR SOUTHWEST ACTION SHOULD BE ACTION SHOULD BE ACTION OF SEXURE THE ACTION SHOULD BE	
	*********			DEFACEINCA!	
V 318	Continued From pag	E &	V 118		
			7 110		
	DESCRIPTION OF SHOOT WE	g insugan wate tot			
		ers to testity calls wate			
	Paraner				
	Description of the State of the Company of the Comp	RANDALLI LIKANI, YIYAN YAYA			
	The the counts of the	COORD OF LANDS AFAIL			
	out in simolectrical	aparananangangangan mana Aparanan Antanangan			
					-
	Observation on 6/9/2	5 at 11:00am medications			The state of the s
	for Client #1 reveales				***************************************
	Escitalopram were n				•
					annua a
		with a representative from the		A.	and the second
					nun
		ur as was businously broked			receip
	up on 5/7/25;	and all the second to the second			residen
	had not been picked	nt #1 was refilled 5/7/25 and			anana
	,	ent#1 was previously picked			e de la company
	up on 5/10/25;	ense a r umo buo andemia buennes			· ·
		ent #1 was refilled today and			same.
	had not been picked				enere
	Albert 1				, in the same
	Review on 6/9/25 of	Client #2's record revealed:			, , , , , , , , , , , , , , , , , , ,
	-An admission date o	x 6/13/23;			eseeses
	-An age of 17;				men
		Conduct Disorder, ODD,			rivate
		Anxiety Disorder, Insomnia	******		upreas
	and Carmabis Use D				
		led 4/29/25 for Vyvanse			coord
		capsule po every morning			•
		ipsycholic) 10mg, take 1	man.		
	indies po daily 8:00 an		· ·		
		g, take 1 capsule po daily	in the same		
		(antipsychotic) 20mg, take 1			
	take i tablet po night	azodone (inscrinia) 150mg.	· · · · · · · · · · · · · · · · · · ·		and the same of th
	ware a resemble 200 stalling	di diringham.			1 1

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AND PLAN C	E COLLEGION  OF DELEGION	(XI) PROMOTERATED ERALIA DENTERCATION INMERER:	D. WING		er COS	ereted E senaea
		WHI 040-533		sammennementelletteringen en e	aming management	5/09/2025
MARKE OR 33	HOLESEN ON BENALTER	STREET	looress, city, sik	STE, ZIP CODE		
REVIVE H	ousing, llc		rth long stre	<b>E1</b>		
***************************************	***************************************	***************************************	URY, NC 28144		**************************	
140 546564X 5x6140	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFERENCY MUST BE PRECEDED BY FURL REGIS ATORY OR USO DENTRYING BY ORMADON)		ed Prefex Tag	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CHOSS-REFERENCED TO T DEFICIENT	HE APPROPRIATE	(2X) 373,784003 3890
V 118	Continued From pag	ge 5	V 118			
	6/9/25, with Client #	s on 6/5/25, 6/6/25 and 1's guardian were not	***************************************			***************************************
	ignored.	sts to return calls were				
	for the month of Jun -No documentation	for 6/8/25 and 6/9/25 that				
	were administered of administered;				ing section of the se	
		nitials on 6/1/25, 6/3/25 and				
	8:00am instead of 8	· · · · · · · · · · · · · · · · · · ·				
	-He had been made	with Staff #2 revealed: aware by the facility Owner at documented the MARs as			• •	
	required; -He was busy and u	nable to find a pen but had Rs after talking with the	***************************************			
	Owner today; -He thought Trazodo		or conservations.			
		with the Owner revealed:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	-He was not aware t MAR's:	here was a problem with the	***************************************		·	
		sure that the MAR's were ed and medications were ered.				
***************************************	medication administr	accurately document ration, it could not be received their medications systetan.				

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Division of	of Health Service Res	istion	·		s. Concern soluta (Zata A.C.C.)	
	OF DEFICIENCIES	(X1) PROVIDENCEMPTRESCAM	(X2) RRR (XX)	E CONSTRUCTION	I (X3) DATE SURVEY	
ANGSTRANC	WOTCHARDOOM	ideatheication newhere		***************************************	COMPLETED	
		MHL080-222	B. WING		06/09/2025	
NAME OF B	SOMMER OR SUPPLIER	and a series a constructive de de de la constructive de la constructive de la constructive de la constructive d	***************************************		Someonianianianianianianianianianianianianian	
TA VIIIA AND 1	mand on partition		ooress, coy, st			
REVIVE H	ousing, llc		ith long stri	et e		
****		*****	JRY, NC 28144	***************************************		
PREFIX	SCHMARY ST WACH DEFRIENC	tatement of deficiencies Dy must be preceded by full	10	PROVIDER'S PLAN OF CORRECTION		
TAG	REGINATORY OR	LSC EDENTH-YING INFORMATIONS	PREFIX	GROSS REFERENCED TO THE APPROPR		
*******	************************			DEFICIENCY;		
V 298	Continued From pag	A B	V 298	***************************************	erannaman and an arannaman and	
			7250			
A 536	27G .1704 Residenti	al Tx. Child/Adol - Min.	V 296			
	Staffing					
	284 ((A) A AWA	:		10A NCAC 27G .1704 Minimum		
	10A NCAC 27G .170 REQUIREMENTS	MINIMUM STAFFING		Staffing Requirement	,	
		ssional shall be available by			·	
	telephone or nane	A direct care staff shall be		Revive Housing schedules two	· · · · · · · · · · · · · · · · · · ·	
	able to reach the fac	ility within 30 minutes at alt		employees for each shift. On		
	times.			6/12/2025, the QP and Director		
	(b) The minimum nu	imber of direct care staff		reviewed the notification		
		en or adolescents are	***	requirements for employees who		
	present and awake is			cannot attend or will be late to the		
		care staff shall be present for	***************************************	shift, ensuring that two staff mer	nbers {	
		ur children or adolescents;	-	are present on every shift.		
		i care staff shall be present		Complex cone (1922) namelia, a ta		
	for five, six, seven or adolescents; and	eight children or	3	Employees will continue to use the home base system to notify all s	ne	
	the second secon	care staff shall be present for		members if someone is late or	4CH }	
	nine, ten, eleven or t		****	absent. If an employee cannot fi	net	
	addiescents.			coverage for their shift, they must		
	(c) The minimum nu	mber of direct care staff	iii	inform the QP/Director immedial		
	during child or adole:	scent sleep hours is as	· · · · · · · · · · · · · · · · · · ·			
	follows:			The QP/Director have initiated	***************************************	
	,	are staff shall be present		random shift visits to monitor		
		ake for one through four		compliance with the required sta	iffing	
	children or adolescer			levels. These random shift visits		
		are stall shall be present		continue for the next 2-3 months		
		ake for five through eight		ensure compliance and prevent	the	
1	children or adolescer (3) three direct	res, and care staff shall be present		recurrence of the issue.		
		awake and the third may be	1			
		eleven or twelve children or				
	adolescents.					
	(d) In addition to the	minimum number of direct			ann ann	
::/**		Paragraphs (a)-(c) of this	Š		· · · · · · · · · · · · · · · · · · ·	
niini.		ni beniupen ed liseta fista e			***************************************	
3	the facility based on t	he child or adolescent's			and the same of th	
or contract of the contract of	individual needs as s	pecified in the treatment		No.		
est of the section of	plan.				uma	
Siminiam en l'écérce,	ikaisisesiasias irriikaanistadaanaanaa	***************************************		***************************************		

Division of Health Service Regulation

STATE FORM

	of Health Service Rep	(AMM)		ii			
	i of defectedences Of coorbection	ALMERITARIA (VX)	(EX) MATEROO STREET, MATERIAL (EX)			(xx) ovie carrage	
Companies and the same and analysis advantage from a		DENTRICATION NUMBERS	A. BUBLOWAYS	2000 continue de la c	i con	PLETED	
					"		
*********		MHL080-222	85. YM99KS	*****	O.	1/09/2025	
88.885 (DF 89.888	BOVIDER OR SUPPLIER	6.3-3046.6.3	ecocopociciones estant protectivo.	C. Sans in manuel	irineeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	***************************************	
			Modress, Cev, Suate Bras Caura Branco				
KEALME H	KOUSING, LLC		rth long street	ł			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Same maning	**********************	URY, NC 28144	******	******************	ecquecococococ	
(3)4) B)	WAS DERCEN	TATEMENT OF DEFICIENCES CY MAIST BE PRECEDED BY FULL	8D PREFIX	PROVIDER'S PLAN OF CO IEACH CORRECTIVE ACTION		(XS) COMME.ETE	
TAG	ANTENNATORY OR	CASC ELEMENTARIO IN CARRACTICAN	YAG	CROSS-REFERENCED TO THE		DATE	
		***********************************		(YORKS)		<u> </u>	
V 296	Continued From pag	pe 7	V 296				
	for Ward Familie, when	d) has seemen as a later dis-					
	for court racially and	ill be responsible for ensuring en or adolescents when they					
		scility in accordance with the					
	child or adolescent's	i individual strengths and				\$	
	needs as specified in	n the treatment plan					
		· · · · · · · · · · · · · · · · · · ·					
300							
			***************************************			:	
			****				
						į	
	NAME OF THE OWNER OF THE OWNER.						
	This Rule is not met as evidenced by: Based on observations, record review and						
	interviews, the facility						
	maramum staff ratio o						
	adolescents. The fine	*				1	
	Caramana Marana Caramana Carama	anigo arto.				3	
	Observations on 6/9	V25 from approximately					
		revealed Staff #1 and Client					
7		ividuals present at the facility.					
and and	•	~				1	
.,,,,		Client #1's record revealed:					
Varyana	-An admission date of	x 2/1/25;					
0.00	-An age of 13;						
		Post Traumatic Stress					
		eficit Hyperactivity Disorder,	· · · · · · · · · · · · · · · · · · ·				
a debug.		d Oppositional Defiance	7				
i e e e e e e e e e e e e e e e e e e e	Disorder.						
1	diseasa diseasa a sa s	Site Charles and a second					
- 19	Interview on 6/9/25 w						
		were supposed to be a 2nd					
		the facility with Client #1; nded from day camp last					
2	•						
	week so it was an em	iergency, rd shift but was filling in on					
	LANCE CONTRACT AND VICE OF	LES THE WALL CHIEF SALES AND COLOUR PROBLEM 2018 AND STATE	3			1	
- 4	1st to supervise Clien	4 44 4	1			}	

PRINTED: 08/11/2026 **ECKWYNALBOAEU** 

	of Historian States (Resi		annaga annannannahini aa aa a		ECHAN VIGEON	
STATEMENT OF DISTRIBUTION (A) PERSONNESS PERSONNAL AND PLAN OF CONNECTION RESERVED.		KALLER SALES SALES (KA)	V BONTONEO:	OMITMATERY	CONTROPO CON	
		MH4.090-222	33. (Artest))		MADINE CARROL	
anaanaanaanaanaanaanaanaanaanaanaanaana	TOTALES OF BEST 1835	manning (fill the property of	and a same a same	inner i i i i i i i i i i i i i i i i i i i	05/09/2025	
			udress, (div. State <b>Tim Long State</b> et			
	OUSING LLC	SALISE	URY, NO 28144			
240 1383.234 (24) 80	છે. પ્રદાનમાં ભાગવાડી અનુકારા પ્રદાનમાં માટે અંદાદા	INTERNATE PROPERTY BY CULL CY MORT BY THE CHIEF BY CULL COO BENTH PRO MATERIAL BY	80 1984:188 1946:	PROVIDERS PLAN OF CORRECTS  GACH CORRECTIVE ACTUM SCRIL  CHOSS PRIFTERMED TO THE APPRO THERMACY)	\$3.88E COMPLETS	
V 296	Continued From pag	M 8	V 296			
A 3388	inhaview on 6/9/25 vile was aware there when clients were pr times; -It was a struggle for	in the Councy revealed:  was supposed to be 2 staff resent in the facility at all  ding staff to fill in since it was  all #1 was suspended from	V 29%			
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