

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS RESIDENTIAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 506 EAST LAFAYETTE STREET SALISBURY, NC 28144		
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V 000	INITIAL COMMENTS An annual survey was completed on June 19, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for 2 of 3 audited clients prior to the delivery of services (Clients #1 and #3) The findings are:</p> <p>Review on 6/18/25 of Client #1's record revealed: -Admission date of 1/27/25. -Diagnoses of Major Depressive Disorder, Recurrent, Moderate, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Combined Type, Oppositional Defiant Disorder, Klinefelter Syndrome, Diabetes, Seasonal Allergies, and Nocturnal Enuresis. -No documentation an assessment was completed which reflected Client #1's needs, strengths, admitting diagnoses, pertinent social, family and medical history related to what needed to be addressed upon his admission.</p> <p>Review on 6/18/25 of Client #3's record revealed: -Admission date of 6/10/25. -Diagnoses of Autistic Disorder, ADHD-combined type, IDD -No documentation an assessment was completed which reflected Client #1's needs, strengths, admitting diagnoses, pertinent social,</p>	V 111		

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V 111	Continued From page 2 family and medical history related to what needed to be addressed upon his admission. Interview on 6/18/25 with the Qualified Professional revealed: -"We do not have one (an assessment form)." -"When we get the admission referrals, we review the information sent to us and set up interviews with the client, guardian, care coordinator before we make a decision whether to admit." -Client #3 was admitted on 6/10/25 and hospitalized on 6/14/25 due to behaviors which included physical aggression (hitting) the Chief Executive Officer (CEO), property destruction (broken his bedroom door), and elopement. -" ...he was not ready for a lower level of care."	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility	V 114		

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V 114	<p>Continued From page 3</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held at least quarterly and reported for each shift. The findings are:</p> <p>Review on 6/18/25 of the facility's fire and disaster drill log from January 2025 to June 2025 revealed: -No documentation of a disaster drill for January-March 2025.</p> <p>Interviews on 6/17/25 with Clients #1 and #2 revealed: -No disaster drills had been held.</p> <p>Interview on 6/18/25 with the Chief Executive Officer (CEO) revealed: -There were two shifts-one shift from 7 am to 7 pm and one shift from 7 pm to 7 am. -There was no documentation disaster drills were held. -" I know I will be docked on this (not having documentation of held disaster drills)." -She planned to ensure disaster drills were held like fire drills for every quarter and on every shift.</p>	V 114		

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure all medications were administered on the written order of a person authorized to prescribed medication and failed to ensure clients' MARs were kept current for 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 6/18/25 of Client #1's record revealed: -Admission date of 1/27/25. -Diagnoses of Major Depressive Disorder (MDD), Recurrent, Moderate, Generalized Anxiety Disorder (GAD), Posttraumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD)-Combined Type, Oppositional Defiant Disorder (ODD), Klinefelter Syndrome, Diabetes, Seasonal Allergies, and Nocturnal Enuresis. -2/7/25 physician-ordered medications: -Metformin Extended Release (ER) 500 milligram (mg) (Diabetes), 2 tablets (tab) daily with breakfast. -Cetirizine 10 mg (allergies), 1 tab daily. -Hydroxyzine Hydrochloric acid (HCL) 25 mg (anxiety), 1 tab three times daily. -Prazosin 1 mg capsule (cap) (PTSD), 1 cap at night. -Guanfacine ER 2 mg, 1 tab twice daily. -Methylphenidate 54 mg ER tab (ADHD), 1 tab every morning. -6/17/25 physician-ordered medications: -Risperidone 3 mg tab (anxiety), 1 tab every night. -Oxcarbazepine 300 mg tab, 1 tab twice daily. -No physician orders for the following medications: -Fluticasone 50 Micrograms (mcg) Nasal Spray (allergies), 2 sprays each nostril. -Ventolin Inhaler 200 puffs, 2 puffs into lungs every 6 hours as needed for wheezing or</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>shortness of breath.</p> <p>Review on 6/18/25 of Client #1's MAR from 4/1/25 to 6/18/25 revealed:</p> <p>-4/1/25-4/30/25- Methylphenidate, Fluticasone Nasal Spray, and Ventolin Inhaler 200 puffs were not listed on April 2025 MAR.</p> <p>-5/1/25-5/31/25- Fluticasone Nasal Spray, and Ventolin Inhaler 200 puffs were not listed on May 2025 MAR.</p> <p>-6/2/25 at 7 am dosage time, no documentation of Metformin, Cetirizine, Hydroxyzine HCL, Oxcarbazepine, Guanfacine and Methylphenidate having been administered. No documentation on the back of the June 2025 MAR that gave a reason why these medications were not administered.</p> <p>-6/2/25 at 7 pm dosage time, no documentation of Prazosin, Hydroxyzine HCL, and Oxcarbazepine having been administered. No documentation on the back of the June 2025 MAR that gave a reason why these medications were not administered.</p> <p>Interview on 6/17/25 with Client #1 revealed:</p> <p>-He took Metformin for his Type II Diabetes which he was diagnosed with on 2/1/25.</p> <p>-He took an anxiety medication around 12:00 lunchtime.</p> <p>-There was 1 occasion where he went to a doctor's appointment at 11:30 am and missed his anxiety medication.</p> <p>-He took 1 medication 3 times daily and another medication at nighttime to prevent nightmares.</p> <p>-Staff gave him his medications; he did not self-administer any of his medications.</p> <p>Review on 6/18/25 of Client #2's record revealed:</p> <p>-Admission date of 3/6/25.</p> <p>-Diagnoses of Mild Intellectual Developmental</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Disability (IDD), PTSD, ADHD-Combined Presentation, Conduct Disorder.</p> <p>-6/4/25 physician-ordered medications:</p> <ul style="list-style-type: none"> -Clonidine 0.2 mg (ADHD), 1 tab twice daily . -Trazodone 150 mg (sleep), 1 tab at bedtime. -Hydroxyzine Pamoate 25 mg (anxiety), 1 cap daily at 2 pm. -Cetirizine 10 mg (allergies), 1 tab at bedtime. -Omeprazole 20 mg (acid reflux), 1 cap daily. -Polyethylene Glycol 3350 Powder Solution (constipation), 17 grams in 8 ounce water and drink daily. <p>-No physician order for:</p> <ul style="list-style-type: none"> -Chlorpromazine 50 mg 1 tab 3 times daily. -Digestive Advantage Gummies (digestive health), 2 gummies every morning. <p>Review on 6/18/25 of Client #2's MAR from 4/1/25-4/30/25 and from 6/1/25 to 6/18/25 revealed:</p> <ul style="list-style-type: none"> -No May 2025 was provided for review. -6/1/25 to 6/17/25, Chlorpromazine 50 mg 1 tab 3 times daily was initialed as administered at 7 am, 3 pm and 7 pm dosage times with a 7 am dose administered on 6/18/25. -6/1/25-6/18/25, Digestive Advantage Gummies at 7 am dosage time was initialed as administered. -6/1/25-6/18/25, Trazodone was not listed on the June 2025 MAR. <p>Observation on 6/18/25 at 10:06 am of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Chlorpromazine 50 mg and Digestive Advantage Gummies were not present in the facility. <p>Interview on 6/17/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He took a "big one (pill)" in the morning hours and a pill at lunchtime. -He took medication to help him sleep at night. 	V 118		

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V 118	<p>Continued From page 8</p> <p>-Staff gave him his medications; he did not self-administer any of his medications.</p> <p>Review on 6/18/25 of Client #3's record revealed:</p> <p>-Admission date of 6/10/25.</p> <p>-Diagnoses of Autistic Disorder, ADHD-Combined Type and IDD.</p> <p>-6/9/25 physician-ordered medications:</p> <p>-Clonidine 0.1 mg (ADHD), 1 tab at bedtime.</p> <p>-Cholecalciferol 25 mcg (Vitamin D Insufficiency), 1 tab every day.</p> <p>-Zoloft 100 mg (depression), 1 tab every morning.</p> <p>-Multivitamin Chewable (low iron stores), 1 tab every day.</p> <p>-Clonazepam 0.5 mg (anxiety), 1 tab twice daily.</p> <p>-Methylphenidate ER 18 mg (ADHD), 1 tab every morning.</p> <p>-Sennosides 8.6 mg (constipation), 2 tabs twice daily.</p> <p>-Chlorpromazine 200 mg (agitation) 1 tab at bedtime.</p> <p>-Fluoxetine 20 mg (major depressive disorder), 1 cap daily.</p> <p>-Polyethylene Glycol 3350 Powder Solution (constipation), 17 grams at bedtime.</p> <p>Review on 6/19/25 of Client #3's June MAR revealed:</p> <p>-6/11/25 at 7 am dosage time for Cholecalciferol, Zoloft, Multivitamin, Clonazepam, Methylphenidate, Sennosides and Fluoxetine were marked with an "x" over initials.</p> <p>-6/12/25 had no documentation that all of Client #3's 6/9/25 prescribed daily medications were administered at the am, afternoon and pm dosage times.</p> <p>-6/13/25 at 7 am dosage time for Chlorpromazine and Zoloft were marked with an "x" over initials.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Interview on 6/18/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Her facility visits occurred twice a week. -One of her QP responsibilities was reviewing the clients' MARs. -She and the Chief Executive Officer (CEO) had communicated about changing to another pharmacy to help address some of the identified medication issues <p>Interviews on 6/18/25 and 6/19/25 with the CEO revealed:</p> <ul style="list-style-type: none"> -She believed Clients #1 and #2 were administered their medications where there was no documentation on front or back of their MARs. -"It was likely an oversight of staff not initialing" which she would address with staff to ensure accuracy of the MARs. -The physician sent client prescriptions directly to the pharmacy the reason she did not have all the prescriptions available for review. -Client #1 had his medication review on 6/17/25 and medications were reordered and would be picked up today from the pharmacy. -She and the QP worked together to develop the clients' MARs. -It was an "oversight" they (she and the QP) missed listing all client medications on each of the clients' MARs. -She could not locate Client #2's May 2025 MAR to provide for review. -Client #3 was admitted to the facility on 6/10/25 and was administered his pm medications. He then started fighting with staff the night of 6/10/25 and was taken to a hospital early in the morning of 6/11/25 for a mental health evaluation the reason he missed his am medications. Client #3 returned to the facility the afternoon of 6/11/25. 	V 118		

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V 118	Continued From page 10 -Client #3 refused his medications on 6/12/25 and his MAR was supposed to have been documented to reflect his refusals. -Client #3 had medication refusals the morning of 6/13/25, took his medications at the pm dosage times, and physically attacked her the night of 6/13/25 which led to his hospitalization. -She planned to change pharmacies for pre-printed MARs to be provided by a pharmacy and the clients' medications packaged in bubble dose packs according to their dosage times. -She planned to review the MARs more frequently, make corrections to add medications not listed, and ensure physician medication orders were current and kept at the facility.	V 118		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.	V 537		

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V 537	Continued From page 11 (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and	V 537		

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V 537	<p>Continued From page 12</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS RESIDENTIAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 506 EAST LAFAYETTE STREET SALISBURY, NC 28144		
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V 537	Continued From page 13 course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.	V 537		

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V 537	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff training in seclusion, physical restraint and isolation time-out for 3 of 3 audited staff (Staff #1, #2 and #3). The findings are:</p> <p>Review on 6/19/25 of Staff #1's personnel record revealed: -Hire date of 4/11/24. -Position as Paraprofessional -No documented training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 6/19/25 of Staff #2's personnel record revealed: -Hire date of 3/24/25. -Position as Paraprofessional -No documented training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 6/19/25 of Staff #3's personnel record revealed: -Hire date of 4/1/25. -Position as Paraprofessional -No documented training in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 6/17/25 with Staff #1 revealed: -"We don't restrain the clients."</p> <p>Interview on 6/17/25 with Staff #2 revealed: -He had restrained Client #1 for 5 minutes in the beginning days after his admission due to Client</p>	V 537		

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V 537	Continued From page 15 #1 "throwing stuff around, speaking of harming himself, and he got physical with me." -"It was my third day working here (at facility)." -"Second training was how to deal with (client) behaviors when they arise." Interview on 6/17/25 with Staff #3 revealed: -Clients were not restrained or secluded in their rooms. Interview on 6/19/25 with the Chief Executive Officer (CEO) revealed: -Physical restraints could be used as a last resort by staff on a client if a client was harming themselves or others. -She would ensure her staff received training from an approved curriculum in seclusion, physical restraint and isolation time out.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be kept in a safe and attractive manner. The findings are: Observation of the facility on 6/18/25 from 12:28 pm-1:00 pm revealed: -Clients #1 and #2's bathroom ceiling above the shower had at least 9-10 areas of peeled paint which were of varied sizes. -Client #2's bedroom window blind had at least	V 736		

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V 736	Continued From page 16 5-6 blind slats broken. Interviews on 6/18/25 and 6/19/25 with the Chief Executive Officer (CEO) revealed: -The moisture from the client showers caused the peeled paint areas. -There was a work order placed in a portal to have the ceiling repainted. -No documentation was provided during the survey of a work order for the shower ceiling. -She noticed Client #2's broken blind slats as she moved the curtains over to the side. -She would have the blinds replaced.	V 736		