

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2025
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NAME OF PROVIDER OR SUPPLIER EVER LOVING CARE	STREET ADDRESS CITY STATE ZIP CODE 9603 MARGRAVE DRIVE GASTONIA, NC 28056
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(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 9-16-25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults With Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>(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.</p>	V 111		

* *[Signature]* *[Signature]* 10/6/2025

This Rule is not met as evidenced by:
 Based on record review and interviews, the facility failed to ensure that an admission assessment was completed prior to the delivery of services affecting 2 of 3 clients. The findings are:

Review on 9-11-25 and 9-15-25 of client #2's record revealed:
 -Date of admission: 8-13-25.
 -Diagnoses: Intellectual Development Disability (IDD); Autism;
 -A psychological examination dated 12-7-07 noting client #2 was 10 years old.
 -No documentation of an admission assessment.

Review on 9-11-25 and 9-15-25 of client #3's record revealed:
 -Date of admission: 9-3-25.
 -Diagnoses: IDD.
 -No documentation of an admission assessment.

Interview on 9-15-25 with the Director/Owner/Qualified Professional revealed:
 -"We have a questionnaire that we go over with them during the interview process."
 -The co-owner completes the questionnaire with the client and a team member (case manager,

Correction: Care plan forms as well as medical forms have been completed and/or updated for each current client.

We used the psychological evaluation from Client #2 current team the LME/MCO provided. Unless there is a substantial change in the members' functions an updated evaluation is not required every 5 years.

Every effort is being made to schedule an appointment with a new psychologist to have a new psychological assessment complete for Client #2.

Prevention:

An admission checklist and packet has been created that includes the required forms and assessments needed prior to admission.

10/5/25

Forms included in the admission checklist are last physical, psychological assessment and care plan that includes behaviors, diagnosis, current medication order, guardian forms and emergency contacts. As well as consent forms for transportation, emergency medical care, person centered plan, and a behavior support plan if applicable.

We will require all documents to be on file prior to admission of all new client.

A copy of the care plan, including the client's presenting problems, needs, strengths, and diagnosis, will be requested from the care coordinator before admission

Before and during admission, an assessment of the client's social, family, psychiatric, and medical history will be completed and documented in the electronic record system.

QP will scan and document needed items into the electronic record system before client admission without exception.

Within 24 hours of admission co-owner will double-check that all required documents are on file.

Monitored By: Owner

Frequency: Permanent process change and action as a prerequisite to admission.

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EVER LOVING CARE

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GASTONIA, NC 28056

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V 111	Continued From page 2 guardian, social worker).	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement, and</p> <p>(6) written consent or agreement by the client or responsible party or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by</p>	V 112		

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<p>V 112</p>	<p>Continued From page 3</p> <p>Based on record reviews and interviews, the facility failed to implement goals and strategies to meet the needs of the client affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 9-11-25 and 9-15-25 of client #1's record revealed: -Date of admission 7-1-24. -Diagnoses: Severe Intellectual Disability; Autism Spectrum Disorder.</p> <p>Review on 9-11-25 of client #1's Individualized Behavioral Support Plan (IBSP) dated 8-15-25 revealed: -"Description of Target Behaviors: -[Client #1] will increase his compliance. -[Client #1] will reduce interrupting people's conversations. -[Client #1] will reduce inappropriate toileting and bathroom behaviors. -"It is recommended that therapists, staff, and other are providers implement strategies suggested on a daily and consistent basis." -Implementation date: 8-15-25. -Signed by client #1's guardian and the Director/Owner/Qualified Professional (QP) on 8-15-25. -No documentation of staff training on the IBSP. -No documentation of progress towards goals and strategies.</p> <p>Interview on 9-11-25 with staff #1 revealed: -No knowledge of a IBSP regarding client #1.</p> <p>Interview on 9-11-25 with staff #2 revealed: -No knowledge of a IBSP for client #1.</p> <p>Interview on 9-11-25 with the Director/Owner/Qualified Professional revealed: -The facility staff had not been trained on the</p>	<p>V 112</p>	<p>V 112</p> <p>Correction: A service care plan that includes anticipated outcomes, strategies, evaluation criteria, staff responsible, and a schedule of review, has been added to all client files that were developed in conjunction with the client, guardian, QP, and care coordinator. This will be reviewed annually and as goals change.</p> <p>IBSP has been completed and placed on file for client #1.</p> <p>Staff training was held on September 18, 2025 by the behavior support specialist.</p> <p>Staff meeting was held on September 24, 2025 that included training for staff on how to chart reflecting progress on goals.</p> <p>Prevention: Prior to admission, a person-centered plan will be developed for all new clients.</p> <p>Progress toward goals will be documented by staff and reviewed by QP.</p> <p>Ongoing training is scheduled monthly for staff by the Behavioral Support Specialist to help staff continue to develop techniques to help clients meet goals.</p> <p>Monitored By: Owner</p> <p>Frequency: Ongoing training for staff on behavioral support, yearly or as needed review of behavioral support and care plan.</p>	<p>8/13/25</p> <p>8/15/25</p> <p>9/18/25</p> <p>9/24/25</p> <p>monthly next training 10/16/25 @ 10:00am</p>
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V 112	Continued From page 4 IBSP and the IBSP had not been implemented as of 9-11-25. -"I'm waiting on [Local Management Entity] to pay for the training. They have approved it but we have not received payment from them yet. I don't have the money to pay for the training."	V 112		
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 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 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that fire and emergency drills were conducted quarterly and repeated for each shift. The findings are: Review on 9-11-25 of the facility's fire and disaster log for 9-1-24 to 8-31-25 revealed. -No documentation of 3rd shift fire and disaster	V 114		

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V 114	<p>Continued From page 5</p> <p>drills.</p> <p>Attempted interview on 9-15-25 with client #1 unsuccessful, client non-verbal and had very limited communication skills.</p> <p>Attempted interview on 9-15-25 with client #2 unsuccessful, as client had very limited communication skills.</p> <p>Interview on 9-11-25 with staff #1 revealed: -"Yes, they (facility) do drills (fire and emergency). I haven't done one yet. But I know that they do them."</p> <p>Interview on 9-11-25 with staff #2 revealed: -"Yes (fire and emergency drills are being completed). I believe it's done once a year or every three months. I'm not totally sure. I haven't done one (fire/emergency drill) yet."</p> <p>Interview on 9-11-25 with the Director/Owner/Qualified Professional (QP) revealed: -The facility ran 3 shifts (1st shift, 2nd shift and 3rd shift) -3rd shift drills were not completed because, "They (clients) take trazadone to help them sleep and I didn't want to wake them up." -"Going forward we will make sure we are completing 3rd shift drills."</p> <p>27G 0209 (C) Medication Requirements</p>	V 114	<p>V114</p> <p>Correction: Fire drills have been completed on all 3 shifts along with other emergency drills complete as of October 2, 2025</p> <p>Prevention: Because drills must be unannounced, the yearly schedule for drills have been added to a private calendar. These will be conducted on every shift with various staff.</p> <p>Monitored by: Co-Owner</p> <p>Frequency: Quarterly- January, April, July and October</p>	10/2/25
V 118	<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</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 3 clients (clients #2 and #3). The findings are:</p> <p> </p> <p>Review on 9-11-25 and 9-15-25 of client #2's</p>	V 118		

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<p>V 118</p>	<p>Continued From page 7</p> <p>record revealed:</p> <p>-Date of admission: 8-13-25.</p> <p>-Diagnoses: Intellectual Development Disability (IDD); Autism;</p> <p>-No documentation of physicians' orders for client #2.</p> <p>-Review on 9-11-25 of client #2's MAR from 8-13-25 to 9-11-25 revealed:</p> <p>-Oxybutynin (overactive bladder) 15 milligram (mg) take one tablet by mouth daily.</p> <p>-Cetirizine (antihistamine) 10mg take one tablet by mouth at bedtime.</p> <p>Trazodone (insomnia) 100mg take two tablets by mouth everyday at bedtime.</p> <p>-Loratadine (allergies) 10mg take one tablet by mouth once daily.</p> <p>-Topiramate (anticonvulsant) 100mg take one tablet by mouth twice daily.</p> <p>-Clonidine (blood pressure) ER (extended release) 0.1mg take one tablet by mouth three times daily.</p> <p>-Escitalopram (anxiety) 20mg take three tablets by mouth daily.</p> <p>-Lamotrigine (mood stabilizer) 225mg take 1 1/2 tablets by mouth once daily.</p> <p>-Azelastine (allergies) nasal spray use two spray in each nostril two times a day.</p> <p>-Lorazepam (anxiety) 1mg take one tablet by mouth as needed.</p> <p>-Wegovy (diabetes) injection 1.7 mg inject contents of 3/4 milliliter (ml) once a week.</p> <p>Review on 9-11-25 and 9-15-25 of client #3's record revealed:</p> <p>-Date of admission: 9-3-25.</p> <p>-Diagnoses: IDD.</p> <p>-No documentation of physicians' orders for client #3.</p>	<p>V 118</p>	<p>V118</p> <p>Correction:</p> <p>An incident report has been completed for all missed medications.</p> <p>Appointments with 2 out of 3 providers have occurred, with updated medication orders complete and in the clients' files.</p> <p>Prevention: The FL-2 form is included in the check list of items that must be completed before the admission of a client.</p> <p>We will also request a transfer of prescriptions to the local pharmacy used by the group home at the time of admission.</p> <p>Group home will request client come with at least a 2-week supply of medications at the time of admission.</p> <p>Group home will maintain an adequate supply of medications for each client and if there is any reason a medication cannot be acquired such as denial of insurance, the provider office will be immediately notified and a request for change or discontinuation of medication order be sent to the group home. Each attempt will be documented in their medical record.</p> <p>New electronic documentation system includes medication inventory count that will allow us to see when medications are getting low.</p> <p>Monitored by: Co-Owner</p> <p>Frequency: New orders will be reviewed with each MD visit or medication change to ensure the medical record reflects what the provider has ordered and/or discontinued.</p>	<p>10/7/25</p> <p>10/11/25</p>
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V 118	<p>Continued From page 8</p> <p>Review on 9-15-25 of client #3's MAR for revealed the following medications documented as administered from 9-3-25 to 9-9-25:</p> <ul style="list-style-type: none"> -Divalproex (anti-convulsant) 500mg take one tablet twice a day. -Melatonin (sleep aid) 5mg take one tablet by mouth one hour prior to bedtime. -Risperidone (anti-psychotic) 1mg take one tablet by mouth twice daily. Trazodone (insomnia) 50mg take one tablet by mouth at bedtime. -Mupirocin (bacterial infection) apply cream three times a day on area left upper thigh. -Lorazepam (anxiety) 1mg take one tablet by mouth every 8 hours. <p>Interview on 9-11-25 and 9-15-25 with the Director/Owner/Qualified Professional revealed: - "We were never told we had to have a signed order from the doctor. We have the printout from the pharmacy. We thought that was all we needed."</p> <p>Interview on 9-11-25 with the co-owner revealed: -"We have the prescription bottle with the label attached. I thought that would serve as the physician's order." -"I will get the doctor's orders for the records"</p> <p>27E 0101 Client Rights - Least Restrictive Alternative</p>	V 118		
V 513	<p>10A NCAC 27E 0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods.</p>	V 513		

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V 513	<p>Continued From page 9</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review, interviews and observation, the facility failed to use the least restrictive and most appropriate method for 1 of 3 clients (client #1). The findings are:</p> <p>Review on 9-11-25 and 9-15-25 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of admission 7-1-24. -Diagnoses: Severe Intellectual Disability; Autism Spectrum Disorder. -Physicians' letter dated 2-10-25: "Due to his (client #1) severe autism and the aberrant behaviors he exhibits with uncontrolled eating and drinking in addition to playing in the toilet, it is a medical necessity/safety issue that his caregivers be allowed to lock up the refrigerator and the bathroom door." 	V 513	<p>V513</p> <p>Correction:</p> <p>Both MD and Behavioral support specialist both agree that it is in the best interest of client #1 to have restricted access to certain areas for his own safety including sink, refrigerator and bathroom. Behaviors such as defecating in toilet and then drinking from it have been observed.</p> <p>Client 2 has been given a key to access the restroom as needed, as well as access to the refrigerator. Client 1 has restrictions due to health and safety concerns.</p> <p>Prevention: Both recommendations have been documented on file. Client 1 has had an IBSP completed and this is reflected.</p> <p>The behavioral support specialist has begun training staff and working with client</p> <p>Staff will not lock the refrigerator or turn off the water between the hours of 8 am-8 pm</p> <p>Staff will continue to observe and redirect client when behaviors that could affect health and safety are noticed.</p> <p>Monitored by: owner</p> <p>Frequency: IBSP will be revisited frequently to see if client has made enough progress to have free access to bathroom, water sources and refrigerator.</p>	<p>10/1/25</p> <p>8/13/25</p>

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V 513	<p>Continued From page 10</p> <p>Review on 9-11-25 of client #1's Individualized Behavioral Support Plan (IBSP) dated 8-15-25 revealed:</p> <ul style="list-style-type: none"> -"Description of Target Behaviors: -[Client #1] will increase his compliance. -[Client #1] will reduce interrupting people's conversations. -[Client #1] will reduce inappropriate toileting and bathroom behaviors. <p>-"It is recommended that therapists, staff, and other are providers implement strategies suggested on a daily and consistent basis." -Implementation date: 8-15-25.</p> <p>-Signed by client #1's guardian and the Director/Owner/Qualified Professional (QP) on 8-15-25.</p> <p>-No documentation of staff training on the IBSP. -No documentation that the IBSP had been implemented</p> <p>-No documentation of progress towards goals and strategies.</p> <p>Attempted interview on 9-15-25 with client #1 unsuccessful, client non-verbal and had very limited communication skills</p> <p>Review on 9-11-25 and 9-15-25 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 8-13-25. -Diagnoses: Intellectual Development Disability (IDD); Autism <p>Attempted interview on 9-15-25 with client #2 unsuccessful, as client had very limited communication skills.</p> <p>Review on 9-11-25 and 9-15-25 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 9-3-25 -Diagnoses: IDD 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER MHL036-405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER EVER LOVING CARE		STREET ADDRESS CITY STATE ZIP CODE 9603 MARGRAVE DRIVE GASTONIA, NC 28056		
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Client #3 was not interviewed due to being out of the facility (hospitalized 9-11-25 thru survey exit).

Observation on 9-11-25 (approximately 4pm) and 9-15-25 (at approximately 3:45pm) of the facility revealed:

- The refrigerator had a cable lock on the door preventing the door from opening.
- The water in the kitchen sink was turned off.
- Bathroom which client #1 uses was locked and had to be unlocked by the Director/Owner/QP.
- The Director/Owner/QP used a key to unlock the lock on the refrigerator and to unlock the bathroom door.
- The Director/Owner/QP used a lever under the sink to turn the water to the kitchen sink on.

Interview on 9-11-25 with staff #1 revealed:

- No knowledge of a IBSP for client #1.
- "He (client #1) will tell us when he wants something to drink or he will like walk to the sink or the refrigerator and we know he wants something when he does that."
- "We (staff) just monitor him and try to redirect him."
- "Client #2 tells us when he needs to use the bathroom."

Interview on 9-11-25 with staff #2 revealed:

- No knowledge of a IBSP for client #1.
- "[Client #1] I think he has small goals. [Client #1's] goals is more of hygiene. OK or toiletries, or using you know his bathroom tissue properly and washing his hands."

Interview on 9-11-25 and 9-15-25 with the Director/Owner/QP revealed:

- The facility was not aware of client #1's behavior (excessive drinking of liquids. drinking out of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">MHL036-405</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/16/2025</p>
NAME OF PROVIDER OR SUPPLIER <p>EVER LOVING CARE</p>		STREET ADDRESS CITY STATE ZIP CODE <p>9603 MARGRAVE DRIVE GASTONIA, NC 28056</p>	

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V 513	<p>Continued From page 12</p> <p>toilets, sinks) until after he was admitted into the facility (7-2024)</p> <p>-"[client #1] was the only client in the home (facility) until August (2025) so it was pretty much just me (Director/Owner/QP) and him. I was able to watch him pretty well but even with just me and him he was still able to get to whatever water was available."</p> <p>-He obtained the letter from client #1's doctor to lock the refrigerator and bathroom door to prevent client #1 from drinking from the toilet and obsessively taking liquids from the refrigerator. - "Yeah we try to monitor him but if you turn your head for a second, he can get to it (taking drinks, drinking out of the sinks, toilets)."</p> <p>-"He's (client #1) got a goal that we work on with him. We redirect him. monitor the behavior but nothing worked "</p> <p>-Client #1 has a IBSP (effective 8/15/25) but the IBSP has not been implemented because the facility does not have funding to hire a behavioral therapist to train the staff on the IBSP.</p> <p>-The facility does not have a human rights committee to review client rights issues (locks on the refrigerator, water turned off).</p> <p>-"[Client #2] has his own key to unlock the bathroom door when he needs to go. He (client #2) will tell us when he wants something to drink and staff will get it for him."</p>	V 513		