

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2025
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NAME OF PROVIDER OR SUPPLIER OAKWOOD TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A, B, D, E & G SHACKLEFORD ROAD KINSTON, NC 28504
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on November 19, 2025. Two complaints were substantiated (intake #NC00234111 and #NC00234042) and one complaint was unsubstantiated (intake #NC00234313). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for children and adolescents.</p> <p>This facility is licensed for 42 and has a current census of 41. The survey sample consisted of audits of 4 current clients and 2 former clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	<p>Continued From page 1</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written standards that assured operational and programmatic performance meeting applicable standards of practice to for 1 of 4 audited current clients (#33) and 1 of 2 former clients (FC) (#1). The findings are:</p> <p>Review on 11/19/25 of Code of Federal Regulations §483.358(e) revealed: "Each order for restraint or seclusion must: (1) Be limited to no longer than the duration of the emergency safety situation..."</p> <p>Finding #1: Review on 11/18/25 of client #33's record revealed: - Admission date of 05/29/25. - Diagnoses of Oppositional Defiant Disorder (ODD), Anxiety Disorder Unspecified and Attention-Deficit Hyperactivity Disorder (ADHD)-Unspecified.</p> <p>Review on 11/18/25 of the facility restrictive intervention log for client #33 revealed: - Date of intervention: 11/13/25. - Time of intervention: 5:42pm. - Duration of intervention: 25 minutes. - Emergency Safety Interventions (ESI) from 5:42pm until 5:52pm, 5:55pm until 6pm and 6:04pm until 6:12pm.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Review on 11/19/25 of client #33's physician orders for ESI's revealed: - 1 physician order for ESIs on 11/13/25 to include 3 separate events. - "Order Summary Emergency Safety Intervention x3 5:42pm-5:52pm 5:55pm-6:00pm 6:04pm-6:12pm one time only until 11/13/25 18:12 STAT (immediate) for Phy. (Physical) Aggression Prop. (Property) Dest (Destruction), or Harm to Self Duration of order 1 hr.(Hour)."</p> <p>Finding #2: Review on 11/18/25 of FC #1's record revealed: - Admission date of 03/13/25. - Diagnoses of ODD and ADHD Combined Type and Major Depressive Disorder. - Date of discharge 10/17/25.</p> <p>Review on 11/18/25 of the facility restrictive intervention log for FC #1 revealed: - Date of intervention: 10/14/25. - Time of intervention: 8:25am. - Duration of intervention: 1 minute, 4 minutes and 5 minutes.</p> <p>Review on 11/19/25 of FC #1's physician orders for ESI's revealed: - 1 physician order for ESIs on 10/14/25 to include 3 separate events. - "Order Summary Emergency Safety Intervention Therapeutic Wrap to prevent harm to self and property destruction. 0825, 0827-0831, 0832-0837, only until 10/14/25 0837 STAT Phy. Aggression Prop. Dest., or Harm to Self Duration of order 1 hr.."</p> <p>Interview on 11/19/25 the Program Director stated: - She was aware a separate physician order and</p>	V 105		

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V 105	Continued From page 4 documentation was needed for each ESI. - No standing ESI physician orders were allowed. - The facility would review procedures for orders and documentation of ESIs.	V 105		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

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V 366	<p>Continued From page 5</p> <p>develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues</p>	V 366		
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V 366	<p>Continued From page 6</p> <p>identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level II incidents. The findings are:</p> <p>Finding #1: Review on 11/18/25 of client #33's record revealed: - Admission date of 05/29/25. - Diagnoses of Oppositional Defiant Disorder</p>	V 366		
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V 366	<p>Continued From page 7</p> <p>(ODD), Anxiety Disorder Unspecified and Attention-Deficit Hyperactivity Disorder (ADHD)-Unspecified.</p> <ul style="list-style-type: none"> - Only 1 level II incident report for 3 restrictive interventions on 11/13/25. <p>Review on 11/18/25 of the facility restrictive intervention log for client #33 revealed:</p> <ul style="list-style-type: none"> - Date of intervention: 11/13/25. - Time of intervention: 5:42pm. - Duration of intervention: 25 minutes. - Emergency Safety Interventions (ESI) from 5:42pm until 5:52pm, 5:55pm until 6pm and 6:04pm until 6:12pm. <p>Review on 11/18/25 of a level II North Carolina Incident Response Improvement System (IRIS) report for client #33 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 11/13/25. - Time of incident: 6:30pm. - Provider Comments; "Consumer has 3 wraps within the same hour which totaled 25 minutes." - "Per staff- consumer became upset due to a cancelled home visit. Despite staff trying to verbally de-escalate the situation. The consumer the consumer became aggressive kicking holes in the walls and punching the walls. Consumer was placed in an ESI. Upon removal consumer continued being aggressive towards staff hitting staff and kicking staff. Consumer was placed in a second ESI. Upon release he became aggressive kicking holes in the wall and then was placed in a 3rd ESI. Upon release nursing was able to verbally de-escalate the consumer." <p>Finding #2: Review on 11/18/25 of FC #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 03/13/25. - Diagnoses of ODD and ADHD Combined Type and Major Depressive Disorder. 	V 366		

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V 366	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Date of discharge 10/17/25. - Only 1 level II incident report for 3 restrictive interventions on 10/14/25. <p>Review on 11/18/25 of the facility restrictive intervention log for FC #1 revealed:</p> <ul style="list-style-type: none"> - Date of intervention: 10/14/25. - Time of intervention: 8:25am. - Duration of intervention: 1 minute, 4 minutes and 5 minutes. <p>Review on 11/18/25 of a level II North Carolina IRIS report for FC #1 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 10/14/25. - Time of incident 8:25am. - "Per staff consumer became agitated in class and when leaving class to process was physically aggressed by peer. On unit consumer engaged in property destruction and harming self by breaking objects and banging head resulting in use of ESI. First attempt unsuccessful, after released from second returned to behavior requiring ongoing ESI." <p>Interview on 11/19/25 the Program Director stated:</p> <ul style="list-style-type: none"> - Incident reports should be completed after restrictive interventions. - The process for ESIs was being reviewed. 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy</p>	V 367		
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V 367	<p>Continued From page 10</p> <p>of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

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V 367	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of level II incidents as required. The findings are:</p> <p>Finding #1: Review on 11/18/25 of client #33's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 05/29/25. - Diagnoses of Oppositional Defiant Disorder (ODD), Anxiety Disorder Unspecified and Attention-Deficit Hyperactivity Disorder (ADHD)-Unspecified. - Only 1 level II IRIS incident report was submitted as required for the 3 restrictive interventions on 11/13/25. <p>Review on 11/18/25 of the facility restrictive intervention log for client #33 revealed:</p> <ul style="list-style-type: none"> - Date of intervention: 11/13/25. - Time of intervention: 5:42pm. - Duration of intervention: 25 minutes. - Emergency Safety Interventions (ESI) from 5:42pm until 5:52pm, 5:55pm until 6pm and 6:04pm until 6:12pm. <p>Review on 11/18/25 of a level II North Carolina Incident Response Improvement System (IRIS) report for client #33 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 11/13/25. - Time of incident: 6:30pm. - Provider Comments; "Consumer has 3 wraps within the same hour which totaled 25 minutes." - "Per staff- consumer became upset due to a cancelled home visit. Despite staff trying to verbally de-escalate the situation. The consumer the consumer became aggressive kicking holes 	V 367		

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V 367	<p>Continued From page 12</p> <p>in the walls and punching the walls. Consumer was placed in an ESI. Upon removal consumer continued being aggressive towards staff hitting staff and kicking staff. Consumer was placed in a second ESI. Upon release he became aggressive kicking holes in the wall and then was placed in a 3rd ESI. Upon release nursing was able to verbally de-escalate the consumer."</p> <p>Finding #2: Review on 11/18/25 of FC #1's record revealed: - Admission date of 03/13/25. - Diagnoses of ODD and ADHD Combined Type and Major Depressive Disorder. - Date of discharge 10/17/25. - Only 1 level II IRIS incident report was submitted as required for the 3 restrictive interventions on 10/14/25.</p> <p>Review on 11/18/25 of the facility restrictive intervention log for FC #1 revealed: - Date of intervention: 10/14/25. - Time of intervention: 8:25am. - Duration of intervention: 1 minute, 4 minutes and 5 minutes.</p> <p>Review on 11/18/25 of a level II North Carolina IRIS report for FC #1 revealed: - Date of incident: 10/14/25. - Time of incident 8:25am. - "Per staff consumer became agitated in class and when leaving class to process was physically aggressed by peer. On unit consumer engaged in property destruction and harming self by breaking objects and banging head resulting in use of ESI. First attempt unsuccessful, after released from second returned to behavior requiring ongoing ESI."</p> <p>Interview on 11/19/25 the Program Director</p>	V 367		

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V 367	Continued From page 13 stated: - IRIS reports should be completed and submitted after restrictive interventions. - The process for ESIs was being reviewed.	V 367		
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 interviews, the facility was not maintained in a clean, attractive, orderly manner and free from offensive odors. The findings are: Observation on 11/18/25 at approximately 1:20pm revealed: A House - An approximately basketball sized hole in the wall. - Room #14 had an approximately 2 inch by 2 inch section of the sheetrock pulled off the wall. - Room #15 had an approximately 6 inch by 1 inch broken surface in the wall. An approximately 15 inch crack in the sheetrock above the light switch and an approximately 12 inch by 4 inch portion of the sheetrock surface peeled off.. - Room #16 had writing on the walls and an approximately 6 inch by 3 inch section of the sheetrock surface torn away from the wall. - Room #17 had an approximately 6 inch by 3 inch hole in the wall and an approximately 3 inch by 12 inch section of the surface of sheetrock peeled away from the wall.	V 736		

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V 736	<p>Continued From page 14</p> <p>B House Room #20 had clothes scattered on the floor. - The right side entrance to the hallway had paint worn off the corner. - The bathroom on the right side had portions of sheetrock torn away from walls above the sink approximately 4 inches by 12 inches and 1 inch by 12 inches.</p> <p>D House - Unpainted sections of plywood on the walls in the living room area, approximately 4 foot by 5 foot, 3 foot by 4 foot and 2 foot by 4 foot. The ceiling fan had a layer of dust on the surface. - The corner of the entrance to the left side hallway had paint worn away. - The left side hallway had four unpainted plywood attached to the walls approximately 6 foot by 4 foot, 2 foot by 4 foot and 2 - 3 foot by 3 foot sections. - Room #1 had unpainted plywood on the walls approximately 5 feet by 4 feet, 3 feet by 2 feet and 2 foot by 4 foot. Writing on the walls. - Room #2 had various sized areas of paint and sheetrock pulled off the walls. - Room #3 had an unpainted section of plywood on the wall approximately 8 feet by 4 feet and various pieces of tape on the walls. - Room #4 had two approximately 3 foot by 3 foot and 2 foot by 2 foot sections of unpainted plywood on the walls. Two sections of sheetrock peeled off the walls approximately 2 inches by 4 inches and 3 inches by 3 inches. - Room #5 had an approximately 2 foot by 2 foot section of unpainted plywood on the wall. - Room #6 had an approximately 3 inch by 2 inch hole in the wall. - The right side hallway had an approximately basketball sized hole in the wall and an</p>	V 736		

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V 736	<p>Continued From page 15</p> <p>approximately 1 foot by 1 foot section of unpainted plywood on the wall.</p> <p>E House</p> <ul style="list-style-type: none"> - The left side of entrance had paint worn off the corner. - Room #7 had multiple areas of various sizes of wall peeled away from the surface. An approximately 15 inch crack in the wall above the light switch cover. The bathroom had writing on the wall. - Room #8 had an approximately 2 foot by 2 foot section of unpainted plywood on the wall. - Room #10 had multiple areas of sheetrock peeled away from the walls of various sizes. A white substance was splattered on the walls. - Room #11 had an approximately 1 foot by 3 foot and 2 foot by 2 foot section of unpainted plywood on the walls. A golf ball sized hole in the wall near the light switch. - The hallway bathroom had brown grout in the tiled shower. <p>G House</p> <ul style="list-style-type: none"> - Unit 1 an approximately 3 foot by 3 foot section of unpainted plywood and a soccer sized break in the sheetrock. - Room #25 had an approximately 5 foot by 4 foot section of unpainted plywood in the closet area. - The bathroom had various sized areas of paint and sheetrock peeled away from the wall in an approximately 4 foot by 3 foot section and a softball sized hole in the wall. - Room #26 had green and purple writing on the walls. - Room #27 had a golf ball sized area of sheetrock pulled away next to the light switch. - The hallway on the right side had multiple screw holes in the wall. - Room #30 had bits of debris and trash on the 	V 736		

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V 736	<p>Continued From page 16</p> <p>floor.</p> <ul style="list-style-type: none"> - The door to two fire extinguishers in the hallways had bent covers. - Unit 2 hallway had a baseball sized hole in the hallway and an approximately 4 foot by 4 foot section of unpainted plywood on the wall. - The seclusion room had black scuff marks on the wall. - Room #31 had a basketball sized crack in the sheetrock. - The left sized bathroom had a damaged area above the sink approximately 2 inches by 14 inches. - The right side of unit 1 had a clear substance on the wall to the left of the bathroom and an approximately golf ball sized hole in the wall. - Room #34 had the mattress off the bed and stored in the closet. - Room #35 had various sized patch areas in the closet area. - The bathroom had 2 approximately 3 inch by 3 inch patched areas beside the towel rack. - Room #36 had 2 approximately 2 foot by 2 foot sections of unpainted plywood on the walls. An approximately 4 inch by 8 inch area of the wall sheetrock was broken. A softball sized area on the wall with a brown substance. - Unit 3 had an approximately 4 inch by 4 inch hole in the wall. - Room #37 had an approximately 4 inch by 12 inch hole in the sheetrock. - The soap and towel dispenser had been removed from the bathroom. - Room #38 had an approximately 2 inch by 4 inch section of sheetrock pulled off the wall. - Room #39 had writing on the walls. - Pod B had various sized white patch plaster on the walls. - Room #40 had various size marks and on the walls a 3 approximately 6 inch by 6 inch white 	V 736		

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V 736	<p>Continued From page 17</p> <p>plastered areas near the light switch.</p> <ul style="list-style-type: none"> - Room #41 had various sized white plastered areas behind the door. - The bathroom tile had a dark grout and discolored substance on the surface. - Room #42 had a strong urine smell and a hamper with soiled lines. The walls had various sized white plaster areas.. - The living room area had an approximately 2 foot by 4 foot section of unpainted plywood. <p>Interview on 11/18/25 the Maintenance Director stated:</p> <ul style="list-style-type: none"> - The unpainted plywood was used to cover holes in the walls until repairs could be made. - There were two full time maintenance workers. - The walls were damaged as soon as repairs were made. <p>Interview on 11/19/25 the Program Director stated:</p> <ul style="list-style-type: none"> - Remodels were in the process for the bathrooms. - The facility made repairs and would continue to follow up on identified items. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		