Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					F		
		MHL092-319	B. WING		06/2	5/2018	
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
BRADLEY HOME 1505 KELLY ROAD GARNER, NC 27529							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	S	V 000				
	on June 25, 2018. [This facility is licens	w up survey was completed Deficiencies were cited. Seed for the following service C 27G .5600A Supervised h Mental Illness					
V 120	10A NCAC 27G .02 REQUIREMENTS (e) Medication Stora (1) All medication s (A) in a securely loo well-lighted, ventilat and 86 degrees Fal (B) in a refrigerator, degrees and 46 degrefrigerator is used shall be kept in a se or container; (C) separately for e (D) separately for e (E) in a secure mar for a client to self-m (2) Each facility that controlled substance	age: hall be stored: cked cabinet in a clean, ted room between 59 degrees brenheit; if required, between 36 grees Fahrenheit. If the for food items, medications reparate, locked compartment ach client; external and internal use; finer if approved by a physician finedicate. It maintains stocks of fires shall be currently fire North Carolina Controlled S. 90, Article 5, including any ments.	V 120				
	failed to keep refrig	on and interview, the facility erated medication in a locked one of three audited clients re:					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
MHL092-319		B. WING		R 06/25/2018			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BRADLEY HOME 1505 KELLY ROAD GARNER, NC 27529							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 120	Observation on 06/ am revealed: - The client refriger client #1's Latanopi the eyes) eye medi - The Latanoprost v Interview on 06/14/ - Not sure why staff - She would ensure refrigerator were se	ator contained one bottle of rost (treats high pressure in cation. was not in a secured container. 18 the Licensee stated: f had not locked the box. e medications in the client ecured. eficiency and must be	V 120				
V 736	6 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.		V 736				
	failed to maintain the and orderly manner. Observation on 6/1 am revealed: - The front porch ligure one side. - The front hallway dirty with strong sm	ion and interview, the licensee he facility in a clean, attractive r. The findings are: 4/18 at approximately 10:00 ght cover was hanging from bathroom revealed to be very hell of urine d #2 bedroom was dirty and					

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6899 42JS11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(3) DATE SURVEY COMPLETED			
			A. BOILDING.	·	F	,			
		MHL092-319	B. WING			5/2018			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
BRADLEY HOME 1505 KELLY ROAD									
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE			
V 736	Continued From pa	ge 2	V 736						
V 736	-The kitchen was very and tables were pile -The kitchen floor are -The yard was over grass needed to be were in the front yare -Client #1 wets his supposed to wash I -Not aware of light -Had not noticed the -The kitchen is being in the process of cle-Will make sure so staff #1 in cleaning -The yard gets move	ery cluttered, all countertops ed with stuff. It threshold was coming apart. It grown with weeds and the e cut. Several cigarette butts rd. 18 the Licensee stated: bed nightly and staff #1 is his sheets daily. Outside being broken. It efloor coming up. In gleaned out and staff #1 is eaning the bathroom. In meone comes over to help the home. It wed every two weeks.	V 736						

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