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	
							R	
		MHL092610		B. WING		08/	13/2018	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BRADLE	BRADLEY HOME EXTENSION-PKEDS HOUSE 907 FRANCES DRIVE GARNER, NC 27529							
(X4) ID		TEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000					
	An Annual and Follo on 08/13/18. A Def	ow Up Survey was c iciency was cited.	ompleted					
	The facility is licensed for the following service category 10A NCAC 27G 5600A Supervised Living for Adults with Mental Illness.							
V 738	738 27G .0303(d) Pest Control		V 738					
	EXTERIOR REQUI	03 LOCATION AND REMENTS be kept free from ins						
	governing body faile kept free from beds Review on 08/09/18 revealed no docum for either pesticide Review on 08/08/18 maintained by Divis Regulation (DHSR) -A survey dated Construction Section throughout the facil Interview between 0 #1 reported:	eview and interview, ed to assure the facility or the facility's recommendation of the facility's recommendation of monthly sor bedbug treatments of the facility's published of Health Service revealed: 1 07/12/18 from the facility of the facility of the facility. 28/08/18 and 08/09/20/20/20/20/20/20/20/20/20/20/20/20/20/	lity was re: ords services s. ic file e					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE 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		
		MHL092610	B. WING			R 13/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
BRADI F	Y HOME EXTENSION	-PKEDS HOUSE 907 FRAM	NCES DRIVE				
DIVADEL	THOME EXTENSION	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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ACTION SHOULD BE COMPLETE DATE		
V 738	Continued From pa	ge 1	V 738				
	strongadvised DHSR staff to return on 08/09/18 to resume survey process. -08/09/19: facility did not have bedbugsno one told her of any bugs at anytime Interviews between 08/08/19-08/09/18, the Owner reported the: -Facility had been treated for bedbugs "a long time ago"no bedbugs had been discovered within the past few months of the homeshe had her group home treated monthly as a precautionExtermination company told her she had bedbugsExterminator told her of bedbugs sightings to keep her paying for the service -Clients reported bedbugs on the agency used for transportationshe had not spoken with the transportation company						
	Consultant reported -She conducted the Owner and her showed them the be not able to identify -Bedbugs were bedroom to the righ were crawling on th walked through the to the second room bedroomthe third clients had only a fe -The Owner cal the survey and was	If the 07/12/18 surveyonly spouse were presentshe edbugs which they appeared found heavily in the first it of the living room"bugs e wall and following me as I room"bedbugs had traveled right beside the first I bedroom occupied by two					
	Exterminator Comp -Since February	y 2018, Owner had signed up eatment monthly and spaying					

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MHL092610		B. WING		R 08/13/2018			
NAME OF PROVIDER OR SUPPLIER BRADLEY HOME EXTENSION-PKEDS HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 907 FRANCES DRIVE 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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 738	-No appointment February-July 2018 -Agency should servicemoving for specific information receipts if neededNo bedbugs for appointmentsthe was called in by the July 2018 report, no bedbugs notedno bedbugs found in the conversation with te	nts had been missed between	V 738				

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