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					
		MHL092-319	B. WING		08/2	0/2019				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE						
BRADLEY HOME 1505 KELLY ROAD GARNER, NC 27529										
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE					
V 000	INITIAL COMMENTS		V 000							
	on August 20, 2019 This facility is licens	w up survey was completed . A deficiency was cited. sed for the following service C 27G .5600A Supervised h Mental Illness								
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.		V 736							
	failed to be maintain orderly manner. The Observation on 8/19 am revealed: - The front hallway rings around the siron, the shower curthad a strong urine service. - The front hallway 3 out of 4 light bulbs. - Clients #4's and # garbage/grocery bath bags filled with old a broken clock and a broken clock and tables were piles.	on and interview, the facility ned in a clean, attractive and the findings are: 9/19 at approximately 10:00 bathroom revealed stained tak, the floor was sticky to walk ain was mildewed with spots, smell. bathroom shared by all clients,								

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

TITLE (X6) DATE Division of Health Service Regulation

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V 736			V 736									

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Division of Health Service Regulation STATE FORM

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