Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
MHL092610		B. WING		08/	08/19/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BRADLEY HOME EXTENSION-PKEDS HOUSE 907 FRANCES DRIVE 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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE				
V 000 INITIAL COMMENTS			V 000								
	on August 19, 2019 The facility is licens	w up survey was con. A Deficiency was oned for the following so 27G 5600A Super h Mental Illness.	cited. service								
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 08/am of client #1's rode. The mattress was approximately the sellinds were broke. Closet door was deleaning against the	on and interview, the ned in a clean, attractive findings are:  19/19 at approximate or revealed: sinking in the middletize of client #1's boom and held up with a detached from the him wall beside the door 8/19/19, client #1 repart." In his room.	ely 11:20 e dy. tack. nge frame.								

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
MHL092610			B. WING		08/	08/19/2019	
	PROVIDER OR SUPPLIER  Y HOME EXTENSION	PKEDS HOUSE 907 FRA	DDRESS, CITY, S NCES DRIVE R, NC 27529	TATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLET DATE			
V 736	During interview on reported: - She will replace the Mattress's are faire. The blinds "just goton The client must have hinge this morning."	08/19/19, the licensee ne mattress. ly new. ot like that," she will fix them. ave pulled the door off the	V 736				

6899

Division of Health Service Regulation STATE FORM