

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Bradley Home	Phone: 919 649-5439
Provider Contact Cordelia Akagha	Fax:
Person for follow-up: <i>Bradley Home PK ED</i>	Email:
Address: P.O. Box 2055 Garner, NC	Provider # MHL#092-610

Finding	Corrective Action Steps	Responsible Party	Time Line
10A NCAC 27G. 0303 Location and Exterior Requirements <ul style="list-style-type: none"> Mattress sinking in middle Blinds broken Closet door detached 	Director and QP will ensure that the facility will be maintained in a safe, clean attractive and orderly manner and shall be kept free from offensive odor. Findings have been corrected by mattress replaced, blinds replaced and door re-attached. QP reviewed rule with staff and deficiencies of home and provided interactive training for the improvement of the home. Director and QP will monitor house on a weekly basis to ensure the rule is being met.	Cordelia Akagha, Director Patricia Spivey, BSN QP	Implementation Date: 8/20/2019 Projected Completion Date: 9/19/2019 and ongoing DHSR-Mental Health SEP 17 2019 Lic. & Cert. Section