STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092610	A. BUILDING: _____ B. WING _____	C 10/08/2020

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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 10/8/20. The complaint was unsubstantiated (Intake #NC00168596). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure strategies were developed and implemented for one of one client audited (#4). The findings are:

Review on 10/6/20 of client #4's record revealed:
-Admission date 6/14/2002
-Diagnoses Schizophrenia and Nicotine Dependence

Further review on 10/7/20 of client #4's record revealed:
-Treatment Plan dated 5/1/20
-No updated strategies to address the decrease in smoking to 4 in the morning and 4 in the evening
-"Will reduce her cigarette smoking gradually
-She will cut back from smoking a pack a day by reducing cigarette smoking during the day to 5
-Qualified Professional (QP) and facility staff will support and encourage her to decrease her cigarette smoking"

During interview on 10/5/20 client #4 reported:
-Been in facility 17 or 18 years
-She needed to quit smoking
-She brought her own cigarettes
-She smoked 4 cigarettes in the morning and 4 in the evening
-She used to smoke a lot every day

During interview on 10/5/20 staff #1 reported:
-She had worked at the facility for about a year
-She came in every morning for about 3-4 hours
-Client #4 smokes 4 cigarettes in the morning and

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V 112	Continued From page 2 4 in the evening -The cigarettes and lighter always stay on the kitchen counter by the back door -Client #4 will leave the premise to get cigarettes if she doesn't have any available to her During interview on 10/5/20 the Licensee reported: -She is at the facility daily -Client #4 coughed a lot when she smoked -Client #4's smoking has been limited to 4 cigarettes -This was not in client #4's treatment plan -The limitations on the cigarettes was a discussion within the facility with staff -Will speak with the QP about adding it in client #4's treatment plan During interview on 10/7/20 the QP reported: -She went to the facility 3-4 times per week -She was responsible for writing the treatment plans -Client #4 could smoke in the facility -Client #4 will leave the facility if she doesn't have any cigarettes to go and get some -Licensee wanted to reduce her smoking but is not sure what she has already put in place in the facility -She never wrote anything in the treatment plan about decreasing client #4's smoking -Licensee told her that she needed to add it to the treatment plan yesterday, 10/6/20 -Planned to go by the facility on Friday, 10/9/20 to meet with client #4 to discuss a goal for smoking	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

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V 736	Continued From page 3 (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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, orderly and attractive manner. The findings are: Observation on 10/5/20 at approximately 9:55am of the facility revealed: -Drawer in the kitchen under the counter by the wall was missing a cover -Drawer cover was hanging out of the empty drawer space down the front of the bottom cabinet -Several empty boxes were piled up in the space between the stove and the counter -All four of the dining room chair cushions were worn with stains, tears and hanging string -Towel rack in the clients' bathroom had a missing bar that holds the towels -A knob that held the towel bar was not there (had one end on the wall but not the other end) During interview on 10/5/20, staff #1 reported: -She worked every morning in the facility for approximately 3-4 hours -The boxes belonged to her and she was planning to take them home today. -She is unsure of when the cabinet in the kitchen would be fixed, "It just broke." During interview & observation on 10/5/20 at approximately 10:50am, Licensee reported:	V 736		

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V 736	Continued From page 4 -Asked about broken kitchen cabinet, shrugged her shoulders and laughed -She would get someone to fix the cabinet -She would try and get new dining room chairs [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		