

Division of Health Service Regulation

|  |   |   |  |  |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL092-412</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/26/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADLEY HOME EXTENSION-KIMBERLY HOU</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6420 MALIBU DRIVE<br/>RALEIGH, NC 27603</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| V 000  | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on 10/26/20. The complaint was unsubstantiated (Intake #NC00170729). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G 5600A Supervised Living for Adults with Mental Illness.  | V 000   |  |  |
| V 736  | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, the facility was not maintained in a safe, orderly and attractive manner. The findings are:<br><br>Observation on 10/22/20 at approximately 11:00am of the facility revealed:<br>-Mattress in vacant bedroom sunken in and falling through the bedframe<br>-Shower door in client #3 & #4's shared bathroom had a broken towel bar hanging down<br>-Client #3 & #4's bathroom floor was stained and had areas of dirt and dust on it<br>-Client #3 & #4's bathroom floor covering was buckled up and loose<br>-One side of client #3 & #4's bedroom closet door was missing<br>-Client #3 & 4's closet door was in vacant client | V 736   |  |  |

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<br>AND PLAN OF CORRECTION                            |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL092-412</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/26/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADLEY HOME EXTENSION-KIMBERLY HOU</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6420 MALIBU DRIVE<br/>RALEIGH, NC 27603</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| V 736  | <p>Continued From page 1</p> <p>room propped against the wall</p> <p>-Hallway floor was stained, uneven and was ripped in the middle of the floor causing surveyor to trip</p> <p>-All the floors throughout the house had several soft spots while stepping/walking on it</p> <p>-Refrigerator was dirty with dried food spots throughout with stains covering the outside doors</p> <p>-Refrigerator handles on both sides were loose and hanging off the doors</p> <p>-Top of walls through the hallway and in client #5's bedroom had patches of black spots on it</p> <p>-Flooring in client #1 &amp; #2's shared room was lifting up at the corners and dirt stained</p> <p>-Walls throughout the home were stained with dark discolored spots.</p> <p>-Chair in the living room had torn areas on the arm rest</p> <p>-A box of matches and a lighter were found on client #3 &amp; 4's bathroom sink</p> <p>-There was no smell of cigarette smoke present in client #3 &amp; 4's bedroom and bathroom</p> <p>During interview and observation on 10/22/20 at 11:00am, Licensee stated:</p> <p>-"House is always clean"</p> <p>-Closet door was removed and placed in vacant bedroom so floors could be repaired in client #3 &amp; 4's bedroom</p> <p>-Floors had been repaired since last survey (8/20/19) and "the guy is still working and will be coming back."</p> <p>-Chair in the living room that was torn and ripped on the arms belonged to client #1 who did not want to dispose of it</p> <p>-Some of the stains on the bathroom floor is where clients had attempted to smoke in the bathroom and the matches had burned the floor</p> <p>-Client #3 has previously smoked in his bathroom causing burn stains on the bathroom floor from</p> | V 736   |  |  |

Division of Health Service Regulation

|  |   |   |  |  |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL092-412</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/26/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADLEY HOME EXTENSION-KIMBERLY HOU</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6420 MALIBU DRIVE<br/>RALEIGH, NC 27603</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| V 736  | Continued From page 2<br><br>the matches<br>-Had addressed this with client #3 and #4 and it is<br>no longer an issue<br>-Spent nine hundred dollars this year on fixing the<br>floor (pointing to hallway and client #3 & #4's<br>bedroom) and he is supposed to be coming back<br>to finish it<br><br>Further interview on 10/26/20 the Licensee<br>stated:<br>-Spent three hundred dollars last Friday<br>(10/23/20) "fixing stuff" in the house.<br>-Will work on getting the things corrected.<br><br>[This deficiency constitutes a re-cited deficiency<br>and must be corrected within 30 days.]   | V 736   |  |  |
| V 774  | 27G .0304(d)(7) Minimum Furnishings<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND<br>EQUIPMENT<br>(d) Indoor space requirements: Facilities licensed<br>prior to October 1, 1988 shall satisfy the minimum<br>square footage requirements in effect at that<br>time. Unless otherwise provided in these Rules,<br>residential facilities licensed after October 1,<br>1988 shall meet the following indoor space<br>requirements:<br>(7) Minimum furnishings for client bedrooms shall<br>include a separate bed, bedding, pillow, bedside<br>table, and storage for personal belongings for<br>each client.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility | V 774   |  |  |

Division of Health Service Regulation

|  |  |   |  |  |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL092-412</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/26/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADLEY HOME EXTENSION-KIMBERLY HOU</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6420 MALIBU DRIVE</b><br><b>RALEIGH, NC 27603</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| V 774  | Continued From page 3<br><br>failed to provide minimal furnishings affecting 1 of<br>5 audited clients ( #5). The findings are:<br><br>Observation on 10/22/20 at approximately<br>11:00am of Client #5's bedroom revealed:<br>-A twin size bed by the wall<br>-No other furniture in the room<br>-There was a closet with clothes in it<br><br>Interview on 10/22/20 with Licensee revealed:<br>-There was a dresser in client #5's bedroom<br>"someone must have moved it"<br>-Didn't know that client #5 needed a dresser or<br>nightstand in the room<br>-Will get client #5, at the least, a nightstand | V 774   |  |  |