STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092610	B. WING		F 01/2	R 16/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRADLE	Y HOME EXTENSION	I-PKEDS HOUSE	ICES DRIVE NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ГS	V 000			
	completed on 1/26/	up and Complaint survey was 22. The complaint was take #NC00184965). sited.				
		sed for the following service C 27G.5600A Supervised th Mental Illness.				
	The survey sample current clients.	consisted of audits of 3				
V 120	27G .0209 (E) Med	ication Requirements	V 120			
	well-lighted, ventilat and 86 degrees Fal (B) in a refrigerator degrees and 46 degrefrigerator is used shall be kept in a seor container; (C) separately for e (D) separately for e (E) in a secure mar for a client to self-m (2) Each facility that controlled substance registered under the	age: hall be stored: cked cabinet in a clean, ted room between 59 degrees hrenheit; , if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment each client; external and internal use; nner if approved by a physician nedicate. t maintains stocks of ces shall be currently e North Carolina Controlled S. 90, Article 5, including any				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE				
	MHL092610					R 26/2022
	PROVIDER OR SUPPLIER Y HOME EXTENSION	-PKEDS HOUSE 907 FRAM	DRESS, CITY, SICES DRIVE NC 27529	STATE, 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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 120	interview the facility medication in a lock (#1). The findings at Review on 1/24/22 - Admitted: 7/8/1 - Diagnoses: Bip Disorder, Hypertens Arthritis - Physician's ord Latanoprost 0.001% each eye at bedtime - November 202 Administration Recowas given as prescond on 1/2 revealed: - An unlocked bostored food Staff #1 opened inside Staff #1 could respond to question "no" when asked if the refrigerator.	et as evidenced by: view, observation and railed to keep refrigerated ked container for 1 of 3 clients are: of client #1's record revealed: 4 olar Disorder, Personality sion, type 2 Diabetes and er dated 4/19/21 for 6 eye drops instill 1 drop to e (glaucoma). 1-January 2022 Medication ords were initialed Latanoprost ribed 4/22 at approximately 6:00 pm ox in refrigerator that also d the box and a key was not lock the box with the key. Director locked the box using 2, staff #1 did not verbally as asked. She shook her head she had ever locked the box in 2 the Director reported: e medications were to be kept				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		SURVEY PLETED	
			A. BUILDING	A. BUILDING:		_
		MHL092610	B. WING			R 26/2022
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
BRADI EY HOME EXTENSION-PREDS HOUSE			ANCES DRIVE ER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ige 2	V 133			
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRE APPLICANTS FOR (a) Definition As a provider applies to program and any p developmental disaservices that is lice Chapter. (b) Requirement provider licensed un applicant to fill a possibility applicant to have a conditioned on concriminal history recently applicant to have a conditioned on concriminal history recently applicant to have a conditioned on concriminal history recently applicant to a State of the applicant has been been applicant to a State of the applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant criminal history recently applicant to a State of the applicant to a		he or nt al he or			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL092610	B. WING		01/2	R 26/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DDADI E	V LOME EXTENSION	PKEDS HOUSE 907 FRAN	ICES DRIVE			
BRADLE	Y HOME EXTENSION	-PREDS HOUSE GARNER,	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	record checks for e covered by Public L Department of Hea Criminal Records C business days of rehistory of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verific check has been corby this section. A coappropriate local or the Division of Criminal history received section without the request to the Department of the Conditional offer of All criminal history received section within five beconditional offer of All criminal history in provider is confident except to the application of the criminal history in provider is confident except to the application, the term business regularly except to the criminal history received a relevant offense, a relevant offense, a relevant offense, and a record check reveal a relevant offense.	Ith and Human Services, check Unit. Within five precipt of the national criminal in, the Department of Health in, the Department of the end may affect the employability in a case shall the results of the story record check be shared roviders shall make available eation that a criminal history in that a criminal history in that has adopted an indicate on any staff covered ounty that has adopted an information data bank that of a provider a State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by the employment by the provider. Information received by the stall and may not be disclosed, cant as provided in subsection for purposes of this in "private entity" means a lengaged in conducting ord checks utilizing public				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPLI			
		MHL092610	B. WING			R 26/2022
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY,			
BRADI FY HOME EXTENSION-PKEDS HOUSE			ANCES DRIVE ER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	(1) The level and set (2) The date of the (3) The age of the production. (4) The circumstant commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions shall not be a bart to listed factors shall but the provider disquent consideration of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (2) Limited Immunit or employee of a promplies with this scivil liability for: (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense in federal criminal history in the deral criminal history in	eriousness of the crime. crime. Derson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed to commission by the person of the person of a relevant offense alon to employment; however, the to e considered by the provide to alifies an applicant after to relevant factors, then the to ense information contained in the record check that is relevant ton, but may not provide a colory record check to the the cy A provider and an officer to ovider that, in good faith, the ection shall be immune from the provider to employ an the p	of e r. by			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092610	B. WING		R 01/26/2		
NAME OF		OTDEET AS	DDEGG OITY	OTATE ZID CODE	-		
NAIVIE OF				STATE, ZIP CODE			
BRADI EY HOME EXTENSION-PREDS HOUSE			NCES DRIVE , NC 27529				
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 133	Continued From pa	ge 5	V 133				
	have responsibility persons needing m disabilities, or subscrimes include the any of the following General Statutes: A Issuing Monetary S Endangering Executarticle 6, Homicide; Sex Offenses; Artick Kidnapping and Ablinjury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses and Obtaining Property Fraudulent Use of C Article 19B, Financial Act; Article 20, Frau 26, Offenses Again Decency; Article 27, Prostituti 29, Bribery; Article 35, C Peace; Article 35, C Peace; Article 36A, Article 39, Protection of the Fallntoxication; and Ar Crime. These crimes sale of drugs in viol Controlled Substan 90 of the General S offenses such as saviolation of G.S. 18	pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, utive and Legislative Officers; Article 7A, Rape and Other cle 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and cicle 16, Larceny; Article 17, Embezzlement; Article 19, or Services by False or Credit Device or Other Means; and Transaction Card Crime ands; Article 21, Forgery; Article st Public Morality and Chapter Stall Transaction Card Crime ands; Article 28, Perjury; Article 31, Misconduct in Public Confenses Against the Public Post and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or action of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while and G.S. 20-138.1 through					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		MHL092610	B. WING			R 26/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRADLE	Y HOME EXTENSION	-PKFDS HOUSE	ICES DRIVE NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 133	applicant for emplo supplies, or otherwi an employment approximinal history reconshall be guilty of a (g) Conditional Employ an applican obtaining the result check regarding the following requirement (1) The provider short or obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider short in	shing False Information Any yment who willfully furnishes, ase gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Dloyment A provider may t conditionally prior to so f a criminal history record applicant if both of the	V 133			
	failed to complete a check that included	view and interview the facility national criminal background fingerprints for one of one ed in North Carolina less than				
	revealed: - Hired: February	al Criminal Record Check				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE S		
	MHI 092610		B. WING		R	
		MHL092610			01/2	6/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S ICES DRIVE	STATE, ZIP CODE		
BRADLE	EY HOME EXTENSION	-PKEDS HOUSE	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	- No National Cri included fingerprints Interview on 1/24/2: - She moved from northern east coast November 2020 Resided in the relocating to North - While she lived back and forth to North dad family in North Interview on 1/24/2: - Staff #1 grew urup - To her knowled in North Carolina Was aware staff Carolina less than 5	minal Record Check that s 2, staff #1 reported: m a state located in the r of the United States in north state for 2 years before Carolina. in the northern state, she was orth Carolina because she	V 133			

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