Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING: B. WING MHL092-889 05/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 BRIGHTHAVEN DRIVE **BRIGHTHAVEN HOME** RALEIGH, NC 27614 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on May 2, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 131_ The facility is licensed for three clients and Bright haven Home LLC was granted a license on 3/26/2014 to operate 5/11/22 currently has a census of one. The survey sample consisted of one current client. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 a facility, Brightham Verification Home, with a capacity G.S. §131E-256 HEALTH CARE PERSONNEL of 3 to serve 276.5600C REGISTRY (d2) Before hiring health care personnel into a Supervised Living DD Adults residents. health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident An agency I rovided of access in the appropriate business files. staff to wark at BH. Staff #1 and Staff #2 have booked at BH Suice 2014 = On March 1, 20201 This Rule is not met as evidenced by: Based on record review and interview the facility Bright haven Home LLC failed to ensure two of two (#1, #2) audited staff hired staff to work had HCPR completed prior to hire. The findings and BH directly o Staff Review on 5/2/22 of staff #1's record revealed: #1 and Staff #2 continual -Hire date of 3/1/20. to work at Brighthavan -HCPR check completed 4/28/22 (open day of survey) Home.

Division of Health Service Regulation

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

managing Director

5/11/22

STATE FORM

sage PZTT11

PZTT11 DHSR - Mental Health continuation sheet 1 of 7

Division of Health Service Regulation

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | COMPLETED | | | | |
|--|---|--|---------------------|--|--|--|--|--|--|
| | | MHL092-889 | B. WING | | 05/02/2022 | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 BRIGHTHAVEN DRIVE RALEIGH, NC 27614 | | | | | | | | | |
| (X4) ID PREFI X 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) | LD BE COMPLETE | | | | |
| | -Hire date of 3/1/20 -HCPR check company survey) Interview on 5/2/22 -Staff #1 and #2 ca agency when he cr -They had already employed by the pr -Did not have their them to his company he completedHad HCPR for all since starting his or | f staff #2's record revealed: bleted 4/28/22 (open day of the Licensee stated: me to home from another eated his own company. been working in the facility but evious company. original HCPR when he hired hy and had misplaced the one other employees he had hired | V 131 | Healthcare Person Registry Check com by Brighthour Hon for Stuff #1 and S were not Seved. On Feb. 22, 2021 agreement was so for Brighthaven to LLC to obtain Co History record info | pleted ne LLC sizeff#1 , an qued tome iminal ormation | | | | |
| | CHECK REQUIRE APPLICANTS FOF (a) Definition As "provider" applies to program and any poly developmental disastervices that is lice Chapter. (b) Requirement provider licensed upplicant to fill a poly applicant to have a conditioned on concriminal history received applicant for the applicant has beliess than five years is conditioned on concriminal history received applicant history received | | | for applicants/ enter for Bright haven to the dotain HCPR sence 2/26/2021 all applicants to work at Armine and all applicants to work at Armine and all applicants of the me and all applicants of the work at Armine and all applicants of the work at Armine and all applicants of the work and all applicants of th | ella VCSBI for ined jula records eging | | | | |

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL092-889 05/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 BRIGHTHAVEN DRIVE **BRIGHTHAVEN HOME** RALEIGH, NC 27614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 133 | Continued From page 2 V 133 the applicant has been a resident of this State for V133 five years or more, then the offer is conditioned 5/11/22 on consent to a State criminal history record Staff #1 and Staff #2 check of the applicant. A provider shall not employ an applicant who refuses to consent to a have worked at Brighthaue criminal history record check required by this Home Since 2014. Au section. Except as otherwise provided in this subsection, within five business days of making agency Populard sheff to the conditional offer of employment, a provider work of Brighthouse Home shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a until 2/29/20. From criminal history record check required by this section or shall submit a request to a private 3(1/20, Brighthouch Home entity to conduct a State criminal history record check required by this section. Notwithstanding LICHIPPULL STOff to work G.S. 114-19.10, the Department of Justice shall return the results of national criminal history at Brighthaven Home record checks for employment positions not directly. Staff #1 and covered by Public Law 105-277 to the Department of Health and Human Services. streff #2 continued to Criminal Records Check Unit. Within five business days of receipt of the national criminal work at Brighthauen history of the person, the Department of Health and Human Services, Criminal Records Check Home after 3/1/20. Unit, shall notify the provider as to whether the information received may affect the employability Criminal history record of the applicant. In no case shall the results of the laterenation completed national criminal history record check be shared with the provider. Providers shall make available by Brighthaver Home upon request verification that a criminal history LLC Was not soved. check has been completed on any staff covered by this section. A county that has adopted an

appropriate local ordinance and has access to

the Division of Criminal Information data bank

section without the provider having to submit a request to the Department of Justice. In such a

case, the county shall commence with the State

may conduct on behalf of a provider a State criminal history record check required by this On 2/12/21 an agreend

was signed for Brighthauer

Home LLC to use

NC SBI to obtain

| Division of | f Health Service Re | egulation | | | | | | | |
|---|--|---|--------------------------------|---|-------------------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | The second decree constitution | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | |
| | | MHL092-889 | B. WING | | 05/02/2022 | | | | |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STATE, ZIP CODE | | | | | | |
| BRIGHTH | AVEN HOME | | , NC 27614 | | | | | | |
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| V 133 | section within five to conditional offer of All criminal history provider is confider except to the application, the tension subsection, the tensions regularly criminal history records obtained from the following factor of the following factor of the following factor of the applicant: (1) The level and some conviction. (2) The date of the conviction. (3) The age of the conviction. (4) The circumstar commission of the following factor of the person and the filled. (6) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and person since the domination of the following factor of conviction. The fact of conviction is the factor of conviction of the person of the distriction of the provider may discontinual history to the disqualificat | ord check required by this pusiness days of the employment by the provider. Information received by the nitial and may not be disclosed, cant as provided in subsection for purposes of this m "private entity" means a engaged in conducting ord checks utilizing public om a State agency. Opplicant's criminal history also one or more convictions of the provider shall consider all tors in determining whether to eriousness of the crime crime. Person at the time of the crime, if known, ween the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. In commission by the person of | V 133 | PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY) | | | | | |

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL092-889 05/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 BRIGHTHAVEN DRIVE **BRIGHTHAVEN HOME** RALEIGH, NC 27614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 4 V 133 applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section. "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary

and Other Housebreakings; Article 15, Arson and Other Burnings: Article 16, Larceny: Article 17, Robbery; Article 18. Embezzlement; Article 19. False Pretenses and Cheats; Article 19A. Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article

26, Offenses Against Public Morality and

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/02/2022 MHL092-889 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2705 BRIGHTHAVEN DRIVE **BRIGHTHAVEN HOME** RALEIGH, NC 27614 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 5 Decency; Article 26A, Adult Establishments: Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace: Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act. Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL092-889 05/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 BRIGHTHAVEN DRIVE **BRIGHTHAVEN HOME** RALEIGH, NC 27614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 133 Continued From page 6 V 133 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure two of two (#1, #2) audited staff had criminal record check completed prior to hire. The findings are: Review on 5/2/22 of staff #1's record revealed: -Hire date of 3/1/20. -No criminal record check present. Review on 5/2/22 of staff #2's record revealed: -Hire date of 3/1/20. -No criminal record check present. Interview on 5/2/22 the Licensee stated: -Staff #1 and #2 came to home from another agency when he created his own company. -They had already been working in the facility but employed by the previous company. -Did not have their original criminal record check when he hired them to his company and had misplaced the one he completed. -Currently getting a new criminal check for staff #1 and #2. -Had a criminal record check for all other employees he had hired since starting his own company.

Division of Health Service Regulation

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Re: Annual Survey MHL # 092-889

Attached is my plan to correct deficiencies found during annual survey for Brighthaven Home, 2705 Brighthaven Drive, Raleigh, NC 27614 on 5/2/22.

Santosh P. Gaur.

Managing Director

919-740-0269

 $bright haven_home@bellsouth.net$

Santoh P. Gans

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ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 4, 2022

Mr. Santosh Gaur, Director 2705 Brighthaven Drive Raleigh, NC 27614

Re:

Annual Survey completed 5/2/22

Brighthaven Home, 2705 Brighthaven Drive, Raleigh, NC 27614

MHL # 092-889

E-mail Address: brighthaven_home@bellsouth.net

Dear Mr. Santosh:

Thank you for the cooperation and courtesy extended during the annual survey completed 5/2/22.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

Standard level deficiencies

Time Frames for Compliance

 Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is 7/1/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at 919-552-6847.

Sincerely,

Kimberly Thigpen

Kinsberly Striggen

Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org

Pam Pridgen, Administrative Supervisor