

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRADLEY HOME EXTENSION-KIMBERLY HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6420 MALIBU DRIVE</b> <b>RALEIGH, NC 27603</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 3/21/23. The complaints were substantiated (intake #NC00197598, #NC00198034, #NC00196794). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p> <p>A sister facility is identified in this report. The sister facility will be identified as Sister Facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> </ul>	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a complete personnel file for 1 of 3 audited staff (Qualified Professional (QP)). The findings are:</p> <p>Review on 2/28/23 of the facility's records revealed:</p>	V 107		

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V 107	Continued From page 2  -No personnel record for the QP -No evidence of a written job description, proof of age above 18, access of the North Carolina Health Care Personnel Registry, criminal disclosure, trainings or certifications for the QP  Interview on 3/1/23 the QP reported: -He brought all his trainings with him from previous employment and gave copies of them to the licensee -Had no trainings with this Licensee -Licensee maintains staff records  Interview on 3/1/23 the Licensee reported: - QP's record was at a Sister Facility location that had a fire and she was "unable to retrieve due to construction being done."	V 107		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone	V 113		

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V 113	<p>Continued From page 3</p> <p>number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain client records with emergency contact information and documentation of progress toward outcomes affecting 3 of 3 audited clients (#1, #3, and #6). The findings are:</p> <p>Review on 2/15/23 of client # 1's record revealed: -Admission date: 9/30/18 -Diagnoses: Schizophrenia undifferentiated, Nicotine Dependence, Hypertension (HTN) Pre</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>Type II Diabetes, Traumatic Brain Injury (TBI), "Severe and persistent mental illness, lack of natural supports" -Emergency contact information listed: "[Home] County" on Treatment plan dated 12/12/22</p> <p>Review on 2/15/23 of client #3's record revealed: -Admission date: 8/13/22 -Diagnoses: Major Depressive Disorder, Mood Adjustment Disorder, Anemia, Dysarthria, Cerebrovascular Accident, Tardive Dyskinesia, Latent Syphilis, "Severe and persistent mental illness, lack of natural supports" - No emergency contact information listed</p> <p>Review on 2/15/23 of client #6's record revealed: -Admission date: 6/18/13 -Diagnoses: Schizophrenia, Paranoid Type, Nicotine Dependence, Gastroesophageal Reflux Disease (GERD), Hypertension, "Severe and persistent mental illness, lack of natural supports" - No emergency contact information listed</p> <p>Additional review on 2/28/23 of client #1, #3 and #6's records revealed no documentation present regarding progress toward outcomes.</p> <p>Interview on 3/1/23, the Qualified Professional (QP) stated: -"Staff was responsible for documentation on the goals daily" because they are with the clients all the time -"Staff should have logs and keep up with the daily activities of the clients" -Haven't "checked the logs" -He completed the Person Centered Plan (PCP) "staff do the progress notes or daily notes"</p> <p>Interview on 2/28/23 the Licensee stated:</p>	V 113			

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V 113	Continued From page 5  - "Put [Home] County for emergency information, there would be no one else to call" - "Did not have a name or any person to call would just call [Home] County"  This deficiency constitutes a re-cited deficiency.  This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type A1 rule violation.	V 113		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 6</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility did not ensure that medications were administered on the written order of a physician affecting 2 of 3 audited clients (#1 &amp; #6). The findings are:</p> <p>Review on 2/15/23 of client # 1's record revealed: -Admission date: 9/30/18 -Diagnoses: Schizophrenia undifferentiated, Nicotine Dependence, Hypertension (HTN) Pre Type II Diabetes, Traumatic Brain Injury (TBI) "Severe and persistent mental illness, lack of natural supports" -Doctor's orders dated 1/10/23 for Acemaminophen 325 milligram (mg) (pain and fever) -Discontinued (d/c) was written across the MAR for the above medication for March 2023 -No discontinue medication order for the following medication: Acetaminophen 325 mg</p> <p>Review on 2/15/23 of client #6's record revealed: -Admission date: 6/18/13 -Diagnoses: Schizophrenia, Paranoid Type, Nicotine Dependence, Gastroesophageal (GERD), HTN, "Severe and persistent mental illness, lack of natural supports" -Discontinued (d/c) was written across the</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>MAR for the above medication for March 2023</p> <ul style="list-style-type: none"> <li>-No discontinue medication order for the following medications:</li> <li>-Ibuprofen tablet (tab) 600mg, (pain)</li> <li>-Gross National Product (GNP) Nicotine Lozenge 4mg mint, (smoking cessation)</li> <li>-Metoclopram tab 5mg, (nausea)</li> <li>-Bisacodyl tab 5mg Enteric Coated (EC), PEG-3350/KCLSOL/Sodium (constipation)</li> </ul> <p>Observation on 2/28/23 at 11:30 am of the facility's medication for client #3's &amp; #6's revealed:</p> <ul style="list-style-type: none"> <li>-client #3's acetaminophen was not available for administration by staff</li> <li>-client #6's Ibuprofen tab, GNP Nicotine Lozenge 4mg mint, Metoclopram (tab) 5mg, Bisacodyl tab 5mg EC, PEG-3350/KCLSOL/Sodium were not available for administration by staff</li> </ul> <p>Interview on 2/28/23, staff #1 stated:</p> <ul style="list-style-type: none"> <li>-the clients had not taken those medications for a while</li> <li>-unsure of when client #1 or client #6 stopped taking the medications</li> <li>-medications have been on the MARs "for months"</li> <li>-the pharmacy has not taken the medications off the MARs</li> <li>-the "orders go to the pharmacy, they don't come to the home"</li> </ul> <p>Interview on 2/28/23 the Licensee stated :</p> <ul style="list-style-type: none"> <li>-the pharmacy had a copy of the discontinued medications</li> <li>-the pharmacy should have removed those medications off the MAR</li> <li>-"I will fax you the discontinued medication orders"</li> </ul>	V 118		



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V 118	Continued From page 8  No discontinued medication orders were faxed by the exit of the survey 3/21/23.  This deficiency constitutes a re-cited deficiency.  This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type A1 rule violation.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 1 of 3 audited staff (Qualified Professional (QP)). The findings are:  Review on 2/28/23 of facility records revealed: -No evidence HCPR had been accessed for the QP  Interview on 3/1/23 the QP stated:	V 131		

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V 131	Continued From page 9  -Hire date December 2022  Interview on 3/1/23, the Licensee stated: -QP's record was at Sister Facility location that had a fire and she was "unable to retrieve due to construction being done."	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider	V 133		

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V 133	Continued From page 10  shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history 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 may conduct on behalf of a provider a State criminal history record check required by this 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 criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting	V 133		

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V 133	<p>Continued From page 11</p> <p>criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime.</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(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:</p> <p>(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.</p> <p>(2) Failure to check an employee's history of</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>BRADLEY HOME EXTENSION-KIMBERLY HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6420 MALIBU DRIVE</b> <b>RALEIGH, NC 27603</b>		
(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 133	Continued From page 12  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 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	V 133		

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V 133	<p>Continued From page 13</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(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.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history check for 1 of 3 audited staff (Qualified Profesional (QP)). The findings are:</p>	V 133		

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V 133	Continued From page 14  Review on 2/28/23, of the facility's records revealed: -No documentation a criminal history record check was requested or completed.  Interview on 3/1/23 the QP stated: -Hire date December 2022  Interview on 2/28/23 the Licensee stated: - QP's record was at the sister facility location that had a fire and she was "unable to retrieve due to construction being done."	V 133		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		

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V 289	Continued From page 15  developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		



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V 289	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide services for the care and rehabilitation of individuals whose primary diagnosis was a mental illness affecting 6 of 6 clients (#1-#6). The findings are:</p> <p>A. Cross reference: 10A NCAC 27G .0206 CLIENT RECORDS (V113). Based on record reviews and interviews the facility failed to maintain client records with emergency contact information and documentation of progress toward outcomes affecting 3 of 3 audited clients (#1, #3, and #6)</p> <p>B. Cross reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118). Based on record reviews and interviews, the facility did not ensure that medications were administered on the written order of a physician affecting 2 of 3 audited clients (#1 &amp; #6).</p> <p>C. Cross reference: 10A NCAC 27G .05602 SUPERVISED LIVING-STAFF (V290). Based on record reviews and interviews the facility failed to ensure a minimum of one staff member was present at all times when any adult client was on the premises, affecting 6 of 6 clients (#1-#6).</p> <p>D. Cross reference: 10A NCAC 27G .5603 OPERATIONS (V291). Based on observation, record reviews and interviews the facility failed to provide activity opportunities based on client choices, needs and the treatment/habilitation plan affecting 3 of 6 audited clients (#1, #3, &amp; #6 ).</p> <p>E. Cross reference: 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 289		

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V 289	<p>Continued From page 17</p> <p>(V736). Based on observation and interviews the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Review on 3/21/23 of a Plan of Protection dated 3/21/23 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? All corrections will be done clients and staff will work with QP to ensure all corrections are done Describe your plans to make sure the above happens. QP will work with staff to get corrections done Meds (medication). records will be kept in cl's (client's) records. Clients will 6 to one staff. All D/C (discontinue) orders will be in cl. (client) records"</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients had severe and persistent mental illness diagnoses. Client records continued to be incomplete and missing the emergency contact information. Medications were stopped without documentation to support the discontinuation of the medication for clients #1 &amp; #6. The Licensee was aware that the consumers from this facility stayed an undetermined amount of days and nights at the sister facility including sleeping overnight in other clients bedrooms on floors and couches. The facility continued to have no documentation to support the activities and opportunities reported by the Licensee. There were several environmental issues including but not limited to a floor buckled, curtains nailed to the wall, paint peeling in the bathroom and live roaches. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 289			

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V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug</p>	V 290		

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V 290	<p>Continued From page 19</p> <p>withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a minimum of one staff member was present at all times when any adult client was on the premises, affecting 6 of 6 clients (#1-#6). The findings are:</p> <p>Review on 3/21/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/12/99</li> <li>- Diagnoses: Schizophrenia-Paranoid, Bradycardia, Hyperlipidemia, "Severe and persistent mental illness, Lack of natural supports"</li> </ul> <p>Review on 2/22/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 8/13/12</li> <li>- Diagnoses: Major Depressive Disorder, Mood Adjustment Disorder, Anemia, Dysarthria, Cerebrovascular Accident, Tardive Dyskinesia, Latent Syphilis, "Severe and persistent mental illness, Lack of natural supports"</li> </ul> <p>Review on 3/21/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/24/04</li> <li>- Diagnoses: Impulse Control Disorder Not Other Specified (NOS), Borderline Personality disorder, Hypertension, and "Severe and Persistent Mental Illness"</li> </ul>	V 290		

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V 290	<p>Continued From page 20</p> <p>Review on 2/22/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/18/13</li> <li>- Diagnoses: Schizophrenia, Paranoid Type, Nicotine Dependence, Gastroesophageal Reflux Disease (GERD), Hypertension, "Severe and persistent mental illness, Lack of natural supports"</li> </ul> <p>Interview on 2/28/23, client #2 stated:</p> <ul style="list-style-type: none"> <li>-Unsure of how many days he slept overnight at Sister Facility A</li> <li>-Does not remember the dates of when he stayed at Sister Facility A</li> </ul> <p>Interview on 2/28/23, client #3 stated:</p> <ul style="list-style-type: none"> <li>-Spent a couple of days and nights at the Sister Facility A</li> <li>-Staff #1 was in the hospital</li> <li>-Had to "sleep on the floor" at the Sister Facility A, somebody slept on the couch, in bedrooms and in the others were "all over the house"</li> </ul> <p>Interview on 2/28/23, client #4 stated:</p> <ul style="list-style-type: none"> <li>-remember sleeping at Sister Facility A for several days</li> <li>-he slept on the couch</li> <li>-staff #A1 gave him his medication until staff #1 got out of the hospital</li> <li>-everybody else slept in the other rooms</li> </ul> <p>Interview on 2/28/23, client #6 stated:</p> <ul style="list-style-type: none"> <li>-staff #1 had a mini stroke a few months ago</li> <li>-she (staff #1) went to the hospital</li> <li>-she went to Sister Facility A</li> </ul> <p>Interview on 2/28/23, client #A2 stated:</p> <ul style="list-style-type: none"> <li>-staff #1 had a stroke</li> <li>-client #3 slept in his (client #A2) room with</li> </ul>	V 290		

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V 290	<p>Continued From page 21</p> <p>him</p> <p>-they had nowhere else to go</p> <p>Interview on 2/22/23 &amp; 2/28/23 client #A3 stated:</p> <p>-staff #1 left her clients at Sister Facility A if someone had an appointment</p> <p>-staff #1 was the only one that took the clients' to the doctors</p> <p>-staff #A1 stayed with the rest of the clients</p> <p>-staff #1 had a stroke</p> <p>-her clients stayed over</p> <p>-they all slept in client #A1's room and the back room</p> <p>-client #A1 slept in her room on the floor</p> <p>Interview on 2/22/23 &amp; 2/28/23 staff #A1 stated:</p> <p>-she watched Sister Facility A clients if other clients had appointments</p> <p>-a few months ago, staff #1 had a medical condition where she was "off" of work for about 1 1/2 weeks</p> <p>-she had all 6 clients from the Sister Facility A plus her 3 clients</p> <p>-client #4 slept on the couch in the living room</p> <p>-client #3 slept in client #2's room with him</p> <p>-client #1 and #6 slept in the vacant room</p> <p>-client #2 and #5 slept in client #1's room</p> <p>-client #1 slept in client #3's room with her</p> <p>Interview on 3/21/23 Licensee stated:</p> <p>-staff #1 was "only out for 1 day"</p> <p>- "I worked" the day and overnight shift</p> <p>-the clients have not stayed the night at Sister Facility A</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type A1 rule violation.</p>	V 290		

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V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to provide activity opportunities based on client choices, needs and</p>	V 291		

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V 291	<p>Continued From page 23</p> <p>the treatment/habilitation plan affecting 3 of 3 audited clients (#1, #3, &amp; #6 ). The findings are:</p> <p>Review on 2/22/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/30/18</li> <li>- Diagnoses: Schizophrenia Undifferentiated, Nicotine Dependence , Type II Diabetes, Traumatic Brain Injury (TBI), "Severe and persistent mental illness, lack of natural supports"</li> </ul> <p>Review on 2/22/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 8/13/12</li> <li>- Diagnoses: Major Depressive disorder, Mood Adjustment, Anemia, Dysarthria, Cerebrovascular Accident, Tardive Dyskinesia, Latent Syphilis, "Severe and persistent mental illness, lack of natural supports"</li> </ul> <p>Review on 2/22/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/18/13</li> <li>- Diagnoses: Schizophrenia, Paranoid Type, Nicotine Dependence, Gastroesophageal Reflux Disease (GERD), Hypertension, "Severe and persistent mental illness, lack of natural supports"</li> </ul> <p>Review on 2/28/23 of facility's activity logs completed for 2/1/23-2/16/23 revealed:</p> <ul style="list-style-type: none"> <li>-Activities listed as "walks in the park, library, shopping, watching television (tv) and resting"</li> <li>-No other logs available for review</li> </ul> <p>Observations on 2/22/23 &amp; 2/28/23 and at 9:45am and 2:00pm revealed the following:</p> <ul style="list-style-type: none"> <li>- client #1 in bedroom laying in the bed both days</li> <li>- client #3 was outside sitting under the carport both days</li> <li>- client #6 sitting in the living room with client #2 &amp; #5 watching tv both days</li> </ul> <p>Interview on 2/22/23 client #1 stated:</p>	V 291		



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NAME OF PROVIDER OR SUPPLIER  <b>BRADLEY HOME EXTENSION-KIMBERLY HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6420 MALIBU DRIVE</b> <b>RALEIGH, NC 27603</b>		
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V 291	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>- he doesn't do much but stay in his room</li> <li>- he takes walks sometimes</li> <li>- they go to the Sister Facility A most days and watch tv or will take a walk</li> </ul> <p>Interview on 2/22/23 client #3 stated: -"Tired of talking to yall, yall won't move me out of this house" - "I'm not answering anymore questions"</p> <p>Interview on 2/22/23 client #6 stated: -"Not happy here because I want to be with my family"</p> <p>Interview on 2/28/23, staff #1 stated: - the "clients go out everyday to the park or library or just go walking around or shopping"</p> <p>Interview on 2/28/23, the Licensee stated: - the clients have activity logs - the other logs aren't here "I can fax them to you" - they "choose not to attend day treatment programs"</p> <p>No activity logs were faxed by the exit of the survey on 3/21/23.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type A1 rule violation.</p>	V 291		
V 510	<p>27D .0302 Client Rights - Client Self-Governance</p> <p>10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE In a day/night or 24-hour facility, the governing body shall develop and implement policy which</p>	V 510		

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V 510	<p>Continued From page 25</p> <p>allows client input into facility governance and the development of client self-governance groups.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement a policy which allowed client's input into facility governance and the development of client self-governance groups affecting 6 of 6 clients (#1-#6). The findings are:</p> <p>Review on 2/22/23, of the Policy &amp; Procedure manual revealed:</p> <ul style="list-style-type: none"> <li>- no documentation of a Client Self Governance policy</li> </ul> <p>Interview on 2/22/23, client #1 stated:</p> <ul style="list-style-type: none"> <li>- hadn't talked about food menus</li> </ul> <p>Interview on 2/22/23 client #3 stated:</p> <ul style="list-style-type: none"> <li>- he just "ate what they fixed"</li> <li>- "don't like eating sandwiches everyday for lunch"</li> <li>- would "like some different foods" sometimes</li> <li>- "tired of talking to yall, yall won't move me out of this house"</li> <li>- "I'm not answering anymore questions"</li> </ul> <p>Interview on 2/22/23 client #6 stated:</p> <ul style="list-style-type: none"> <li>- "not happy here because I want to be with my family"</li> </ul> <p>Interview on 2/22/23, staff #1 stated:</p> <ul style="list-style-type: none"> <li>- she makes all the meals</li> <li>- doesn't go by a menu, cooked what was in the house to cook</li> <li>- they don't have meetings to discuss menus for the week</li> <li>- cooked dinner for this facility and the Sister</li> </ul>	V 510			

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V 510	Continued From page 26  Facility A  Interviews on 2/22/23 & 2/28/23 the Licensee stated: - there was a menu the staff followed - the "menu hadn't been updated in 26 years" - she did not have a client self-governance policy - she knew "what the policy was but just never had one"	V 510		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536		

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V 536	Continued From page 27  (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	Continued From page 28  (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536		

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V 536	<p>Continued From page 29</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure initial and annual training in alternatives to restrictive interventions affecting 2 of 3 audited staff (Qualified Professional (QP) and Staff #1). The findings are:</p> <p> </p> <p>Review on 2/22/23 of staff #1's facility records</p>	V 536		

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V 536	Continued From page 30  revealed: -Hire date: 5/7/02 -No evidence of re-certification training in alternatives to restrictive interventions Evidence Based Proctective Interventions (EBPI) (the curriculum used by the facility)  Review on 2/22/23 of the facility's records revealed: - No personnel record for the QP - No evidence of alternatives to restrictive interventions EBPI training for the QP  Interview on 2/28/23 staff #1 stated: -Licensee teaches alternatives to restrictive intervention class - Not sure when her training in alternatives to restrictive intervention expired -Licensee informed her when trainings were due  Interview on 3/1/23 the QP stated: - started work December 2022 -Was not trained in alternatives to restrictive intervention by the facility Licensee -"Brought trainings with me from another job"  Interview on 3/21/23 the Licensee stated: -She trained the staff, but overlooked signing and dating the certificates -QP's record was not available	V 536		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds  10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual	V 542		

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V 542	<p>Continued From page 31</p> <p>clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <p>(1) assure to the client the right to deposit and withdraw money;</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide receipt of deposits made by relatives and failed to keep financial records on</p>	V 542		



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V 542	<p>Continued From page 32</p> <p>all transactions affecting affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 2/28/23 of the facility's personal fund accounts for client #1 for period January 2023 and February 2023 revealed:</p> <ul style="list-style-type: none"> <li>- client #1 signed that he received a monthly allowance</li> <li>- pharmacy deductions from the \$66.00 were documented</li> <li>- no receipts of payments from January 2023-February 2023 for pharmacy goods or services</li> </ul> <p>Interview on 2/22/23, client #1 stated:</p> <ul style="list-style-type: none"> <li>-he received his "\$66.00 monthly"</li> <li>-he bought the things he needed such as personal items and hygiene products (soap, shaving cream, shampoo etc.)</li> <li>- the Licensee kept some of his personal spending money and he was only given "\$35 to \$40"</li> <li>-signed for money monthly</li> </ul> <p>Interview on 2/28/23, the Licensee stated:</p> <ul style="list-style-type: none"> <li>-she was not the payee for any of the clients</li> <li>-the clients received \$66.00 a month allowance</li> <li>-the clients signed for their \$66.00 each month</li> <li>-they paid their medication copays each month</li> <li>-they could do what they wanted with the rest of their money</li> <li>-she did not document deductions in the clients' records</li> <li>-she did not have receipts for what the clients purchased</li> <li>-the pharmacist did not give the clients receipts</li> <li>-did not have pharmacy bills at the facility,</li> </ul>	V 542			

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V 542	Continued From page 33  could fax the bills to the Division of Health Service Regulation (DHSR) surveyors  *Note: No pharmacy bills were faxed prior to the exit of the survey on 3/21/23.  This deficiency constitutes a re-cited deficiency.	V 542		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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, attractive and orderly manner. The findings are:  Observation on 2/28/23 at 11:52am revealed: Bedroom #1: -curtains were nailed to the wall with no curtain rod -light switch on wall at the door was stained with fingerprints and smudges -light fixture in the ceiling had dark spots inside the light fixture  Bathroom #1: -peeling paint above the bathtub approximately 1 to 2 feet	V 736		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**BRADLEY HOME EXTENSION-KIMBERLY HOUSE**

**6420 MALIBU DRIVE  
RALEIGH, NC 27603**

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V 736	<p>Continued From page 34</p> <p>Bedroom #2: -had a twin mattress on a full size frame -box spring had stains and sand -pieces of flooring (vinyl or linoleum) was being stored in the room</p> <p>Bedroom #3: -floor was buckling and lifting up by the back window to the middle of the bedroom</p> <p>-Bathroom #2 (located in bedroom #3): -floors had soft spots and was stained -toilet had a ring stain outside at the bottom of the bowl -paint around vent in the ceiling was peeling and resulting in areas of unpainted ceiling -paint peeling around the edge of the ceiling in the corner around the shower -vent on the bottom portion of the wall by the door was partially unattached from the wall -cobwebs in the top left and right corners of the shower</p> <p>Interview on 2/28/23, the Licensee stated: -"clients tear down the curtains, that is why they are nailed up" to the windows -going to paint in the bathroom -client #6 "wears his shoes on the bed" which made the box spring dirty -the flooring was some extra flooring that was left over from another project stored in the bedroom -the "floor is fine" in bedroom #3 -the bathroom was "fine"</p> <p>This deficiency has been cited 3 times since the original cite on 8/20/19.</p>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRADLEY HOME EXTENSION-KIMBERLY HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6420 MALIBU DRIVE</b> <b>RALEIGH, NC 27603</b>		
(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 736	Continued From page 35  This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type A1 rule violation.	V 736			
V 738	27G .0303(d) Pest Control  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.  This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain an insect free environment. The findings are:  Observations of the facility revealed: -2/22/23 at 2:31pm: 2 roaches crawling on the stove -2/28/23 at 9:30am: a live moving roach in the client folder which was handed to the Division of Health Service Regulation surveyors  Interview on 2/28/23, client #2 stated: -See bugs in the kitchen -"They come out at night a lot"  Interview on 2/23/23, the Local Pest Extermination Company Technician stated: -The facility had a current monthly bed bug contract -In January 2023 observed roaches in one of the client's bedroom (unable to remember which bedroom) -Had not sprayed for the "rodents or insect"	V 738			

Division of Health Service Regulation

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V 738	Continued From page 36  due to not being on the current contract -Recommended a pest service contract, currently does not have pest service contract  Interview on 2/23/23, staff #1 stated: -The exterminator comes to the facility monthly to spray -Have "seen a few roaches but not a lot" -The Registered Nurse (RN) sprayed for bugs when she was at the facility  Interview on 2/23/23, the Licensee stated: -They have "no bugs there" -"The exterminator comes to the house to spray monthly"	V 738			