	T OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL0601513	B. WING		06/2	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	00/2	0/2020
BRIGHT	TOUCH HOUSE		UCHSTONE L			
			OTTE, NC 282	27		
(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 COMPL DAT
V 000	INITIAL COMMENT	S	V 000			
	(intake #NC001989)	was completed on mplaint was substantiated 04). Deficiencies were cited. ed for the following service				
	category: 10A NCA0 Living for Minors wit	C 27G .5600B Supervised h Developmental Disability.				
	This facility is licensi census of 0. The sui audits of 1 former cl	ed for 3 and currently has a rvey sample consisted of ient.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor.	REMENTS				
1	This Rule is not met Based on observatio was not maintained i orderly manner. The	ns and interviews, the facility n a safe, attractive, and				
(Observation on 06/09 02:45 pm of the facili Driveway:	0/2023 at approximately ty revealed:		RECEIVED		
-		sized sedan with a missing		JUL 10 2023		
- li i	1 silver 4 door mid-s icense plate, airbags n and missing grill pl	ized sedan with a missing deployed, bumper pushed ate. Hood lifted, dented, and		DHSR-MH Licensure Se	ect	
RATORY D	Ith Service Regulation	SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6	6) DATE
	Lox 1	Day 1	1030	-	71.1	000

	of Health Service R		_			APPRO	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		CON	IPLETED	
		MHL0601513	B. WING		06/	20/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE	1 00/	20/2023	
			JCHSTONE L				
BRIGHT	TOUCH HOUSE		TTE, NC 282				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(YE)	
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
V 736	Continued From pa	ge 1	V 736				
	unable to close.						
	Observation on 06/	15/2023 at approximately	<i>.</i>				
	11:36 am of the fac	ility revealed:					
	Driveway:	ted at a second s					
	in the driveway.	sted above in the same place					
	Former Client (FC)	#1's bedroom					
	-Twin sized bed with	n no sheets or comforter.					
		Il repair area approximately 6					
	inches long and 5 in	ches wide next to the light					
	switch by the door.						
		d drywall repair areas					
	the wall near the be	hes long and 2 inches wide on					
		u. vy blue towels pinned to the					
	window frame with g	old tacks					
	-Approximately 8-10	circular unfinished drywall					
	repair areas around	the perimeter of the window					
	frame.						
	Review on 06/15/20	23 of pictures of the facility					
	from FC #1's Guardi	ian revealed:					
	FC #1's bedroom:						
	-1 window with 3 nav	y blue towels pinned to the					
	window frame.						
	-Approximately 8-9 v the window frame.	vooden boards nailed across					
		no sheets and an unknown					
		small stuffed animals on top					
	of the mattress.						
	-Wooden cabinet wit	h a few finger smear prints of					
	a yellowish-brown su						
		n with approximately 2 to 3					
	soiled diapers.	inped books percits and					
	additional unknown i	ripped books, pencils, and tems) scattered across the					
	entire bedroom floor.						
	Kitchen:						
		sidue, 2 cups, 3 bowls, and					
	Ith Service Regulation				the second s		

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If continuation sheet 2 of 4

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVE
		MHL0601513	B. WING			
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE	06/	20/2023
DICUT	TOUGULUOUSE		UCHSTONE L			
	TOUCH HOUSE		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X: COMP DAT
V 736	Continued From pa	age 2	V 736			
	a fork in the sink.					
	revealed: -"He (FC #3) was th (facility). I went to p the bedding had no nosebleed was on t bed. Feces was on -"When I went back 02/14/2023), it (facilit told myself if it was would not be leaving brought him back he -"Cleanliness of the They (facility staff) k him up) and they kn drop him off) and so cleaned." -"My son is not a hal will do it." -"He (FC #1) has ne house. But the winder There were holes in should have been re -"They (window) wer Interview on 06/15/2 #1 revealed: -Cleaned the facility -"I noticed [FC #1] ha -FC #1's window was approximately 2 wee -Did not know who be Attempted interview of	to drop him off (on lity) was the same way and I the same the way, then I g him there and I didn't. I ome with me." home (facility) is important. snew I was coming to pick ew I was coming back (to the home should have been bitual poop smearer, but he ver broken a window in my ow in his room was boarded. the walls and those things epaired right away." the boarded with plywood." 023 with Former Staff (FS) every 2-3 days. ad broken the window."				
In of Heal	nterviews on 06/09/2 Ith Service Regulation	2023 and 06/15/2023 with the				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED MHL0601513 B. WING 06/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BRIGHT TOUCH HOUSE 9128 TOUCHSTONE LANE CHARLOTTE, NC 28227 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CEACH CORRECTIVE ACTION SHOULD BE COMPLETED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)	Divisior	n of Health Service F				FOR	MAPPROV
A BULDNG:	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DA	E SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE BRIGHT TOUCH HOUSE 9128 TOUCHSTONE LANE CHARLOTTE, NC 28227 OV/10 TAG SUMARAY STREMMY OF DEPENDINGUES (EACH DEPICIENCY WIST BE REFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY WIST BE REFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY WIST BE REFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY) O ONSAFE/EE/DEPICIENCY V736 Continued From page 3 V 736 V737 Continued From page 3 V 736 Chief Executive Officer/Qualified Professional/Licensee revealed: -"Wy relative dropser serve cilents." - We boarded the sundows up (with towels). We put these towels over the windows to keep him from hurting himself." - "I don't remember boards being over the windows. We placed items (towels) over the windows. We placed items (towels) over the windows to keep the glass from coming in because it was broken. I have never seen those boards." - F-C #1's window was boarded up by the maintenance man without his knowledge. - F-acility had never been unclean. - Staff cleaned the facility constantly. -Would ensure repairs to the facility were completed immediately moving forward.			SECTION ION ION DER.	A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE BRIGHT TOUCH HOUSE 9128 TOUCHSTONE LANE CHARLOTTE, NC 28227 OV/10 TAG SUMARAY STREMMY OF DEPENDINGUES (EACH DEPICIENCY WIST BE REFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY WIST BE REFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY WIST BE REFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY) O ONSAFE/EE/DEPICIENCY V736 Continued From page 3 V 736 V737 Continued From page 3 V 736 Chief Executive Officer/Qualified Professional/Licensee revealed: -"Wy relative dropser serve cilents." - We boarded the sundows up (with towels). We put these towels over the windows to keep him from hurting himself." - "I don't remember boards being over the windows. We placed items (towels) over the windows. We placed items (towels) over the windows to keep the glass from coming in because it was broken. I have never seen those boards." - F-C #1's window was boarded up by the maintenance man without his knowledge. - F-acility had never been unclean. - Staff cleaned the facility constantly. -Would ensure repairs to the facility were completed immediately moving forward.			MHL 0601512	B WING			
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completed immediately moving forward.		-Staff cleaned the fa	cility constantly.				
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	PLAN OF CORRECTION /STATEMENT	OF DEFICIENCIES		
Type of Review:	Complaint Survey	Date of Review:	06/20/2023	
Service(s) Reviewed:	Service(s) Reviewed: MHL-#060-1513 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability			
Provider Name:	Care Services, LLC	Phone:	704-763-5459	
Provider Contact Person				
for follow-up:		Fax:		
Address:	9128 Touhstone Lane Charlotte, NC 28227		affirmativeray@gmail.com	
		Email:		

Findings	Corrective Action Steps	Responsible Party	Time Line
: INITIAL COMMENTS			
A complaint survey was completed on			
06/20/2023. (intake #NC00198904).			
Deficiencies were cited.			
This facility is licensed for the following			
service category: 10A NCAC 27G .5600B			
Supervised Living for Minors with			
Developmental Disability.			
The survey sample consisted of audits of 1 former client.			
1 former client.			
1) 27G .0303(c) Facility and Grounds			
Maintenance	1)Bright Touch House facility and grounds will		Implementation Date:
10A NCAC 27G .0303 LOCATION AND	be maintenance in a safe, clean, and attractive at		08/01/2023
EXTERIOR REQUIREMENTS	all times. Affirmative Family Care has		
(c) Each facility and its grounds shall be	implement measure to correct how the facility		
maintained in a safe, clean, attractive and	and grounds are maintained.		
orderly manner and shall be kept free			

from offensive odor.	 Correction- Affrimative Family Care Services will conduct a training on sanitation and how to sanitize sensitive area of the home that needs consistent cleaning. Prevention- The Chore Audit will produce documentation on chores and rate how well they 	
	were completed. Chore audit list will support the homes safety, cleanliness, and orderly at all times. Each day staff will clean facility with a checklist.	
	How often monitored - A standard will be implemented to have supervisor/ representative host audit of chores during the hours of 3pm to 11pm each day of the week.	
2)This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive, and orderly manner. The findings are:	2) Bright Touch House the facility was not maintained in a safe, attractive, and orderly manner AFCS will implement policy on abandon property.	Implementation Date: 08/01/2023
Observation on 06/09/2023 at approximately 02:45 pm of the facility revealed: Driveway: - 1 brown 4 door mid-sized sedan	Correction - No illegal automobiles will be allowed on the property. Such as missing license plates, issue will airbags deployed, bumper pushed in and missing grill plate, hood lifted, dented, and unable to close	
 with a missing license plate. 1 silver 4 door mid-sized sedan 	Prevention- During the daily routine Audit, Supervise/QP will survey the property for	

with a missing license plate, airbags deployed, bumper pushed in and missing grill plate. Hood lifted, dented, and unable to close. Observation on 06/15/2023 at approximately 11:36 am of the facility revealed: Driveway:-Same 2 vehicles listed above in the same place in the driveway.	violations daily.Supervise/QP will produce documentation of the findings for that day.Each day Supervise/QP will monitor facility with a checklist. How often monitored - Supervise/QP will monitor the facility daily with the use of a checklist to look for abandon property such as illegal automobiles.	
 3)Former Client (FC) #1's bedroom: -Twin sized bed with no sheets or comforter. -1 unfinished drywall repair area approximately 6 inches long and 5 inches wide next to the light switch by the door. -3 circular unfinished drywall repair areas approximately 3 inches long and 2 inches wide on the wall near the bed. -1 window with 3 navy blue towels pinned to the window frame with gold tacks. -Approximately 8-10 circular unfinished drywall repair areas around the perimeter of the window frame. 	 3) Bright Touch House facility and grounds will be maintenance in a safe, clean, and attractive at all times. Affirmative Family Care has implement measure to correct how the facility and grounds are maintained. Correction-All windows and drywall will be maintained in an attractive manor within 24 hours of incident. Clients bedding and personal belonging with be maintained at all time. Prevention- Windows, walls, window treatments and clients belongings/bedding will be inspected during the daily audit and document by the Supervisor/QP daily.Checklist will account for items in the home that could be out of place unfinished or a daily basis. How often monitored- Supervise/QP will monitor the facility daily with the use of a checklist to account for out of place items. 	08/01/2023

	Implementation Date: Projected Completion Date
Review on 06/15/2023 of pictures of	Implementation Date:
the facility from FC #1's Guardian	
revealed:	Projected Completion Date
FC #1's bedroom:	
- 1 window with 3 navy blue	
towels pinned to the window frame.	
- Approximately 8-9 wooden	
boards nailed across the window	
frame.	
- Twin sized bed with no sheets	
and an unknown number of large and	
small stuffed animals on top of the	
mattress.	
- Wooden cabinet with a few	
finger smear prints of a yellowish-	
brown substance.	
- Dark brown trashcan with	
approximately 2 to 3 soiled diapers.	
- Debris (torn paper, ripped	
books, pencils, and additional	
unknown items) scattered across the	
entire bedroom floor.	
Kitchen:	
- 2 plates with food residue, 2	
cups, 3 bowls, and	