STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING: _			R
		MHL092610	B. WING			23/2023
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RADLE	Y HOME EXTENSION	-PKEDS HOUSE	NCES DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	A follow up survey Deficiencies were o	was completed on 8/23/23. sited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a pr service, every employer at a shall access the Health Care and shall note each incident propriate business files.	a			
	failed to ensure a H (HCPR) was compl	et as evidenced by: view and interview the facility lealth Care Personnel Registry leted for one of three audited fessional-QP). The findings	y			
	- Hire date of 8/1	of the QP's record revealed: /22. ent in the record.				

	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		E SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED			
		MHL092610 B. WING				B. WING		R 23/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE				
	Y HOME EXTENSION	907 FRA	NCES DRIVE					
DRAULE		GARNER	R, NC 27529					
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI		(X5) COMPLET		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE		
				DEFICIENC	Y)			
V 131	Continued From pa	ige 1	V 131					
	Interview on 8/23/2	3 the Licensee stated:						
		eted the QP's HCPR check.						
		ought that with him from his						
	previous provider.	-						
		he needed to complete it since	•					
	he worked in another facility.							
	This deficiency constitutes a re-cited deficiency							
	and must be corrected within 30 days.							
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133					
	G S 8122C-80 CR	IMINAL HISTORY RECORD						
	CHECK REQUIRE							
	APPLICANTS FOR							
		used in this section, the term						
		o an area authority/county						
		rovider of mental health,						
		bility, and substance abuse						
	Chapter.	nsable under Article 2 of this						
		An offer of employment by a						
		nder this Chapter to an						
	•	sition that does not require the						
	applicant to have a	n occupational license is						
		sent to a State and national						
		ord check of the applicant. If						
		een a resident of this State for						
		, then the offer of employment onsent to a State and national						
		ord check of the applicant. The	, I					
	-	story record check shall						
		the applicant's fingerprints. If						
	the applicant has be	een a resident of this State for						
		then the offer is conditioned						
		te criminal history record						
		ant. A provider shall not						
		t who refuses to consent to a						
	Chiminal history reco	ord check required by this						

	of Health Service Re			CONSTRUCTION	(V2) DATE				
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NUMBER: A. BUILDING:		(X3) DATE SURVI COMPLETED				
		MHL092610				R 2 3/2023			
AME OF F	PROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE						
		907 FRA	NCES DRIVE	,					
BRADLE	Y HOME EXTENSION	-PKEDS HOUSE	R, NC 27529						
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)			
PRÉFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLET DATE			
TAG	NEODEARDINI DIVE		TAG	DEFICIENC		27.112			
V 133	Continued From pa	ao 2	V 133						
V 155		-	v 155						
		otherwise provided in this							
		ive business days of making							
		r of employment, a provider							
		est to the Department of							
		114-19.10 to conduct a							
	criminal history record check required by this section or shall submit a request to a private								
		State criminal history record							
		his 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 C	Check Unit. Within five							
		eceipt of the national criminal							
		n, the Department of Health							
		es, Criminal Records Check							
		provider as to whether the							
		d may affect the employability							
		no case shall the results of the	9						
		story record check be shared roviders shall make available							
	•	cation that a criminal history							
		mpleted on any staff covered							
		ounty that has adopted an							
		dinance and has access to							
		ninal Information data bank							
		half of a provider a State							
		ord check required by this							
		provider having to submit a							
		artment of Justice. In such a							
		all commence with the State							
		ord check required by this							
		ousiness days of the							
		employment by the provider.							
	All criminal history i	nformation received by the							
		itial and may not be disclosed ant as provided in subsection							

If continuation sheet 3 of 9

Division	of Health Service Re	equiation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL092610	B. WING			R 2 3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	EY HOME EXTENSION	907 FRA	NCES DRIVE			
BRADLI		GARNEF	R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
Division of H	business regularly e criminal history recor records obtained fre (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstant commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall to If the provider disqu consideration of the provider may disclo the criminal history to the disqualification of the criminal history	n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history Is one or more convictions of the provider shall consider all cors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

	of Health Service Re							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SUF			
		MHL092610 B. WING				B. WING		R 2 3/2023
	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	•				
		907 FRA	NCES DRIVE					
BRADLE	Y HOME EXTENSION	I-PKEDS HOUSE GARNER	R, NC 27529					
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		COMPLET DATE		
		,		DEFICIENC				
V 133	Continued From pa	ige 4	V 133					
	-	-						
		isis of information provided in record check of the individual.						
		an employee's history of						
		the employee's criminal						
		k is requested and received in						
	compliance with thi							
	(e) Relevant Offens	se As used in this section,						
		neans a county, state, or						
		tory of conviction or pending						
		ne, whether a misdemeanor or						
		pon an individual's fitness to	r					
		for the safety and well-being o	T					
		ental health, developmental tance abuse services. These						
		criminal offenses set forth in						
		Articles of Chapter 14 of the						
		Article 5, Counterfeiting and						
		substitutes; Article 5A,						
		utive and Legislative Officers;						
		; Article 7A, Rape and Other						
		le 8, Assaults; Article 10,						
	Kidnapping and Ab	duction; Article 13, Malicious						
		y Use of Explosive or						
		or Material; Article 14, Burglary						
		eakings; Article 15, Arson and						
		ticle 16, Larceny; Article 17,						
		, Embezzlement; Article 19,						
		nd Cheats; Article 19A, or Services by False or						
		Credit Device or Other Means;						
		ial Transaction Card Crime						
	,	uds; Article 21, Forgery; Article	, I					
		st Public Morality and						
		6A, Adult Establishments;						
		ion; Article 28, Perjury; Article						
		31, Misconduct in Public						
		Offenses Against the Public						
	Peace; Article 36A,	Riots and Civil Disorders;						
	Article 39, Protectio	on of Minors; Article 40,						

If continuation sheet 5 of 9

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092610	B. WING			R 23/2023
AME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
RADLE	Y HOME EXTENSION	I-PKEDS HOUSE	NCES DRIVE R, NC 27529			
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	age 5	V 133			
	Intoxication; and Ar Crime. These crime sale of drugs in vio Controlled Substan 90 of the General S offenses such as s violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furn applicant for emplo supplies, or otherw an employment app criminal history rec shall be guilty of a G (g) Conditional Employ employ an applicar obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining the criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	amily; Article 59, Public ticle 60, Computer-Related es also include possession or lation of the North Carolina ices Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through ishing False Information Any oyment who willfully furnishes, ise gives false information on plication that is the basis for a ord check under this section Class A1 misdemeanor. ployment A provider may at conditionally prior to as of a criminal history record e applicant if both of the ents are met: all not employ an applicant ne applicant's consent for ord check as required in his section or the completed a required in G.S. 114-19.10. hall submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
		eview and interview the facility				

If continuation sheet 6 of 9

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092610	B. WING			R 23/2023
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
BRADLE	Y HOME EXTENSION	-PKEDS HOUSE	NCES DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	 failed to ensure a Criminal Record check was completed for one of three audited staff (Qualified Professional-QP). The findings are: Review on 8/22/23 of the QP's record revealed: Hire date of 8/1/22. No criminal record check present in the record. 		1			
	 Had not complet check. Thought he bro previous provider. 	3 the Licensee stated: eted the QP's criminal record hught that with him from his he needed to complete it since er facility.				
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview, the facility I in a safe, clean, attractive				
	Observation on 8/2 10:58am revealed t	2/23 at approximately he following:				
	Client #1 & Client # - 1 twin bed matt	2's bedroom: ress was shorter than the box				

	T OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL092610	B. WING			R 23/2023
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	Y HOME EXTENSION	I BKEDS HOUSE 907 FRA	NCES DRIVE			
BRADLE		GARNEI	R, NC 27529			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ige 7	V 736			
V 736	 Box spring was covering the outsid The other twin was sinking and no resulting in the bed Client #3's bedroon Wall at the top dark spot Bathroom in client a Floor was soft at the toilet Peeled paint at tub Crack in the sh upper wall by the da long 	bed's mattress by the window at covering the bed frame frame protruding n: of the bed had one big circula #4 & 5's room to step on in some spots by the bottom of the wall by the seetrock going across the oor approximately 1 1/2 feet ad smeared brown stains on				
	doorknob - Top of cabinet of unsealed from the of	multiple brown stains by the over the window was coming wall and had a long thin crack neetrock approximately 3 feet				
	 Caulking outsic wall by the toilet wa Caulking aroun cracking 	stained and fading de of the tub at corner of the as brown and stained ad the tub was peeling and stains varying in size were f the tub on the tile				
	Interview on 8/23/2	3 the Licensee reported:				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	·····		
		MHL092610	B. WING			R 23/2023
AME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
	Y HOME EXTENSIO	907 FRA	NCES DRIVE			
RADLE		GARNER	R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	200 8	V 736	DEFICIENCY)	
V 730		-	V 7 50			
	 Repairs had be She had a lot of 	een corrected of things "fixed"				
		chase new mattresses and box	c			
	springs					
		/e maintenance do some touch				
	up paint for areas that wasn't fixed previously					
	This deficiency constitutes a re-cited deficiency					
	and must be corre	cted within 30 days.				