

PRINTED: 02/11/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/06/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTSIDE HOMES IV**3705 EGYPT MOUNTAIN ROAD
KITTRELL, NC 27544**

(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	INITIAL COMMENTS An annual and follow up survey was completed on 2/6/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	V 114 Emergency Plans and Supplies As of 2/17/25 Staff was re-inserviced on procedures and protocols for conducting fire & disaster drills. Each will be completed by the residential staff on no less than a monthly basis and will be completely on all shifts within the quarter. The administrator will ensure drills have been completed on a monthly basis and will co-sign the form once completed.	

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3-26-25Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5600

1QH211

If continuation sheet 1 of 14

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 2/5/25 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> - reviewed January 2024 - December 2024 - disaster drill completed 8/8/24 at 7:30am - disaster drill form filled out and dated 12/14/24 2:50pm but the description of the drill was for a fire drill and not a disaster drill - no other disaster drills documented from Jan. 2024 - Dec. 2024 <p>Interview on 2/5/25 client #2 reported:</p> <ul style="list-style-type: none"> - he didn't know how to do a disaster drill - he had never done a tornado drill <p>Interview on 2/5/25 client #3 reported:</p> <ul style="list-style-type: none"> - they "just do regular fire drills" - they didn't do disaster drills like tornados - the staff explained to them during storm time but no drills <p>Interview on 2/5/25 client #5 reported:</p> <ul style="list-style-type: none"> - didn't do disaster drills - "I guess we go to the lowest part of the house for a tornado" but they didn't practice that here <p>Interview on 2/6/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - the Administrator checked to make sure the disaster drills were completed <p>Interview on 2/6/25 the Administrator reported:</p> <ul style="list-style-type: none"> - she should have been looking at fire and disaster drills - "I probably haven't done that in a while" 	V 114			

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V 114	Continued From page 2 - she would make sure that she started checking them again on a regular basis	V 114			
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 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	V 133	V 133 Criminal History Check Effective immediately, all potential employees will undergo a criminal background check within 5 days of making a conditional offer of employment. A national background check will be completed by the administrator for any potential employee who has not lived in the state for the current and preceding 5 month period. The facility administrator will complete the background check and ensure that the information/report is entered into the personnel file.		

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V 133	Continued From page 3 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 criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of	V 133		

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V 133	<p>Continued From page 4</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <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. 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> <ol style="list-style-type: none"> (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. <p>(e) Relevant Offense. - As used in this section,</p>	V 133			

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V 133	Continued From page 5 "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 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	V 133			

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V 133	<p>Continued From page 6</p> <p>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 ensure a national criminal history record check was completed affecting 1 of 1 staff (#1). The findings are:</p> <p>Review on 2/5/25 staff 1's record revealed:</p> <ul style="list-style-type: none"> - Hired: 8/7/24 - no documentation of a national criminal 	V 133			

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V 133	Continued From page 7 history record check being completed Interview on 2/5/25 staff #1 reported: - he had been living in North Carolina for almost a year Interview on 2/6/25 - she was responsible for completing criminal history record checks - she didn't know that staff #1 hadn't been in the state for at least 5 years - she thought that staff #1 moved from Virginia to North Carolina and didn't think to do a national check	V 133			
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and	V 513	V513 Least Restrictive Interventions. QP will complete training with the staff and administrator immediately and follow up monthly over the next quarter to ensure that the clients aren't being denied access to areas that are not restricted. These include refrigerator, cabinets, snacks, food etc. Also staff will make sure that the snacks to be given for that day are available at all times for the clients. Additionally, the hardware created a barrier to access will be removed from the refrigerator by 2/28/25. QP will ask the clients about their access to these identified areas during monthly visits.		

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V 513	<p>Continued From page 8</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the least restrictive and most appropriate settings and methods were used. The findings are:</p> <p>Observation on 2/5/25 at approximately 9:45am revealed:</p> <ul style="list-style-type: none"> - silver hinge and hardware on the refrigerator and pantry door located in the kitchen - no lock was on the refrigerator or the pantry door <p>Observation and interview on 2/5/25 at approximately 2:30pm revealed:</p> <ul style="list-style-type: none"> - staff #1 gave the clients potato chips and iced tea for a snack - snacks were locked in the staff office and staff #1 went in with the key to get them - staff #1 stated that all snacks were kept locked in there and that's where they had been since he started working in the facility <p>Interview on 2/5/25 client #2 reported:</p> <ul style="list-style-type: none"> - staff locked the refrigerator but he didn't know when - they had to ask for a snack - they couldn't just go and get a snack - the facility didn't leave snacks out for them to get <p>Interview on 2/5/25 client #3 reported:</p> <ul style="list-style-type: none"> - he had to ask for a snack 	V 513			

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V 513	<p>Continued From page 9</p> <ul style="list-style-type: none"> - he couldn't just go and grab anything "I let them (staff) do it" - he had been told he couldn't get a snack without asking since living at the facility - he had a tuna fish sandwich for lunch today and "I just eat what they give me" - staff lock the cabinets and refrigerator in the evening when they went to bed - "I don't mess with anything; I don't want to get in no trouble" <p>Interview on 2/5/25 client #5 reported:</p> <ul style="list-style-type: none"> - staff gave him snacks - he couldn't just go in the refrigerator or cabinet to get anything because they locked them up - didn't know the times but "they just lock them up" - he wish he could just grab a snack when he wanted it - It had always been that way - "other places put snacks out for their people but not here" <p>Interview on 2/5/25 staff #1 reported:</p> <ul style="list-style-type: none"> - he had been locking the refrigerator and the pantry in the kitchen since he started working - he locked them when he went to bed because if he didn't, "everything will be gone when they wake" <p>Interview on 2/6/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - she visited the facility monthly but since her injury, she had only been out to the facility twice since October 2024 - she didn't know that they were locking the refrigerator and the pantry because they were never locked when she visited the facility - "you know I train people not to be that way" 	V 513			

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V 513	Continued From page 10 locking up the refrigerator and pantry - "if you restrict one person then everyone's restricted" - "at least leave something so they can have access to something" - she would talk to the Administrator about removing the locks and the hardware for the locks Interview on 2/6/25 the Administrator reported: - she would take the lock off of the pantry and the refrigerator - she would speak with the QP about other ways of maintaining accessibility of food for the clients - it wasn't just overeating but when clients drink milk out of the container and "things like that"	V 513			
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 interview, the facility failed to ensure that it was maintained in a safe, clean, and attractive manner. The findings are: Observation on 2/5/25 at approximately 9:45am revealed: - Client #1's room - boxspring was longer than his mattress by several inches	V 736	V736 Facility and Grounds Maintenance The administrator will replace the boxsprings and/or mattresses as needed to ensure that they match and don't create an unstable situation in terms of size and comfort. An inspection of the facility was completed on 2/15/25. The light bulbs were replaced and the areas were cleaned. The areas identified as needing painting and the closet door in the bedroom will be replaced by 3/10/25.		

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V 736	Continued From page 11 <ul style="list-style-type: none"> - Client #2 & Client #5's shared room <ul style="list-style-type: none"> - ceiling fan has 2 of 5 lightbulbs missing - Client #3 & Client #4's shared room <ul style="list-style-type: none"> - one side of the closet had a door missing - boxspring was longer than the mattress on client #3's bed by several inches - there was no blanket on client #3's bed - Bathroom #1 <ul style="list-style-type: none"> - several white spots on the wall where holes have been spackled but not painted - chipped pieces of wall on the lower portion of the wall going towards the shower - Bathroom #2 <ul style="list-style-type: none"> - patched up circular spot on wall beside the sink that wasn't painted - mirror over the sink stained with soap scum - dust in the vent on the ceiling <p>Interview on 2/5/25 the Administrator stated:</p> <ul style="list-style-type: none"> - the mattresses that were shorter than the boxspring's were because they switched out the staff and clients mattress and left the boxspring instead of switching the whole bed - they would switch everything back to match - staff #1 would told her about repairs, and she also did walk throughs of the facility when she visited - she would get maintenance to paint the wall in the bathroom that was patched up - maintenance is pretty quick with fixing things once they were notified 	V 736			
V 768	27G .0304(d)(4) Non-Client Accommodations 10A NCAC 27G .0304 FACILITY DESIGN AND	V 768			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/06/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTSIDE HOMES IV			STREET ADDRESS, CITY, STATE, ZIP CODE 3705 EGYPT MOUNTAIN ROAD KITTRELL, NC 27544		
(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 768	<p>Continued From page 12</p> <p>EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms. The findings are:</p> <p>Observation on 2/5/25 at 9:45am during the tour of the facility revealed:</p> <ul style="list-style-type: none"> - 3 separate client bedrooms - 2 beds in 2 of the bedrooms and 1 bed in a single bedroom - a bedroom occupied by staff with 2 twin beds in it that could accommodate 2 clients - no available bed or bedroom for a 6th client <p>Interview on 2/6/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - the Administrator was told that the septic system needed to be upgraded and would only accommodate 5 clients - they had an office that would have initially been the staffs bedroom but when she was told that she could only have 5 clients, she used it as an office and moved the staff to the bedroom - she would talk to the Administrator about the availability of a bedroom for a 6th client 	V 768	<p>V768 Non Client Accommodations</p> <p>As of 2/15/25, the bedrooms have been returned to their original position. Staff is no longer in the living area where the 6th client can be placed. The staff has moved back into the staff area of the home. The administrator is aware that there must always be enough space to accommodate the number of clients the facility is approved to provide residential care to.</p>		

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V 768	Continued From page 13 Interview on 2/6/25 the Administrator reported: - one of the clients wasn't doing well with another client and she gave that client a private room - she would set up a room for a 6th client - the current staff room used to be a double client room, but she changed the client to a private room and let staff use the bigger room - she would "switch things" back around and put the staff in the single room - this has only been since staff #1 started	V 768			