Divis	on of Health Service Regu	lation		Dr-	FORM	APPROVE
	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION RECEIVED APR 21	(X3) DATE SU COMPLETED	
		MHL0601513	B. WING	DHSR-MH Licensure Sect	04/01/	2025
	OF PROVIDER OR SUPPLIER	9128 TO	ADDRESS, CITY, ST DUCHSTONE LA	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETE DATE
V 000	A annual and follow under April 1, 2025. Deficient This facility is licensed category: 10A NCAC Living for Minors with Disability. This facility is licensed census of 1. The survaudit of 1 current client.	p survey was completed on acies were cited. d for the following service 27G .5600B Supervised Developmental d for 3 and has a current ey sample consisted of an	V 000	PECEIVEL 21 2025 DHSR-MH Licensure S	5	
V 119	10A NCAC 27G .0208 REQUIREMENTS (d) Medication disposa (1) All prescription and medication shall be disguards against diversi (2) Non-controlled sub of by incineration, flust system, or by transfer destruction. A record of shall be maintained by Documentation shall s medication name, streed ate and method, the sidisposing of medication witnessing destruction. (3) Controlled substantiaccordance with the Nichal Substances Act, G.S. Subsequent amendment (4) Upon discharge of remainder of his or her disposed of promptly u	MEDICATION al: If non-prescription sposed of in a manner that on or accidental ingestion. Instances shall be disposed ing into septic or sewer to a local pharmacy for of the medication disposal the program. In pecify the client's name, Ingth, quantity, disposal signature of the person In, and the person In, and the person In an	V 119	V119 – Medication Disposal (10A NCAC 27G .0209 (d)) Expired medications were disposed of immed on 4/1/25 via pharmacy return. The policy wa updated to require disposal within 7 days of discharge/expiration, and all direct care staff or re-trained on the new/updated medication pol 4/11/25. A medication disposal log will docum future disposals and will be signed off by the pharmacy and the transporting direct care sta QA Manager and QP will conduct weekly medication storage checks for 3 months, then monthly to ensure compliance.	were licy on nent all	

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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 1T8811 If continuation sheet 1 of 5

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Division of Health Service Regulation								
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL0601513 B. WING							
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9128 TOUCHSTONE LANE CHARLOTTE, NC 28227							
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				

V 119	Continued From page 1	V 119		
	calendar days after the date of discharge.			
	This Rule is not met as evidenced by:			
	Based on observation and interview, the facility failed to dispose of expired medications which			
	belonged to a former client. The findings are:			
	Observation on 4/1/25 at 1:49 pm of medications which were contained in a paper bag revealed: -			
	The expired medications which had medication			
	remaining in each medication packet were: -Oseltamivir Phosphate 75 milligrams (mg) with			
	an expiration date of 12/12/24.			
	-Quetiapine Fumarate 100 mg tab with an			
	expiration date of 12/12/24Cetirizine Hydrochloride (HCL) 10 mg tab with			
	an expiration date of 11/4/24.			
	-Citalopram Hydrobromide (HBR) tab with an expiration date of 11/14/24.			
	-Guanfacine 1 mg tab with an expiration date of			
	11/14/24.			
1	-Mirtazapine 15 mg with an expiration date of 11/14/24.			
ı				
	Interview on 4/1/25 with Quality Assurance revealed:			
	-The name on the expired medications was a			
	former clientThe former client had an admission date of			
	11/17/23 and discharge date of 12/17/23.			i
	Interview on 4/1/25 with the Licensee revealed: -The expired medications were in			
- 1	the locked medication closet and the			
	medications were			
			ł	

Division of Health Service Regulation

STATE FORM 6899 1T8811 If continuation sheet 2 of 5

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Division of Health Service Regu	ulation		PORWI APPROVEL	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	MHL0601513	B. WING	04/01/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	PRESS, CITY, STATE, ZIP CODE		
BRIGHT TOUCH HOUSE		CHSTONE LANE		

CHARLOTTE, NC 28227

(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	secured. -His medication policy was to dispose of expired controlled medications by returning the medication to the pharmacy. Other medications could be disposed of by flushing the medication in the toilet. -Disposed medications were to be "logged" (documented). -He had Staff #1 return the expired medications to the pharmacy on 4/1/25 for disposal. 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: Observation on 4/1/25 between 1:18 pm-1:49 pm of the facility revealed: -2 rubberized front porch mats laying in mulch and under hedges near the front door. -The exterior front door had: -Multiple areas of peeling paint of variable sizes from the top door panels of the door to the bottom of the door. -At least 6-7 rusted places of variable sizes from the top of the 2 lower door panels to below these same 2 bottom panels. -A semi-circular hole around the left side of the top door lock. -The exterior light fixture located on the right side of the front door was hanging down. -A black-colored screen was loose on the back basement window underneath the deck. -Client #1's bathroom sink vanity had cracks	V 119	V736 – Facility and Grounds Maintenance (10A NCAC 27G .0303(c)) (Re-cited) The hired Contractor will complete all exterior and interior repairs, including peeling paint, rusted front entryway door, loose fixtures, and cracks, by 4/25/25. The QP will implement a weekly maintenance inspection schedule in which a through walk of the facility's interior and exterior will be completed by the QP. Each direct support staff member is responsible for completing a facility walk-through at shift change and reporting and repairing needs to the QP immediately within 2 hours of repair being noticed and conducting it at shift changes. The QP will log and address issues within 48 hours. The Licensee, will monitor weekly for three months and then monthly.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE FORM 6899 1T8811 If continuation sheet 3 of 5

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Division o	f H	lealth	Service	Regulation	١
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

(X3) DATE SURVEY COMPLETED

MHL0601513

B. WING ____

04/01/2025

STREET ADDRESS, CITY, STATE, ZIP CODE

9128 TOUCHSTONE LANE

CHARLOTTE, NC 28227

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	CHAR	LOTTE, NC 2822	7	
(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	around the back and left side of the vanity cabinet. -There were at least 2 small cracks around the light switch on the dining area wall to the left side of the back door. Interview on 4/1/25 with Client #1 revealed: -" I don't know what happened over there (wall cracks at dining room light switch)trying to move the chair and hit that thing I guess." Interview on 4/1/25 with the Licensee revealed: -He would address the conditions of the exterior front door. -He would have to call someone to repair the outside light fixture. -He was not aware the basement screen was loose; he would take care of having the screen reattached. -The cracks around Client #1's bathroom sink vanity probably needed caulking. He would see this area was repaired. -He was not aware of the cracks around the dining wall light switch. He would address this situation. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the	V 752	V752 – Water Temperature (10A NCAC 27G .0304 (b)(4) The water heater was adjusted to 110°F on 4/1/25 to meet 100–116°F standards. The water temperature log before the end of each shift will document daily temperature checks. Direct Support Staff will verify temperatures during each shift change. The QP will test the water temperature	

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weekly for three months and then monthly during

facility maintenance checks.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMPLE	E SURVEY TED
		MHL0601513	B. WING		04/	01/2025
BRIGHT	PROVIDER OR SUPPLIER TOUCH HOUSE	9128 TC	DDRESS, CITY, STA DUCHSTONE LAI OTTE, NC 28227	NE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 752	This Rule is not met a Based on observation failed to maintain the 100-116 degrees Fah Observation on 4/1/25 of the facility revealed In Client #1's bathroof his sink and bathtul Fahrenheit. The kitchen sink wate degrees Fahrenheit. The water temperature connected to a vacant degrees Fahrenheit. Interview on 4/1/25 wirevealed: "I want my with When I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold Interview on 4/1/25 wirevealed: "I want my with I take a shower, it gets cold	ined between 100-116 as evidenced by: and interview, the facility water temperature between renheit. The findings are: between 1:18 pm-1:49 pm between 1:18 pm-1:49 pm between 92 degrees between 92 degrees between 92 degrees between 92 degrees between 94 degrees between 95 degrees between 96 degrees between 1:18 pm-1:49 pm between 1:18 pm-1	V 752			