Appendix 1-B: Plan of Correction Form

Plan of Correction						
Please complete <u>all</u> requested information and mail completed Plan of Correction form to:		In lieu of mailing the form, you may e-mail the completed electronic form to:				
Provider Name:	Bradley Home	Pho	ne:	919-772-9382		
MHL Number:	092-319	F	ax:	same		
Provider Contact:	Cordelia Akagha, MPH, Director	T	•1			
Person for follow-up:	Stephen Chestnut, BSW, QMHP	Em		caring4wakecarolina@gmail.com		
Address:	1505 Kelly Rd	Provider # 1124239462				

Finding	Corrective Action Steps	Responsible Party	Time Line
V290 27G .5602 Supervised Living - Staff	Pursuant to the standards of practice Bradley Home shall implement the following plan of corrections:	Director BSW, QP	Implementation Date: 05/16/2025
27G .5002 Supervised Living - Staff	The facility has hired a new staff member:	Consultant Qualified Professional	Projected Completion Date: 05/24/2025
	On 05/16/2025 the facility hired new staff member. On 05/24/2025 the new staff member started at the facility. The facility shall continue to ensure a minimum		
	of one staff member is present at all times. The facility shall maintain the following rule:		
	(a) 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.		
	(b) Staff-client ratios above the minimum		

Bradley Homes

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.	

QP Consultant Signature: Stephen Chestnut BSW, OP

Date: 06/18/25

Director Signature: Cardelia Akagha MPH, Director

Date: 06/18/25