STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601513	A. BUILDING: _____ B. WING _____	R-C 08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHT TOUCH HOUSE	9128 TOUCHSTONE 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 000	INITIAL COMMENTS A complaint and follow up survey was completed on 8/26/25. The complaint was substantiated (Intake #NC00232810). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure treatment plans were developed based on assessments within 30 days of admission and in partnership with legally responsible person affecting 1 of 1 client (#1). The findings are:

Review on 8/1/25 and 8/4/25 of Client #1's record revealed:
- Admission date 10/06/23;
- Age 15 years;
- Diagnoses Diagnoses: Conduct Disorder-childhood onset, ADHD-hyperactive combined, Mild IDD
Oppositional Defiant Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, History of hearing Loss
- Day Treatment Program Person Centered Plan (PCP treatment plan) dated 9/5/24, no identified residential treatment goals;
- Individualized Support Plan (ISP) dated 11/1/24, no short term goals and was not signed by the legal guardian.

Interview on 8/4/25 with the Chief Executive Officer (CEO)/Director of Operations revealed:
- Day Treatment Program was the clinical home for Client #1 and was responsible for the treatment plan;

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V 112	Continued From page 2 - Care coordinator was responsible for the ISP; - Was not aware that Client #1 needed short term goals for the ISP and the facility was responsible for the short term goals. Interview on 8/5/25 with the Quality Assurance revealed: - The clinical home for the client was responsible for the treatment goals for Client #1; - The treatment goals and strategies that were implemented at the facility were listen under parent/caretaker; - Planned to have the residential treatment goals identified on the treatment plan.	V 112		