

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
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NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/BRIDFORD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1446 BRIDFORD PARKWAY, UNIT C GREENSBORO, NC 27407
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on April 1, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure training to meet the mh/dd/sa needs of all clients as specified in the treatment/habilitation plan for 2 of 3 audited staff (Staff #1 and #2). The findings are:</p> <p>Review on 4/1/26 of Staff #1's personnel record revealed: -Hire date of 5/18/20. -Position as Paraprofessional and Group Home Manager. -No documentation of client-specific training for Clients #1, #2 and #3.</p> <p>Review on 4/1/26 of Staff #2's personnel record revealed: -Hire date of 9/10/25. -Position as Paraprofessional. -No documentation of client-specific training for Clients #1, #2 and #3.</p> <p>Interview on 3/31/26 with Staff #1 revealed: -The Qualified Professional (QP) "went over" with him the client-specifics of Clients #1, #2 and #3 diagnoses, medications and behaviors.</p> <p>Interview on 3/31/26 with Staff #2 revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-He reviewed Clients #1, #2 and #3 treatment plans to learn about each of these clients, and he learned about each of the clients through his interactions with them.</p> <p>-He believed the QP and Staff #1 discussed Clients #1, #2 and #3's diagnoses, medications and behaviors with him.</p> <p>Interview on 4/1/26 with the QP revealed:</p> <p>-She provided training to Staff #1 and #2 on client-specific training for Clients #1, #2 and #3.</p> <p>-She did not know where the documentation was for the client-specific training for these 2 staff.</p> <p>-"The client-specific training should be in their (personnel) records."</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 3/31/26 of the fire and disaster drill log from 12/20/25 to 2/21/26 revealed: -First quarter (January 2026-March 2026), no documentation of a 1st and 3rd shift fire drill, and no documentation of a 2nd and 3rd shift disaster drill. -Second quarter (April 2025-June 2025), no documentation of a 3rd shift fire drill and a 3rd shift disaster drill. -Third quarter (July 2025- September 2025), no documentation of a 1st and 3rd shift fire drill, and no documentation of a 2nd and 3rd shift disaster drill. -Fourth quarter (October 2025-December 2025), no documentation of a 1st and 3rd shift fire drill, and no documentation of a 2nd and 3rd shift disaster drill.</p> <p>Interview on 3/31/26 with Client #1 revealed: -He nodded his head "yes" to having practiced fire and disaster drills.</p> <p>Interview on 3/31/26 with Client #3 revealed: -He had practiced fire and disaster drills since his admission. -He could not recall approximate dates or times of the drills.</p> <p>Interview on 3/31/26 with Staff #1 revealed: -He was the group home manager. -One of his responsibilities was to ensure fire and disaster drills were held. -Staff #4 conducted all the fire and disaster drills for the facility.</p>	V 114		

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V 114	Continued From page 4 -Staff #4 had been out of work "for awhile" due to surgery. Interview on 4/1/26 with the Qualified Professional revealed: -She would follow up with staff to ensure all fire and disaster drills were held for each shift and within each quarter. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

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V 118	<p>Continued From page 5</p> <p>drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications administered to a client was on a written order by a person authorized to prescribe drugs, and failed to maintain a MAR for a client with the required information. The findings are:</p> <p>Review on 3/31/26 of Client #3's record revealed: -Admission date of 2/24/26. -Diagnoses of Unspecified Intellectual Disabilities, Autism, Depressive Disorder, Sexual Dysfunction, Elimination Disorder, Bipolar, Seizure Disorder and Migraine headaches. -No written prescription for: -Linzees (constipation) 145 micrograms (mcg), take 1 capsule once daily on empty stomach 30 minutes before meal. -Sodium Fluoride 5000 parts per million (ppm) (dental decay prevention), use once nightly in place of regular toothpaste. Spit and do not rinse.</p> <p>Review on 3/31/26 of Client #3's MAR revealed: -March 2026 MAR was reviewed. -There was no MAR from 2/24/26 to 2/28/26 provided for review.</p> <p>Interview on 3/31/26 with Staff #1 revealed:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Client #3 had a MAR for February 2026 with start of his medication at admission.</p> <p>-Client #3's February 2026 MAR was submitted to the office the first of March 2026 and was not at the facility.</p> <p>Interviews on 4/1/26 with the Assistant to the Qualified Professional (QP) revealed:</p> <p>-She could not locate prescriptions for Client #3's Linzess and Sodium Fluoride.</p> <p>-She could not locate Client #3's February 2026 MAR to provide for review.</p> <p>Interview on 4/1/26 with the QP revealed:</p> <p>-She had no explanation for Client #3's Linzess and Sodium Fluoride not being in Client #3's record and available for review.</p> <p>-She had not seen a submitted February 2026 MAR for Client #3 from the facility.</p> <p>-She would follow up with the facility about Client #3's February 2026 MAR.</p>	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; 	V 536		

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V 536	<p>Continued From page 8</p> <p>and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the completion of annual refresher training on Alternatives to Restrictive Interventions for 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Review on 4/1/26 of Staff #2's personnel record revealed: -Hire date of 9/10/25. -Position as Paraprofessional. -No certification of completed annual training on Alternatives to Restrictive Interventions.</p> <p>Interview on 3/31/26 with Staff #2 revealed: -He was waiting to have his training updated in Alternatives to Restrictive Interventions. -"I usually have it (NCI +/-) updated around my birthday."</p> <p>Interview on 4/1/26 with the Qualified Professional revealed: -She would follow up on Staff #2's Alternatives to Restrictive Interventions annual training to ensure the training was completed.</p>	V 536		