

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-931	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/16/2026
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NAME OF PROVIDER OR SUPPLIER BRIGHTSIDE HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4133 WHITE PINE DRIVE RALEIGH, NC 27612
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on March 16, 2026. The complaint was substantiated. (Intake #NC00235591). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or 	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records affecting 1 of 1 paraprofessional staff (House Manager). The findings are:</p> <p>Review on 3/12/26 of the House Manager's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 4/29/20 - No documentation for level of education <p>Interview on 3/12/26 the House Manager reported:</p>	V 107		

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V 107	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Completed high school <p>Interview on 3/16/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The Administrator/Owner was responsible for maintaining staffs' personnel records <p>Interview on 3/16/26 the Administrator/Owner reported:</p> <ul style="list-style-type: none"> - Was responsible for maintaining staffs' personnel records - Didn't "believe" she had documentation for the House Manager's education level <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 107		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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 	V 112		

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V 112	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an annually updated treatment plan with written consent or agreement by the client or responsible party affecting 3 of 3 audited clients (#4, #5, #6). The findings are:</p> <p>Review on 3/12/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/22/24 - Diagnoses of Asthma, Gastroesophageal Reflux Disease, Hyperlipidemia, Sleep Apnea, Unspecified Schizophrenia and Type II Diabetes - Client #1's treatment plan dated 9/14/25 didn't have a signature or written consent by guardian or responsible party <p>Review on 3/12/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/16/24 - Diagnoses of Major Depression Disorder, Acute Ischemic Left Middle Cerebral Artery Stroke, Polysubstance Abuse, Antisynthetase Syndrome, Anxiety, Chronic Pain, Chiari Malformation Status Post Decompression, Chronic Low blood pressure, Morbid Obesity and Asthma - Client #4's treatment plan dated 7/29/25 	V 112		

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V 112	<p>Continued From page 4</p> <p>didn't have a signature or written consent by guardian or responsible party</p> <p>Review on 3/12/26 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 8/31/25 - Diagnoses of Schizophrenia, Seizure Disorder, Falls and Tachycardia - Client #6's treatment plan dated 8/1/25 didn't have a signature or written consent by guardian or responsible party <p>Interview on 3/16/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Was responsible for developing the clients' treatment plans and obtaining written consent from the client's guardian or responsible party - The clients and the client's guardian were involved in the development of the client's treatment plan, but she "was bad" at getting the guardians to sign them <p>Interview on 3/16/26 the Administrator/Owner reported:</p> <ul style="list-style-type: none"> - The QP was responsible for obtaining the guardian's signature on the clients' treatment plans - Was aware the guardians hadn't signed the clients' treatment plans - The client's treatment plan meeting was held over the phone with the client's guardian - The clients' treatment plans weren't signed because "it's hard to catch the guardian" and they "wait for the guardian to come to the facility" to sign the client's treatment plan <p>This deficiency has been cited 4 times since the original cite on 2/22/22 and must be corrected within 30 days.</p>	V 112		

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V 113	Continued From page 5	V 113		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 3/12/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/16/24 - Diagnoses of Major Depression Disorder, Acute Ischemic Left Middle Cerebral Artery Stroke, Polysubstance Abuse, Antisynthetase Syndrome, Anxiety, Chronic Pain, Chiari Malformation Status Post Decompression, Chronic Low blood pressure, Morbid Obesity and Asthma - No consent to seek emergency treatment <p>Interview on 3/16/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The Administrator/Owner was responsible for obtaining the client's consent to seek emergency treatment <p>Interview on 3/16/26 the Administrator/Owner reported:</p> <ul style="list-style-type: none"> - Was responsible for obtaining client #4's consent to seek emergency treatment - Recalled she had client #4's consent for emergency treatment completed, but she couldn't find it 	V 113		

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V 113	Continued From page 7 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct disaster drills at least quarterly and on each shift. The findings are: Review on 3/12/26 of the facility's disaster drill log revealed: - 3 disaster drills were conducted between 3/5/25 and 1/24/26 - Disaster drills were not completed on each shift for 3 quarters	V 114		

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V 114	<p>Continued From page 8</p> <p>Interview on 3/12/26 client #2 reported:</p> <ul style="list-style-type: none"> - Practiced disaster drills monthly - Knew to go in the hallway for a tornado <p>Interview on 3/13/26 client #4 reported:</p> <ul style="list-style-type: none"> - Practiced disaster drills - Couldn't recall how often he practiced disaster drills - Knew to go in a bathroom for a tornado <p>Interview on 3/13/26 client #5 reported:</p> <ul style="list-style-type: none"> - Practiced disaster drills - Couldn't recall how often he practiced disaster drills - Knew to go in the hallway for a tornado <p>Interview on 3/16/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The Administrator/Owner was responsible for ensuring disaster drills were completed - Disaster drills were supposed to be completed monthly, on each shift for each quarter <p>Interview on 3/16/26 the Administrator/Owner reported:</p> <ul style="list-style-type: none"> - Didn't know what happened to the facility's disaster drills because she hadn't checked the facility's disaster drill log yet - Would ask and the House Manager said she completed the disaster drills - Staff were supposed to conduct disaster drills every three months but she preferred for staff to complete them monthly - Staff were to conduct drills on 1st shift between 7am-3pm, 2nd shift between 3pm-11pm and 3rd shift between 11pm-7am <p>This deficiency has been cited 3 times since the original cite on 11/6/23 and must be corrected within 30 days.</p>	V 114		

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V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(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:</p> <p>(1) using the intervention as a last resort; and</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 use the least restrictive and most appropriate method. The findings are:</p> <p>Observation at 12:08pm on 3/12/26 revealed:</p> <ul style="list-style-type: none"> - Two pantry doors located in the kitchen had a silver hatch on them with no lock - The pantry contained canned foods items 	V 513		
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V 513	<p>Continued From page 10</p> <p>and various snacks</p> <p>Interview on 3/12/26 client #2 reported:</p> <ul style="list-style-type: none"> - The food was kept locked in the kitchen pantry - Didn't know when the facility started locking the kitchen pantry - Didn't have a key to the lock on the kitchen pantry because the staff kept the key - Had to ask staff to get food out of the kitchen pantry - Didn't have an issue with the kitchen pantry being locked <p>Interview on 3/13/26 client #4 reported:</p> <ul style="list-style-type: none"> - The kitchen pantry was kept locked - Didn't know when the facility started locking the pantry - The facility locked the pantry so clients couldn't take food - Didn't have an issue with the pantry being locked <p>Interview on 3/13/26 client #6 reported:</p> <ul style="list-style-type: none"> - The kitchen pantry was locked and he didn't have a key <p>Interview on 3/12/26 the House Manager reported:</p> <ul style="list-style-type: none"> - She didn't lock the kitchen pantry - The kitchen pantry wasn't locked at night - The clients "may get something to eat...can take whatever they want" - The clients would let her know if they needed any help in the kitchen <p>Interview on 3/16/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The kitchen pantry was supposed to be locked so the clients could have their own 	V 513		

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V 513	Continued From page 11 "individual storage cabinets" - The Administrator/Owner started the "system" of locking the pantry because there was a former client that stole food - Clients had their own keys to the locks - Was unaware the clients' didn't have "individual storage cabinets" in the pantry Interview on 3/12/26 the Administrator/Owner reported: - She approved for the kitchen pantries to be locked at night because client #2 stole food - She started locking the kitchen pantry when client #1 was admitted on 5/22/24	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 was not maintained in a clean and attractive manner. The findings are: Observation at 12:08pm on 3/12/26 revealed: - Client #4's bedroom had a strong smell of urine - Hallway bathroom: - The bathtub had brown stains and rust located near the drain - Low water pressure when water is cut on from the right handle of the sink faucet - Downstairs Hallway: - A beeping sound every 60 seconds	V 736		

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V 736	<p>Continued From page 12</p> <p>originating from the smoke detector</p> <p>Interview on 3/16/26 the Administrator/Owner reported:</p> <ul style="list-style-type: none"> - Was responsible for overseeing the repairs in the facility - Was unaware of the low water pressure, bathtub stains and beeping smoke detector - The facility recently repaired a water leak and that could be the reason for the sink's low water pressure - Didn't know how long the smoke detector had been beeping for - The House Manager was responsible for the cleanliness of the facility - Client #4 had toileting accidents in his bedroom because he had difficulty walking to the bedroom - The House Manager cleaned and mopped client #4's floor after toileting accidents <p>This deficiency has been cited 4 times since the original cite on 2/22/22 and must be corrected within 30 days.</p>	V 736		