STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-955	A. BUILDING: _____ B. WING _____	05/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARLEE MAC GROUP HOME IV	5740 LONGVIEW DRIVE FAYETTEVILLE, NC 28306

(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 An annual and follow up survey was attempted on 5/24/18. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 8/25/17. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. Telephone interview on 5/24/18 the facility staff stated: -There were no clients being served at the facility. -She was not certain the date of the last client's discharge. -The Licensee was out of town at the current time. -She would have the Licensee call the surveyor later in the day. -Surveyor requested treatment plan, admission and discharge information showing services rendered and dates. Telephone interview on 5/25/18 the Licensee stated: -There were no clients being served at the facility. -She would send via facsimile information requested for the last client served in the facility. Review on 5/29/18 of information received via facsimile on 5/29/18 revealed: -Client admitted 8/4/17. -Client was admitted for assistance with medications and helping him find his family. -Client was discharged 8/25/17. The reason was the client was upset with not being able to locate his family and requested to go back to his previous home. -Condition at discharge was unchanged.	V 000		