

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/20/2018
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NAME OF PROVIDER OR SUPPLIER HARLEE MAC GROUP HOME - I	STREET ADDRESS, CITY, STATE, ZIP CODE 1752 ELIZABETH DRIVE KINSTON, NC 28501
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 20, 2018. 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>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/19/18 at approximately 9:45am revealed:</p> <ul style="list-style-type: none"> - The back storm door had a broken plexiglass window. - Two kitchen cabinet doors were off the hinges and one kitchen cabinet door was propped against cabinet. The paint was worn off the surface on multiple areas of the cabinets. - The paint on kitchen ceiling was peeling in multiple places. - The fabric was worn off the surface of the left arm rest of the love seat in the living room. - There were thick layers of dust on the window sills of client #2 and client #3's rooms. - There was a hole approximately 6 inches in length on closet door in client #5's room. 	V 736		

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

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - There was a loose door handle in 1st hall bathroom. - The paint in client #4's room was peeling from ceiling. <p>During interview on 07/19/18 staff #1 stated:</p> <ul style="list-style-type: none"> - He had no questions regarding facility items discussed at exit of the survey. <p>During interview on 07/19/18 Licensee stated:</p> <ul style="list-style-type: none"> - She recently had a new stove put in the facility and a cabinet door had to be removed. - She was aware of maintenance concerns and stated concerns are being addressed. 	V 736		