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 _____	10/09/2018

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 10/5/18, 10/8/18, and 10/9/18. According to the Licensee's mother, there were no clients being served at the facility. She did not know the last time clients were served at the facility. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. Observations on 10/5/18 at 2:10 pm of the facility exterior revealed: -No vehicles on site. -Cob webs around front door. -Paint on facial boards, under car port, and back porch discolored, gray. -Porch: Screens were not in place; bench seat cushion lying on cement floor, metal can turned over onto floor, blinds fallen down over chair. -Broken chain link fence in back. -No one answered front or back doors. Telephone call on 10/5/18 the Director stated: -She was the person listed on the license as the Director. -She did not know if any clients were being served at the facility. -She would contact the Licensee and have her return a call to the surveyor. Telephone call on 10/5/18 the Licensee's mother stated: -There were no clients being served at the facility. -She did not have information about the last client served. -The Licensee was out of town at the current time. -She would have the Licensee call the surveyor to provide information needed regarding the last	V 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	Continued From page 1 client served. Telephone call on 10/8/18 the Director stated: -Licensee was not available. -She would contact the Licensee and have her call the surveyor to provide information needed regarding the last client served. . Telephone call made 10/9/18 at 2:28 pm to same number answered by the Director on 10/5/18 and 10/8/18. Voice mail message left to have the Licensee return call to surveyor by 4:00 pm on 10/9/18. No calls received from Licensee between 10/5/18 and 10/9/18. Unable to determine dates last client had been served in the facility.	V 000		