

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2019
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NAME OF PROVIDER OR SUPPLIER HARLEE MAC GROUP HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 2226 MEMORY STREET FAYETTEVILLE, NC 28304
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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 05/21/19. A deficiency was 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 (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 observations and interviews, the licensee failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 05/10/19 at approximately 9:50am of the facility revealed:</p> <ul style="list-style-type: none"> -Kitchen chairs with stained fabric covered seats. -Approximately 4 by 5 foot section of the kitchen wall next to the sliding door had not been painted to match the rest of the walls in the room. -Several broken and cracked tiles throughout the kitchen. -2 of the vertical slats were not the same size of the others covering the sliding glass doors. -The front door of the facility was peeling paint and wood. -The dishwasher in the kitchen was covered by a white plastic bag and duck tape. 	V 736		

Division of Health Service Regulation 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"> -The bathroom in the kitchen area had broken tile around the toilet. -Carpet rips and tears on the stairs leading to the bottom level of the home. -The carpet was soiled in Client #2's bedroom. -A patched and unpainted area behind client #3's bed. -The table in the bedroom had a drawer laying on the floor. -A patched and unpainted area above the window in client #3's bedroom. -Client #4's bedroom had a strong odor of urine. -The floor vent in client #4's bedroom was cracked and broken. -The carpet in client #4's bedroom was soiled and dirty. -Client #1's bedroom downstairs door was peeling wood and paint. <p>During interview on 05/21/19 the Licensee stated she would continue to repair the items in the home.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		