PRINTED: 11/04/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		MHL092-899	B. WING		10/1	4/2019				
					10/1	4/2013				
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
HARRISON HOMES 2609 FERNBROOK ROAD RALEIGH, NC 27610										
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE					
V 000	INITIAL COMMENTS		V 000							
	An Annual Survey v 2019. A deficiency v	vas completed October 14, was cited.								
		sed for the following service C 27G 5600A Supervised h Mental Illness								
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736							
	EXTERIOR REQUI (c) Each facility and maintained in a safe	103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive								
	governing body faci	et as evidenced by: and observation, the ility failed to maintain the , attractive manner. The								
	following: -Living room: C moved when in ope -Deck: missing fencing around dec along deck, in need	spindles on the railings, lattice k unsecured, nails exposed								
	she: -Would bring th	10/04/19, staff #1 reported e issues with the deck, ceiling and property to the attention of the group home								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED					
i .		MHL092-899	B. WING		10/1	4/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
HARRISON HOMES 2609 FERNBROOK ROAD RALEIGH, NC 27610											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE COMPLE THE APPROPRIATE DATE						
V 736	•	ed the concerns with deck,	V 736								

6899

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