AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL026-956	B. WING			11/09/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE			
HARLEE	MAC GROUP HOME		MORY STREE EVILLE, NC 28				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF	CORRECTION	RRECTION (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on November 9, 2021. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
V 736	27G .0303(c) Facil	ity and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive					
	Based on observat licensee failed to m	et as evidenced by: ions and interviews, the naintain the facility in a safe, d orderly manner. The findings	3				
	 9:38am revealed: The kitchen floor and loose tiles. The dishwasher h The carpet on the soiled and stained. The bathroom up holder missing and the wall. The wall a dark substance on 	nad dark stains on the carpet					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-956			CONSTRUCTION		(X3) DATE SURVEY COMPLETED R 11/09/2021		
		IDENTIFICATION NOWIDER.	A. BUILDING:				
		B. WING					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
IARLEE	MAC GROUP HOME	111	MORY STREE				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
V 736	Continued From page 1		V 736				
	dresser. The carpe unpainted repaired approximately 12 ir - Client #2's bedroo surfaces and a bro - The living room ca stains. The ceiling - The carpet on the torn. - The linoleum dow surface. - Client #1's bedroo ceiling fan light. - The blind near the vertical slats missin Interview on 11/09/ - She had a contract repair the tiles in th carpet in the facility This deficiency has	om had soiled and dark ken floor vent. arpet had dark spots and fan had dusty blades. e steps going downstairs was instairs had red stains on the om floor had split linoleum. om had a globe missing off the dining room table had 10 ng. 21 the Licensee stated: purchased the facility. ctor which had planned to e kitchen and replace the					

R1Z511