

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/20/2022 |
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| NAME OF PROVIDER OR SUPPLIER HARMONY HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334 |
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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>A complaint survey was completed on 7/18/22. The complaints were substantiated (intake #NC 00189498 & #NC 00189534). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for six licensed beds and currently has a census of five. The survey sample consisted of audits of one current clients.</p> | V 000 | | |
| V 541 | <p>27F .0104 Client Rights - Stor. & Protect of Cloth/Poss</p> <p>10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS</p> <p>Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of one client's personal clothing and possessions were protected from loss and misplacement. The findings are:</p> <p>Review on 7/6/22 client #3's record revealed: -Admission Date: 2/4/13 -Diagnoses : Moderate Intellectual</p> | V 541 | | |

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

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| V 541 | <p>Continued From page 1</p> <p>Developmental Disability, Cerebral Palsy, Deafness, Epilepsy -No clothing inventory list present</p> <p>During interview on 7/13/22, the Director of Quality Management stated: -The inventory list was going to be initiated this week. - Had an inventory list but unable to locate the sheet.</p> | V 541 | | |