

Division of Health Service Regulation

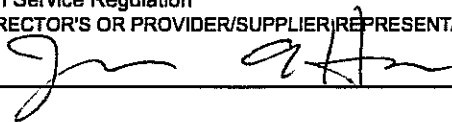
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2022
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NAME OF PROVIDER OR SUPPLIER HARMONY 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
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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	<p>The facility will ensure for all clients that personal possessions and any clothing are protected from loss or misplacement. The facility will begin implementation of a clothing inventory sheet to address the status of clothing and to track accordingly.</p>	
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	<p>For client #3, QP has made contact with the guardian concerning clothing inventory to be conducted during her onsite visit to the group home. A clothing inventory sheet will be completed with the guardian and staff signature. The QP will resolve with the mother any discrepancies.</p> <p>Staff will complete clothing inventory sheets on all clients at least annually or as needed. The clothing inventory sheet will be updated for additions or discarded clothing.</p> <p>The QP will monitor the clothing and inventory sheets monthly for all clients in the home.</p>	<p>9-18-22</p> <p>9-18-22</p>

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



TITLE

Quality Management Director

(X6) DATE

8/5/22

RECEIVED

Division of Health Service Regulation

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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		
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**Victor
& ASSOCIATES INC.**

Provider of MH/DD/SA Services

1600 South Third St. , Sanford, NC 27330 Tel: (919)718-4988 Fax: (919)718-4990

Fax

To: Keisha Douglas **From:** James Hayes

Fax: 919-715-8078 **Pages:** including Fax Sheet

Phone: 919-855-3795 **Date:** 8-5-22

Re: POC-Harmony **CC:**

Urgent For Review Please Comment Please Reply Please Recycle

• Comments: If you have any questions or concerns, please feel free to contact me at (919)718-4988. Thanks!

The formatt was off on the original document, so I had to print.
 JA



August 5, 2022

Ms. Keisha N. Douglas
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Complaint survey completed July 20, 2022
Harmony Home
808 North McKay Avenue
Dunn, NC 28334
MHL#043-075
Intake #NC00189498 and NC00189534

Dear Ms. Douglas,

See attached hard copy of the plan of correction (POC) for the Harmony Home's complaint survey completed 7/20/22. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,
James Harris, Director Quality Management