STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					R	
		MHL036-347	B. WING		1	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
HARMON	NY HOUSE		TY STREET IIA, NC 2805	4		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	000 INITIAL COMMENTS		V 000			
	completed on 3/2/2 substantiated (intak #NC00197826, #NO were cited.	nt and follow up survey was 3. The complaints were ses #NC00197293, C00197856). Deficiencies				
		C 27G .1700 Residential				
		sed for 3 and currently has a urvey sample consisted of clients.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be a paraprofessionals. (b) Paraprofession associate profession	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an nal or by a qualified scified in Rule .0104 of this				
	(c) Paraprofessions knowledge, skills ar population served. (d) At such time as employment system then qualified professionals shall (e) Competence shexhibiting core skills (1) technical knowledge.	edge;	,			
	(2) cultural awaren(3) analytical skills;(4) decision-makin					

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

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
					R		
		MHL036-347	B. WING		03/0	2/2023	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HARMO	NY HOUSE		Y STREET IA, NC 28054	4			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 110	(5) interpersonal s (6) communication (7) clinical skills. (f) The governing to develop and impler for the initiation of the plan upon hiring eather than the control of th	kills; skills; and body for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.	V 110				
	demonstrate the kn required by the pop are: Findings #1: Review on 2/1/23 o - Hire date 10/26/22	(staff #1, #7) failed to nowledge, skills, and abilities oulation served. The findings of staff #7's record revealed: 2 upport Professional					
	Review on 2/6/23 or client #1, #2, #3 on - Staff #6 recorded staff #7 and client # - Staff #7 yelling at your room, stay out do with you, go in you haven't been he your room (clapping I'm tired of looking your face, bye, I do	f audio of staff #7 talking to 1/25/23 revealed: 50 minutes of audio between					

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL036-347	B. WING		03/02/2023	
			1		1 00/0	2/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMOI	NY HOUSE	600 BETT	Y STREET			
11741411101	11110002	GASTONI	A, NC 28054	1		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
V 110	Continued From pa	ge 2	V 110			
	background;					
		ank you, have you looked at				
		or, have you looked at yourself				
	in the mirror.";	or, mave you looked at yoursen				
		te "I know I'm beautiful, you				
	mad, you mad.";	· •				
		iff #6 "you ok, do they act like				
	this all the time.";	•				
		ey good kids, they really is, I				
		hey is, I don't, I don't know				
		n trying to stay out of it, I don't				
	know what is going					
	- Staff #7 stated "th	• · · · · · · · · · · · · · · · · · · ·				
		omment about staff not				
	knowing when to sh					
	- Staff #7 stated "O					
	- A client is heard s					
	- Staff #7 stated "I o	· ·				
	going to get in troub	tating "that's why you are				
		irl howma get in trouble,				
	howma get in troub					
		tating "you'll find out.";				
		ou hit me, [client #3] hit me;				
	- Heard a client say					
		lient #3] hit me, [client #3] did				
	hit me, [client #3] h					
		"but then you said I hit you.";				
	- Staff #7 stated "It	don't matter [client #3] hands				
	were on me.";					
	- Heard a client say	no one hit you bruh.";				
		d clients go back and forth				
		(some of the comments were				
		yone talking at the same				
	time);					
		rl no it wasn't hush, I'm tired of				
	talking to you.";					
		s "figure out what you want to				
	be in life then talk to					
	- neard stait #/ and	d clients go back and forth				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	,
		MUI 026 247	B. WING		R 03/02/2023	
		MHL036-347	B: Wiite		03/0	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		600 BETT	Y STREET			
HARMON	NY HOUSE		A, NC 28054	1		
			A, NC 2003-			
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
17.0		,	1710	DEFICIENCY)		
V 110	Continued From pa	ge 3	V 110			
	about being in each	others personal space;				
		at a client was "right now your				
		s at me and I feel threatened				
		, I feel threaten with your				
		reaten you could possibly				
		e, please put your hands				
		er, it don't matter, ooh, is that				
	the police.";					
		te comments "I hope so, no,				
	ain't no police, I hop					
		ell they going to take you, they				
	taking you.";					
		te comments "they going to				
		to take us to a little place, I				
	don't want to stay h					
	- Staff #7 told client	s "Well if you don't want to				
	stay here, leave the	e door is opened, walk walk, I				
	said go head, the h	ospital will find you, go you				
	can stay at the hosp	pital for a couple of days.";				
	- Heard clients state	e "I'm good.";				
	- Heard clients and	staff start to cheer and clap				
	hands because the	y hear sirens.				
	- Staff #7 stated "I'r	n so happy."				
	- Heard a client say	"yeah because he said				
	somebody tried to d	cut his throat open, ain't				
	nobody hurt bruh."					
	- Staff #7 stated "th	is is good, this is good, I don't				
		ing because y'all are not				
		til the police come in here.				
		ne in here to speak to y'all, the				
	•	e in here and speak to y'all,				
		me in here and speak y'all are				
		. It's that simple, Ok, when				
		will let you know but you won't				
	be coming out."	year wat year				
		ed "what are you going to do,				
	move me, you going					
		rd talking in the back ground				
		ig, I have nothing to say no				
		dow." (unclear exactly what is				
	more, open me win	dow. (unclear exactly what is				

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					-	,
		MIII 026 247	B. WING		F	
		MHL036-347	D: 111110		03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			Y STREET	,		
HARMOI	NY HOUSE			-		
		GASTONI	A, NC 28054	1		
(X4) ID	-	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORI OR E	OCIDENTII TIIVO INI ORIVIATION)	TAG	DEFICIENCY)	INAIL	27.11.2
				,		
V 110	Continued From pa	ge 4	V 110			
	being said by the cl					
		you going to jump out the				
		his, I love that you are jumping				
		eat let me call and report this.";				
		making comments while staff				
		e said they were jumping out				
		e a F*****g loser, what the				
		p lying, you're lying keep lying,				
	you're lying."					
	- Staff #7 stated "[C	Client #3] it don't have anything				
	to do with you, shut	up, like lord shut up, you				
	always butting into	something that don't have				
	anything to do with	you, like I don't care, shut up				
	you run your mouth	too much, no, if you shut up				
		f you shut up I will shut up,				
		shut up then I will shut up,				
		ng, you run your mouth too				
	much, shut up.";	3. 3				
		te "you said the most", then				
		said the most, you put your				
	hands on me.";	cana and most, you par you.				
		te "look at him rethinking his				
	bad decisions.";	to look at this forming the				
		n not rethinking anything, I				
		decisions, oh let me erase				
	this.";	decisions, on let me crase				
		just called me a racist.";				
	- Staff #7 stated "yo					
		ng about the incident to				
	themselves;	ig about the including to				
		hanks for putting your hands				
	on me though.";	ianks for putting your names				
		te "no problem, go ahead and				
	keep lying, thanks f - Staff #7 replied "y					
		te "he said you welcome				
		he is lying." (other comments				
		ut unclear to everything being				
	said);					
	- Staff #/ stated "Yo	ou did put your hands on me,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 . 27.1. 0. 00.1.			A. BUILDING:			
		MHL036-347	B. WING		I	R 02/2023
NAME OF PROVIDE	R OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMONY HOLL	e=	600 BETT	Y STREET			
HARMONY HOU	3E	GASTONI	A, NC 28054	l .		
	ACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 110 Contir	nued From pa	nge 5	V 110			
So you you di - Clier - Staff hands - Hear - Staff bruise - Hear , he to the ph - Staff talking - A clie space - Staff talking - A clie gener it's kin - Staff (repeame."; - Clier comm saying - Staff in my - The staff # threat - A clie - Staff me eit - A clie chang staff # distan	dn't put your int stated "I did #7 "oh wow in hit me." ind a client ask #7 stated "jus don't mean ind a client stated my shone, and your #7 replied "not any's, the photent stated "but"; if #7 then stated "wall, don't no on a da aggravation in the stated "water this 5 times (unclear your family) in the stated "your family heart." audio was a left and clients ening of each ent stated "your family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated that is a clothes, the family family in the stated in th	our hands on me [client #3], so hands on me [client #3]."; d not."; you are a liar, you did, your seed about where is the bruise; set because there are no you didn't touch me."; te "he didn't touch you for real oulder while you tried to grab was in my personal space."; to I was not, the phone is the one is the company's."; at you were in my personal ed "[Client #1] why are you are you talking to me."; thy are you speaking in the want to hear your mouth, ang." hy are you talking to me thes), like why are you talking to me are you talking to me are you talking to me the your mouth, and staff #7 a loser, and making or exactly what they were all know y'all don't put no fear ittle hard to understand as discussed fear and	V 110			

Division of Health Service Regulation

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Division of Health Service Regulation				Т		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AIND ELAIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	
					F	۱ ا
		MHL036-347	B. WING		03/02/2023	
					1 00.0	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HARMON	NY HOUSE		Y STREET			
		GASTONIA	A, NC 28054	4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORT OR E	3C IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	INAIL	57112
V 110	Continued From pa	ge 6	V 110			
	comments about vo	ou can look at camera to see				
		ents are talking about being				
		cuffs, singing songs with cuss				
		nguage, discussing the				
		ppened with staff #7;				
	•	ents make comments about				
		fend to be here tonight,				
	0 0 ,	g to jail, apparently, apparently				
		ou too [client #2], I'm not going				
	to jail.";	1, 3,				
		ed "h**I they minus well take				
	me too."'	,				
	- A client replied "rig	ght, right, you heard that, you				
		s, you going to stand for us."				
	- Whispering takes	place (staff #6 and clients);				
	- Staff #6 stated "do	on't say nothing, don't let him				
	know I'm recording					
		ying and clients talking;				
		there he is, he back.";				
		ick into the home while clients				
		ic with profanity and vulgar				
	language;					
		need this off, I need this song				
		eatening to shoot me."; o now y'all are threatening to				
	shoot me."	o now yan are uneatening to				
		staff go back and forth				
		of the song, clients continued				
		, then another song came on;				
		ow, so now y'all want to fight."				
		play with profanity and vulgar				
	language as clients					
		in y'all turn that off, can y'all				
	turn that off.";	, , , ,				
	- A client stated "wh	at";				
	- Staff replied "can					
		because you were steady				
	trying to say some					
	- Staff #7 stated "ol	so now I'm going to have to				
		I'm calling the police.";				

Division of Health Service Regulation

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Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL036-347	B. WING		R 03/02/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			Y STREET	77711 2, 211 3352		
HARMOI	NY HOUSE	GASTONI	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 7	V 110			
V 110	- Client replied "you - Staff #7 "I'm callin - Client replied "You - Staff #7 "I'm callin - A client replied "you - Staff #7 stated "I'm - A client replied "you - Staff #7 stated "tu the police."; - A client replied "you didn't ask, so why would - Staff #7 stated "I'm you talking to me, to calling the cops."; - Clients continued to inquire about din - Staff #7 asked Staren - Staff #7 stated "or - Staff #7 stated "or - Staff #7 replied "or - Staff #7 replied "I'm care." - Staff #7 replied "I'm care." - Staff #7 replied "I'm - A client stated "a I - Staff #7 replied "I'm - A client replied "a want to cook us din - Staff stated "so no - Heard a client say cook us dinner.";	wanna call the police now."; g the police."; d didn't ask."; g the police."; bu didn't ask."; m calling the police."; bu didn't ask."; rn the music off or I'm calling bu didn't ask, call them, you we going to."; don't want to talk to you, why urn the music off, ok I'm to listen to music, then started ner; aff #6 "you cooking dinner?"; h yeah I can."; k."; ted "now they want to do want to say something."; m not making it, so I don't #6 "you can go ahead and te "yeah, exactly because this want to make s**t."; Oh you said I'm what."; azy bum."; m a what."; lazy bum."; m a lazy what."; lazy bum, cause you didn't	VIII			
	- A client stated "no	w you want to act innocent."; I to state "but you are here, but				

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Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		MUI 026 247	B. WING			
		MHL036-347	D: W		03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		600 BETT	Y STREET			
HARMO	NY HOUSE		A, NC 28054	1		
	OUR MAA DV OTA				~~	
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
		ŕ		DEFICIENCY)		
	0 " 1=		1/ 1/0			
V 110	Continued From pa	ge 8	V 110			
	vou are here but l'r	n a bum, Next, [client #3] I'm				
		why are you talking to me.";				
		nued to play music with vulgar				
		nity as they sung the lyrics;				
		elling "come on cops,				
	(repeated 6 times).	· ·				
		aying "man shut your scary				
		ou" unable to hear the last				
		e to staff #7 started to yell				
		ne on cops, I'm scary, I'm				
	scary.";					
		p play music with profanity and				
		they sung the lyrics;				
		as playing Staff #7 sung one of				
		∕e a F**k tomorrow."				
	- Staff #7 stated "I'r	n hood, I'm ghetto, whoo,				
	whoo whoo.";					
	- Clients continue to	o listen to music and sings the				
	lyrics;	_				
	- Staff #7 stated "th	ey coming.";				
	- Staff #7 stated "of	n now everybody scared				
	because the cops a	are about to be here.";				
	- Heard a client say	ain't nobody scared.";				
	- Staff #7 replied "n	ow y'all scared oh you scared,				
	y'all scared the cop	s are coming, oh y'all scared,				
		all that mouth but scared, you				
		, you scared, you really scared				
	"	, , , , ,				
	- Heard clients state	e "we're waiting." (other				
		ade but they were unclear, as				
		at the same time staff #7 was				
	talking);	and dame and dam in was				
		ets see what crazy meds				
	(medications) you to					
	- A client replied "yo					
	- Staff #7 stated "D					
	- Staff #7 stated "D	· · · · · · · · · · · · · · · · · · ·				
		says I'm crazy, I know my				
		making comments about their				
	medications but the	comments are unclear)				

Division of Health Service Regulation

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					-	,
			B. WING		F	
		MHL036-347	B. WING		03/0	2/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TV IIVIL OI	TROVIDER OR GOLT EIER			517(12, 211 GGBE		
HARMO	NY HOUSE		Y STREET	_		
		GASTONI	A, NC 28054	4		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				22. 10.2.101)		
V 110	Continued From pa	ae 9	V 110			
	-					
		to listen to music with				
	profanity and vulga	r language while singing the				
	lyrics					
	-Heard a client mer	ntion the ambulance and the				
	door opened, client	s were heard making				
	comments about S	taff #7 outside acting like he is				
		ued to make comments about				
	staff #7 Iving and a	cting like he was hurt. A police				
		door and asked who was all in				
		ts informed her it was only 3				
		the home. The clients asked				
		ould come outside and speak				
		near staff #7 come back into				
		with staff #6 and talk on the				
	telephone. The aud					
	tolophone. The add	ilo crias.				
	Interview on 1/26/2	3 with client #1 revealed:				
		ou wouldn't be here if your				
	parents actually lov					
		our faces and was yelling at				
	us.";	etal alamana di La				
		vish y'all all would go				
		out leave), no one is going to				
	call the cops.";					
		was afraid of the clients				
	because they are o					
		call someone to come to the				
	home to de-escalat	· · · · · · · · · · · · · · · · · · ·				
		lient #1 was going to hit him;				
		kitchen with the telephone to				
	make a call;					
	- Staff #7 reached of	over client #1 to take the				
	phone;					
	- Client #3 reached	over client #1's shoulder to				
	block staff #7 from	taking the telephone from				
	client #1;	•				
		ent #3 hit him when he pulled				
		grabbing the telephone from				
		and rubbed against client #3's				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-347	B. WING		R 03/02/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			Y STREET	77.11.2, 21. 3352		
HARMON	NY HOUSE	GASTONI	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 10	V 110			
	hand; - Staff #7 called the - Staff #7 pretended police arrived at the - Staff #7 hit and so would have marks o - The police and twe home; - Staff #7 was chece Medical Services (E - Staff #7 left the gr the police and EMS Interview on 1/26/22 - Staff #7 argued wi - Client #1 attempted the crisis line due to clients; - Client #1 got the p #7; - Staff #7 looked at turned around and #3; - Staff #7 told client no one would call th - Staff #7 attempted client #1's hand; - Staff #7 stated clie when he was trying #1; - Staff #7 stated he charges on client #3 - Staff #7 went outs police for about 4 m are trying to slit my - The police came a - Staff #7 walked of	a police to the home; It his hand was hurt when the It home; It hand; It and the bon his hand; It ambulances came to the It was calling the police to press It and "faked calling the ninutes", stating "these kids throat." It is police left. It his hand; It his hand; It hand; It hand the man and the police to press It hand the police to press It has a police to press the police and the police left.				
	- Staff #7 walked of Interview on 1/26/23					

DIVISION	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL036-347	B. WING		03/02/2023	
					1 00/0	2/2020
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HARMON	NY HOUSE		Y STREET			
		GASTONI	A, NC 28054	4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATOR OR E	oo ibentii Tiivo iivi orviiivi Tiovi	TAG	DEFICIENCY)	TUTUL	
1/ // 0	0 " 15		1110			
V 110	Continued From pa	ge 11	V 110			
	kitchen clapping his	s hands" while arguing with				
	client #1, #2 and #3					
	- "I gently blocked h	nis(staff #7) hand from				
	grabbing the phone					
		elling for client #1, #2 and #3 to				
	go AWOL, " no one					
		house manager and was				
	instructed to take "c					
		#1, #2 and #3 "y'all going to				
	y'all going to be in c	ome to sleep peacefully, while				
		d to call the police and state				
	"we threaten to cut					
		music and started being				
	"ratchet"	madic and clarted being				
		nments to clients, "that's why				
		nome and no one love you."				
	- The police came t	o the home;				
	- Client #1, #2 and	#3 talked with the police;				
		ed the audio she recorded of				
	staff #7's behavior t					
	- Staff #7 left the gr	oup home.				
	l-t					
		with staff #7 revealed:				
	clients were a little	val to the group home the				
		cussing due to not wanting to				
	participate in the the					
		#3 about her actions;				
		errupted the conversation				
	between staff #7 ar					
	- Attempted to redir					
		ırned on "inappropriate				
	•	f the music"due to the lyrics;				
		to be argumentative;				
	- Client #1 snatched					
		ed my arm really tight", when				
	trying to get the pho					
		o the home and spoke with				
	everyone that was i	n tne nome;				

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Division	of Health Service Re	gulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL036-347	B. WING		R 03/02/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			Y STREET	,		
HARMON	NY HOUSE	GASTONI	A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 12	V 110			
	- Left the group hoi - Staff #6 did not pri #7 to de-escalate the - "The clients made was crazy and my ring not the one taking a - Never told clients them. Interview on 2/9/23 Professional #2 revients."; - Staff #7 was "inapclients."; - Staff #7 "antagoni. 1/25/23; - Planned to meet with the staff #7 to the staff was "inapclients.";	ovide any assistance to staff ne situation comments to me stating that I response to them was that I'm any meds." that their parents don't love with the Licensee/Qualified				
	- Hire date 12/10/22 - Job title: Direct Su Review on 1/25/23 Investigation Repor - Report was invest Manager; - Client #2, #3 and linterviewed; - Staff #1 was interv - Identify disciplinar placed on off-trust f staff member (staff the [facility] location -Investigation Sumr Manager, held a me allegations of her al	of the facility's Internal t dated 1/3/23 revealed: igated by the Group Home Former Client (FC#4) were				

PRINTED: 03/05/2023 FORM APPROVED

Division	of Health Service Re	gulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 03/02/2023	
		MHL036-347	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HARMONY HOUSE		Y STREET A, NC 28054	1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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 110	Continued From page 13		V 110			
	stated that the client could purchase may stated she was taked asked this as it was asked this allegations of [staff smoke marijuana at to this allegation. The unsubstantiated due that she lied and prostaff member [staff denied their request the shift. [Staff #1] is clients asked the nemarijuana when the redirected immedia #2] were talked to the thing asked the redirected immedia #2] were talked to the thing asked the redirected immedia #2] were talked to the thing asked the tredirected immedia #2] were talked to the same street marijuana. They state (marijuana) behind facility. The clients (marijuana) behind facility. The clients allegations with state that Clients [FC#4, client on Tuesday Januar following managem allegations, the clients school, drug tested All test (drug screen - Summarize the International the collected asked this could be the state of the st	tions. In the meeting [staff #1] ats asked multiple times if she rijuana for them. [Staff #1] an back when the clients completely inappropriate. [FC at [staff #3] let them smoke pulate the situation. There were will allow the clients to pproximately two weeks prior hese allegations were at to [FC #4] admitting to staff occeeded to apologize to the will allow the staff occeeded to apologize to the will allow the staff was any sey went walking, but staff tely. When [FC #4 and client hey all stated that [staff #1] do hat meet them at the store as the facility to purchase ated that they all smoked it the store and returned to the stories were consistent with will allow the stories were consistent with will allow they held the interview, the staff member did do so. It was and will were drug tested by 3rd 2023. Immediately went being made aware of the onts were checked out of and brought back to school. In were negative for THC." vestigation findings: "All clients of and were unable to the story."				

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- Client #2, #3 and FC #4 were talking about

Division	of Health Service Re	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		MHL036-347	B. WING		1	2/2023
			<u>I</u>		1 00/0	LILULU
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
НАРМО В	NY HOUSE	600 BETT	Y STREET			
TIAKWO	41 11003L	GASTONI	A, NC 28054	ı		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DAIL
			V 110	,		
V 110	Continued From pa	Continued From page 14				
	vaning on 1/1/22:					
	vaping on 1/1/23;	mission to purchase a vape				
	from a neighbor;	mission to purchase a vape				
		s #2, #3 and FC#4 to ask the				
	neighbor about pure					
		contact her "drug dealer";				
	 - staff #1 drove client #2, #3 and FC #4 to the local park to purchase the marijuana; - Staff #1 placed the marijuana in her bra; - Staff #1 walked with clients #2, #3 and FC #4 up 					
		group home, behind a building				
	to smoke the mariju					
	- "We were drug so					
	- Drug screen came					
	- "They got the test					
		mething and it stated we were				
	all making up allega					
	a					
	Interview on 1/24/23	3 with client #3 revealed:				
	- Staff #1 allowed C	Client #2, #3 and FC #4 to ask				
	a neighbor for a var					
		the clients that she would not				
	say anything about	the vape;				
		pay the neighbor 5 dollars for				
	marijuana for client	#2, #3 and FC #4;				
		the clients she had someone				
	she can purchase t					
		ent #2, #3 and FC #4 to local				
	park to purchase th					
		guy for the marijuana;				
		the street and went behind a				
	building to smoke the					
		out a cigar, put the marijuana				
		ed it for "us" to smoke;				
	- "We all smoked it					
	- Staff gave "us" a					
		test and it came back				
	negative, I'm not su	re about what the others did."				

Interview on 2/7/23 with Former Client #4

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						,
		MHL036-347	B. WING		R 03/02/2023	
		WITE030-347			03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		600 BETT	Y STREET			
HARMONY HOUSE GASTON		A, NC 28054	1			
(V4) ID	SHIMMARV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 110	Continued From pa	ge 15	V 110			
• 110	Continued i form pu	90 10				
	revealed:					
		nt #2, #3 and FC #4 marijuana				
	and they smoked it					
	- Client #2, #3 and	FC #4 was given a vape from				
	a neighbor;					
		ent #2, #3 and FC #4 to ask				
	neighbor about mar	•				
		naving any marijuana;				
	- Staff #1 called a guy she knew to purchase					
	marijuana;					
		ent #2, #3 and FC #4 to the				
	park to purchase th					
		store with client #2, #3 and				
	staff #1 to smoke th					
		smoking the marijuana;				
	, , ,	lrug test, but it came back				
	negative."					
		3 with staff #1 revealed:				
		n client #2, #3 and FC #4 on				
	1/1/23;					
		FC #4 asked about marijuana				
		e street with staff #1;				
		t made them ask that."				
		on has been messed up."				
		ng it (thoughts about the				
		se it's not true, and I try not to				
	think about it."					
	- "I nave a son and	I'm not trying to lose my child."				
	Intension on 0/4/00	with former staff #0				
		with former staff #8 revealed:				
		estigation about the incident				
		#1 and client #2, #3 and FC				
	#4;	no to follow through an all of				
		ne to follow through on all of				
		, #3 and FC #4 provided about				
	the incident on 1/1/2					
		FC #4 asked the neighbor for				
	a vape and he gave					
	- Staπ #1 took clien	t #2, #3 and FC #4 to the park				

Division of Health Service Regulation

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					-	,
			B. WING		F	
		MHL036-347	B. WING		03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
HARMOI	NY HOUSE		Y STREET			
		GASTONI	A, NC 28054	1		
(X4) ID	-	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
V 110	Continued From pa	ge 16	V 110			
	-					
	to purchase the ma					
		t #2, #3 and FC #4 drove back				
		ıp the street to smoke the				
	marijuana;					
	- Staff #1 and client	t #2, #3 and FC #4 went				
	behind an old loadii	ng dock with a big dumpster				
	and smoked the ma	arijuana;				
	- Staff #1 sprayed e	everyone down with Lysol				
	when they were do	ne smoking the marijuana;				
	- FC #4 was really high and acting out of it;					
	- Informed the Licensee/Qualified Professional #2					
	of the information of	athered and nothing was				
		ep sweeping it under the rug.";				
		d Professional #2 stated that				
	· ·	cusations all the time.				
	and gine make det	sacatione all the time.				
	Interview on 2/3/23	with client #2's therapist				
	revealed:	With Short #20 thorapiot				
		#2 had access to substances				
	while at group hom					
		ccasions when client #2 had a				
	vape while in the gr					
		t her that she had marijuana				
	then client #2 recar	nat staff #1 took them to the				
	corner store to smo	• •				
		ent #2 stated they smoked the				
	marijuana in the ne					
		ed her about the changes in				
		nt #20 then stated that it didn't				
	happen.";	5.1 / 1 / 10. //0				
	_	nfidence, they (client #2, #3				
		nally wanted to get that staff				
	member fired beca	use she was stern with them."				
		3 and 2/9/23 with the				
	Licensee/Qualified	Professional #2 revealed:				
	- Staff #1 denied th	e allegations of smoking				
	marijuana with clier	nt #2, #3 and FC #4;				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL036-347	B. WING			2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMO	NY HOUSE		Y STREET A, NC 28054	ı		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 110	Continued From pa	ge 17	V 110			
	allegations of staff at client #2, #3 And F0 - Staff #1 was not d allegations of smok	lrug screened due to ling marijuana with clients; nger allowed to work at facility				
	Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed:					
	"What immediate action will the facility take to ensure the safety of the consumers in your care? [Staff #7] will be retrained in NCI(Nonviolent Crisis Intervention) training as well as verbal de-escalation training on 2/16/2023 to properly teach staff how to communicate with clients when they are in crisis.					
	to maintain in his fil	re a written disciplinary action e. A meeting will be held with 023 to address the audio.				
	agency] effective 1/	terminated from [Licensee /30/23 due to the allegations egarding substance abuse.				
	happens. [Director] will particle on 2/10/2023. [Director] de-escalation training attendees. [Director] [Staff #7] on 02/10/2	clients with Post Traumatic				
	Disorder and Major	sruptive Mood Dysregulation Depressive Disorder. On led and argued back and forth				

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL036-347	B. WING			2/2023
		<u>I</u>			1 00/0	2/2020
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HARMON	HARMONY HOUSE 600 BET					
		GASTONI	A, NC 28054	I		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	THE COLD WORLD ON E		IAG	DEFICIENCY)	1 (I) (I) L	
V 440	0 " 15) / 440			
V 110	Continued From pa	ge 18	V 110			
	with client #1, #2 ar	nd #3. Staff #7 used profanity				
		s. At times when things were a				
	little calm, Staff #7	would make a comment to the				
		ould escalate all over again.				
		e to display appropriate				
		ills as he continued to engage				
	<u> </u>	clients instead of attempting to				
		uation. After hours of this				
	behavior, Staff #7 left the home without a					
	replacement in place on his shift. On 1/1/23, Staff #1 allowed client #2, #3 and FC					
	•	· · · · · · · · · · · · · · · · · · ·				
		neighbor and obtain a vape. a drug dealer and met him in a				
		ase marijuana for the clients.				
		#2, #3 and FC #4 walked up				
		group home and smoked the				
		showed she was unable to				
		ns by purchasing an illegal				
		wing the clients to use illegal				
	substances. This d	leficiency constitutes a Type B				
	rule violation which	is detrimental to the health,				
	safety and welfare					
		on is not corrected within 45				
	_	tive penalty of \$200.00 per				
	,	I for each day the facility is out				
	of compliance beyo	and the 45th day.				
V 293	27G .1701 Residen	tial Tx. Child/Adol - Scope	V 293			
	10A NCAC 27G .17	'01 SCOPE				
		eatment staff secure facility for				
	children or adolesc					
		ential facility that provides				
		erapeutic treatment and				
		a system of care approach. It				
		nary residence of an individual				
	who is not a client of					
		eans staff are required to be				
		sleep hours and supervision				

	of Health Service Re		1		 	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		OOMI ELTEB	
					R	₹
		MHL036-347	B. WING		03/0	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF T	NOVIDER OR GOLL ELER		Y STREET	517(12, 211 OOBE		
HARMON	NY HOUSE		A, NC 28054	4		
			1			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 293	Continued From pa	ne 19	V 293			
00	·					
		as set forth in Rule .1704 of				
	this Section.					
		served shall be children or				
		ave a primary diagnosis of				
		tional disturbance or disorders; and may also have				
	co-occurring disorders including developmental disabilities. These children or adolescents shall					
	not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall					
	require the following					
		rom home to a				
	community-based r	esidential setting in order to				
	facilitate treatment;					
		in a staff secure setting.				
	(e) Services shall be					
		dividualized supervision and				
	structure of daily liv (2) minimize	the occurrence of behaviors				
	related to functiona					
		rety and deescalate out of				
		icluding frequent crisis				
		or without physical restraint;				
		child or adolescent in the				
	. ,	tive functioning in self-control,				
	communication, so	cial and recreational skills; and				
		ne child or adolescent in				
		eeded to step-down to a less				
	intensive treatment					
		treatment staff secure facility				
		h other individuals and				
	•	child or adolescent's system				
	of care.					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-347	B. WING	B. WING		R 2/2023
NAME 05			1		03/0	2/2023
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, 8 TY STREET	STATE, ZIP CODE		
HARMO	NY HOUSE		IA, NC 28054	4		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 293	Continued From page 20		V 293			
	facility failed to cool and agencies withir care for 1 of 3 clien Review on 1/25/23 - Admission date 11 - Age 14; - Diagnoses: Post 1 Disruptive Mood Dy - Discharge date 1/2 Interview on 1/26/25 Social Services, Pe Worker revealed: - Learned on 1/17/25 received an inciden - The Qualified Prof provide the wherea and Family Team M - The Department of filing a grievance ag lack of communicat Interview on 2/1/23 Professional #1 rev - Sent emails to the an incident occurre - "It was my unders made aware of the but not all of them w	eview and interviews, the rdinate with other individuals in the adolescent's system of ts(#2). The findings are: of client #2's record revealed: 1/4/22; Traumatic Stress Disorder, veregulation Disorder 26/23. With the Department of the rmanency Planning Social 23 about an incident that with client #2 but never it report; fessional #1 was unable to bouts of client #2 in the Child deeting on 1/26/23; of Social Services would be gainst the group home due to the teams (treatment team) when did at the group home; tanding that the teams were marijuana incident on 1/1/23, were." with the Licensee/Qualified				

STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:		
		MHL036-347	B. WING		R 03/02/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
HARMONY HOUSE			Y STREET			
			A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 293	Continued From page 21		V 293			
	when an incident oc - Had emails for pro- would be provided; - As of exit, emails					
V 296	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296			
	REQUIREMENTS (a) A qualified profetelephone or page. able to reach the fatimes. (b) The minimum required when child present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum of the during child or adole follows: (1) two direct and one shall be away children or adolescents and both shall be away children or adolescents.	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or care staff shall be present for twelve children or umber of direct care staff escent sleep hours is as care staff shall be present vake for one through four ents; care staff shall be present wake for five through eight				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION		ATE SURVEY OMPLETED	
		MIII 000 0 47	B. WING		R		
		MHL036-347	D. WING		03/0	2/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HARMON	HARMONY HOUSE 600 BET GASTON			1			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
V 296	Continued From page 22		V 296				
	asleep for nine, ten adolescents. (d) In addition to th care staff set forth i Rule, more direct cathe facility based or individual needs as plan. (e) Each facility sha supervision of child are away from the fichild or adolescent	be awake and the third may be a eleven or twelve children or the minimum number of direct on Paragraphs (a)-(c) of this are staff shall be required in the child or adolescent's specified in the treatment all be responsible for ensuring the or adolescents when they facility in accordance with the individual strengths and in the treatment plan.					
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure minimum staffing ratio of two staff for up to four adolescents. The findings are:						
	Admission date 1/Age 14;Diagnosis: Post Tr	of client #1's record revealed: 14/23; raumatic Stress Disorder; physical fights with peers.					
	 Admission date 11 Age 14; Diagnoses: Post 1 Disruptive Mood Dy Behavior history: 6 	of client #2's record revealed: 1/4/22; Fraumatic Stress Disorder, 2/sregulation Disorder; eloping, suicidal ideation, 3/s propety and engaging in risky					

Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-347	B. WING		03/0	? 2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMONY HOUSE			Y STREET A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
	Continued From palbehaviors. Review on 1/25/23 - Admission date 1/- Age 17; - Diagnoses: Post TMajor Depressive Depressi	of client #3's record revealed: /24/22; Traumatic Stress Disorder, Disorder; Self harm, suicidal ideations, s, rebellious/defiant behaviors /// /// // of the Incident Response em (IRIS) revealed: on the shoulder during an 1/22; the local hospital and was d shoulder; /// /// #4) was hit by a shoe from 2/31/22; local hospital and was given slight damage inside of her /// // 3 with client #1 revealed: ne staff that worked 3rd shift; alone at least twice a week // 3 with client #2 revealed:	TAG V 296		PRIATE	DATE
	Eve with three clien - Went to sister faci because it was only - Two clients got int on New Year's Eve;	ility on New Year's Eve one staff; o a fight while at sister facility				

fighting and had to go to the hospital;

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						,
		MHL036-347	B. WING		F 02/0	2/2023
		WITE030-347			03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		600 BETT	Y STREET			
HARMOI	NY HOUSE	GASTONI	A, NC 28054	4		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
V 296	Continued From page 24		V 296			
	- Staff #1 worked alone on New Year's Day with					
	three clients					
	Interview on 1/24/23 with client #3 revealed:					
	- One staff worked third shift;					
	- One stail worked third shift; - Had to go to sister facility on New Year's Eve					
	"because there was					
		home two girls got into a fight;				
	- Client #2 and FC #4 had to go to the hospital due to the fight; - Staff #1 worked alone on New Year's Day with three clients.					
	Interview on 2/3/23 with Former Client (FC#4)					
	revealed:	,				
		Former Staff (FS#8) worked				
	alone with 3 clients					
	FC #4;	er facility with client #2, #3 and				
	*	ght with another client at the				
	sister facility;	grit with another offend at the				
		ospital due to being hit in the				
	eye by a client in th					
		staff #1 worked alone with				
	client #2, #3 and F0	C #4.				
		23 with staff #1 revealed:				
		n clients on New Year's Day				
	with client #2, #3 ar	nd FC#4.				
	Interview on 2/1/23	with Former Staff #8				
	revealed:					
	- Worked alone with	n client #2, #3 and FC #4 on				
	New Year's Eve;					
		sion from the House Manager				
		ualified Professional #2 to				
		homes on New Year's Eve;				
		facility (licensed 1700				
	program) two client					
	- Client #2 and FC	#4 were taken to the hospital.				

STATE FORM 6899 If continuation sheet 25 of 36 IOVY11

	ווטופועום	of Fleatiff Service IN	guiation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BETTY STREET GASTONIA, NC 28054 [X4] ID PREFIX TAG [(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 25 Interview on 1/27/23 and 2/9/23 with the Licensee/Qualified Professional revealed: - Permission was not given to FS #8 to transport client #2, #3 and FC #4 to sister facility; - Hired more people to "help staff". This deficiency was cited 2 time(s) on 5/20/21, 5/23/22. Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Director] has hired four Direct support Professionals to ensure there are always two people on each shift. They are currently finishing training as of 02/08/2023.				` ′			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BETTY STREET GASTONIA, NC 28054 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES GASTONIA, NC 28054 (X4) ID PREFIX TAG CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 25 V 296 Interview on 1/27/23 and 2/9/23 with the Licensee/Qualified Professional revealed: - Permission was not given to FS #8 to transport client #2, #3 and FC #4 to sister facility; - Two staff are scheduled to work 3rd shift every night; - Hired more people to "help staff". This deficiency was cited 2 time(s) on 5/20/21, 5/23/22. Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Director] has hired four Direct support Professionals to ensure there are always two people on each shift. They are currently finishing training as of 02/08/2023.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S. SOMEOHOR	.SERTI IO. IT IOINIBER.	A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER ### ARMONY HOUSE CALC DESCRIPTION			MUL 026 247	B WING		1	
HARMONY HOUSE GASTONIA, NC 28054 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 25 Interview on 1/27/23 and 2/9/23 with the Licensee/Qualified Professional revealed: - Permission was not given to FS #8 to transport client #2, #3 and FC #4 to sister facility; - Two staff are scheduled to work 3rd shift every night; - Hired more people to "help staff". This deficiency was cited 2 time(s) on 5/20/21, 5/23/22. Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Director] has hired four Direct support Professionals to ensure there are always two people on each shift. They are currently finishing training as of 02/08/2023.			WHLU36-347	D. WIITO		03/0	2/2023
CASTONIA, NC 28054 CASTONI	NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 296 Continued From page 25 V 296	HARMOI	NY HOUSE					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 25 Interview on 1/27/23 and 2/9/23 with the Licensee/Qualified Professional revealed: - Permission was not given to FS #8 to transport client #2, #3 and FC #4 to sister facility; - Two staff are scheduled to work 3rd shift every night; - Hired more people to "help staff". This deficiency was cited 2 time(s) on 5/20/21, 5/23/22. Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Director] has hired four Direct support Professionals to ensure there are always two people on each shift. They are currently finishing training as of 02/08/2023.				A, NC 28054			
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Licensee/Qualified Professional revealed: - Permission was not given to FS #8 to transport client #2, #3 and FC #4 to sister facility; - Two staff are scheduled to work 3rd shift every night; - Hired more people to "help staff". This deficiency was cited 2 time(s) on 5/20/21, 5/23/22. Review on 2/9/23 of the Plan of Protection dated 2/9/23 written by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Director] has hired four Direct support Professionals to ensure there are always two people on each shift. They are currently finishing training as of 02/08/2023.	V 296	Continued From pa	ge 25	V 296			
management and team leads that are able to get to the facilities within 30 minutes per policy. [Licensee] held a staff meeting on 1/21/2023 to reiterate chain of command so that staff know who to contact on the event there are any issues. [Licensee] staff have been reinformed that they are not allowed to combine houses for any reason by [Director] on 01/21/2023. Any staff who fails to comply will result in immediate termination. [Director] will continue to fill in at facility when there are staffing needs.		Licensee/Qualified - Permission was not client #2, #3 and F0 - Two staff are scheinight; - Hired more people This deficiency was 5/23/22. Review on 2/9/23 or 2/9/23 written by the "What immediate a ensure the safety or [Director] has hired Professionals to enpeople on each shift training as of 02/08. In the event that the management and to the facilities within [Licensee] held a streiterate chain of contact on the safety or contact on the safety or contact on the facilities within [Licensee] staff have are not allowed to coreason by [Director] fails to comply will retermination. [Director] will continuation.	Professional revealed: of given to FS #8 to transport C #4 to sister facility; eduled to work 3rd shift every e to "help staff". It cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: In cited 2 time(s) on 5/20/21, If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection dated e Director revealed: If the Plan of Protection date				

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Division of Health Service Regulation STATE FORM

IOVY11 If continuation sheet 26 of 36

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL036-347	B. WING		03/0	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HARMONY HOUSE			Y STREET A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 296	happens. Daily check on Hon application used to out for shift) to ensiclocking in at all timensure that staffing continuously met. Naddress any issues This facility served 14-17 with Post Tradisruptive Mood Dy Major Depressive Enistories of behavior physical aggression rebellious/defiant be routinely worked alone Year's Eve, FS #8 vigiven permission to #4 to the sister facion clients got into a figwere taken to the hishoulder. FC#4 was damage inside of his Staff #1 worked alone #4. This deficiency violation for serious corrected within 23 penalty of \$2,000.0 not corrected with 2 administrative penalty in the staff #1 worked alone with a staff #1 worked alone #4. This deficiency violation for serious corrected within 23 penalty of \$2,000.0 not corrected with 2 administrative penalty with a staff #1 worked alone with a staff #1 worked alone #4. This deficiency violation for serious corrected within 23 penalty of \$2,000.0 not corrected with 2 administrative penalty #4.	nebase system(electronic record staff clocking in and ure there are two people res. Pop ups at the facility to requirements are Monthly staff meetings to "." clients ranging in ages of numatic Stress Disorder, ysregulation Disorder and Disorder. The clients had a res in eloping, suicidal ideation, in, impulsive behaviors and ehaviors. Third shift staff one in the home. Second shift 1-2 times a week. On New was working alone and was a transport client #2, #3 and FC lity. While at the sister facility thand client #2 and FC #4 ospital. client #2 had a bruised as given an antibiotic for slight er eye. On New Year's Day one with client #2, #3 and FC oconstitutes a Type A1 rule in reglect and must be days. An administrative 0 is imposed. If the violation is 23 days, an additional alty of \$500.00 per day will be any the facility is out of	V 296			
V 366	27G .0603 Incident	Response Requirments	V 366			
	104 NCAC 27G 06	803 INCIDENT				

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NAME OF PROVIDER OR SUPPLIER MHL036-347 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 600 BETTY STREET GASTONIA, NC 2804 MAL036-347 STREET ADDRESS, CITY, STATE_ZIP CODE 600 BETTY STREET GASTONIA, NC 2804 MAL036-347 SUMMANY STATEMENT OF DETERISACION (AVI) DESCRIPTION WHIST SER PRECEDED BY DILL FREGULATORY OR LISC IDENTIFYING INFORMATION) PRETY NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 600 BETTY STREET GASTONIA, NC 2804 DEVICE STATEMENT OF DETERISACION (EACH CORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DATE V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, i or Ill incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in Paragraph (a) of this Rule, (CFMR providers shall address incidents as required by the federal regulations in 42 CFR Part 43 Subpart 1. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, (CFMR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a bilables service or while the client is on the provider's premises. The policies shall require the provider to respond		of Health Service Re					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BETTY STREET GASTONIA, NC 28054 (PACH INDEPTION OF USE OF PERIODENCIES OF PILL (PACH INDEPTION OF USE			(X1) PROVIDER/SUPPLIER/CLIA	, ,			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BETTY STREET GASTONIA, NC 28054 CANDIA, NC 28054 REGULATORY OR LSC IDENTIFYING INFORMATION) V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule. (b) in addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) Rule and Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) Rule and Batter and Batt	AND PLAN	OF CURRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		JOINI LETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BETTY STREET GASTONIA, NC 28054 (PAC) ID PREFIX (PAC) ID REGULATORY OR LSC IDSTRIPTION INFORMATION) V 366 Continued From page 27 V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 28B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule. (b) in addition to the requirements set forth in Paragraph (a) of this Rule. (C) In addition to the requirements set forth in Paragraph (a) of this Rule. Category A and B providers, excluding IC-FMR providers shall develop and implements set forth in Paragraph (a) of this Rule. (C) In addition to the requirements set forth in Paragraph (a) of this Rule. Category A and B providers, excluding IC-FMR providers while the provider, excluding IC-FMR providers and implements and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider of years and the provider or while the client is on the provider or while the client is							₹
NAME			MHL036-347	B. WING			
NAME	NAME OF I	DDOVIDED OD SLIDDLIED	STDEET AF	DDESS CITY S	STATE ZID CODE	•	
CASTONIA, NC 28054 CASTONI	NAIVIE OF I	-KOVIDER OR SUPPLIER			STATE, ZIF CODE		
MAY D SUMMARY STATEMENT OF DEFICIENCIES PRETEX (EACH DEFICIENCY) MERCEGAPD BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETEX (EACH DEFICIENCY) TAG	HARMON	NY HOUSE			4		
PRÉFIX TAG REQULATORY OR USC IDENTIFYING INFORMATION) V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(f) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, CEFMR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICFMR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the client is on the provider's permises.				A, NC 28054	4		
V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.s. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule, (b) in addition to the requirements set forth in Paragraph (a) of this Rule, (CF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart 1. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the elevits on the provider is delivering a billable service or while the client is on the provider's premises.							(X5)
V 366 Continued From page 27 RESPONSE REQUIREMENTS FOR CATEGORY AAND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level 1, Il or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) ashering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule. (CF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart 1. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billiable service or while the client is on the provider's premises.							
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V 366	Continued From pa	ge 28	V 366			
V 3000	(A) obtaining a (B) making a (C) certifying (D) transferring review team; (2) convening review team within internal review team who were not involved were not responsible with direct professions services at the time review team shall confollows: (A) review the determine the facts and make recommon occurrence of future (B) gather off (C) issue writh within five working of preliminary findings LME in whose catcle located and to the Lift different; and (D) issue a find owner within three if the lift of the lift of the lift of the lift of the lift owner within three if the lift of the lift owner within three if the lift of the lift owner within three if the lift owner within three if the lift of the lift of the lift owner within three if the lift of the lift owner within three if the lift of the lift of the lift of the lift of the lift owner within three if the lift of the lift owner within three if the lift of the lift	the client record; photocopy; the copy's completeness; and g the copy to an internal a meeting of an internal a meeting of an internal a meeting of the incident. The n shall consist of individuals and in the incident and who e for the client's direct care or onal oversight of the client's of the incident. The internal omplete all of the activities as copy of the client record to and causes of the incident endations for minimizing the				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					 F	₹
		MHL036-347	B. WING		03/0	2/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HARMOI	NY HOUSE		Y STREET			
(VA) ID	STIMMA DV STA	TEMENT OF DEFICIENCIES	A, NC 28054	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 366	Continued From pa	ge 29	V 366			
	(3) immediate (A) the LME rearea where the serve Rule .0604; (B) the LME redifferent; (C) the provide for maintaining and treatment plan, if disprovider; (D) the Depart (E) the client applicable; and	ely notifying the following: esponsible for the catchment vices are provided pursuant to where the client resides, if der agency with responsibility updating the client's fferent from the reporting				
	facility failed to imp governing their respincidents affecting 2 and Former Client (Review on 1/24/23 Improvement Systet 10/24/22-1/24/23 re-No IRIS report, Ris documentation to s written preliminary to Management Entity Organization (MCO Staff #1 purchasing client #2, #4 and F0 - No IRIS report, Ris	views and interviews, the lement, written policies conse to level I, II and III 2 of 3 current clients (#2, #3) (FC#4). The findings are: of Incident Response cm (IRIS) from evealed: sk Cause/Analysis, or upport submission of the findings of fact to the Local of (LME)/ Managed Care of within 5 working days for and smoking marijuana with				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		_	,
		MHL036-347	B. WING		03/0	2/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HARMOI	NY HOUSE		Y STREET			
	T		A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 366	Continued From page 30 V 366					
	LME/MCO within 5	findings of fact to the working days for Staff #3 moke marijuana on 8/22.				
	Licensee/Qualified - Unable to provide no incident report for smoke marijuana; - Unable to give an no IRIS report for the - The Qualified Provincident reports;	3 and 2/9/23 with the Professional #2 revealed: an explanation in regards to or staff #3 allowing FC #4 to explanation to why there was ne incident on 1/1/23; fessional #1 completed fessional #1 completed reports on 1/29/23				
V 367	10A NCAC 27G .06 REPORTING REQ CATEGORY A AND (a) Category A and level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provid 90 days prior to the responsible for the services are provide becoming aware of be submitted on a f Secretary. The rep in person, facsimile means. The report information:	UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients er rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall form provided by the ort may be submitted via mail, or encrypted electronic shall include the following	V 367			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
712 . 271 0			A. BUILDING:			
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					1 03/0	LILULJ
NAME OF PF	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
HARMON	Y HOUSE		Y STREET			
			A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 31	V 367			
	(2) client ider (3) type of inc (4) descriptio (5) status of t cause of the incider (6) other indiv or responding. (b) Category A and missing or incomple shall submit an upd report recipients by day whenever: (1) the provide erroneous, mislead (2) the provide erroneous, mislead (2) the provide erroneous, mislead (2) the provide erroneous, mislead (1) hospital re information; (2) reports by (3) the provid (d) Category A and of all level III incider Mental Health, Dev Substance Abuse S becoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within s or restraint, the pro- immediately, as req immediately	ntification information; cident; n of incident; the effort to determine the	V 301			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BUILDING:			
		MHL036-347	B. WING		I	२ 02/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMOI	NY HOUSE		Y STREET			
	11 11000E	GASTONI	A, NC 28054	4		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 367	catchment area wh The report shall be by the Secretary via include summary in (1) medicatio definition of a level (2) restrictive the definition of a le (3) searches (4) seizures of the possession of a (5) the total r incidents that occur (6) a statement been no reportable incidents have occur meet any of the crit	he LME responsible for the ere services are provided. submitted on a form provided a electronic means and shall aformation as follows: on errors that do not meet the II or level III incident; interventions that do not meet evel II or level III incident; of a client or his living area; of client property or property in a client; number of level II and level III rred; and ent indicating that there have incidents whenever no arred during the quarter that eria as set forth in Paragraphs calle and Subparagraphs (1)	V 367			
	facility failed to report Incident Response and notify the Loca (LME)/Managed Caresponsible for the services were provided to the services was aware of	et as evidenced by: views and interviews, the ort all critical incidents in the Improvement System (IRIS) I Management Entity are Organization (MCO) catchment area where ided within 72 hours of the incident affecting 2 of 3 Former Client (FC #4). The				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		 F	,
		MHL036-347	B. WING			2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HARMON	NY HOUSE	600 BETT GASTONI	Y STREET A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 33	V 367			
	reports revealed: -On 1/1/23 staff #1	of the facility's internal incident purchased and smoked nt #2, #3 and FC #4.				
	10/24/22-1/24/23 re - No IRIS report sul of staff #1 purchase client #2, #3 and F0 - No IRIS report sul	evealed: bmitted for incident on 1/1/23, ed and smoked marijuana with C #4; bmitted for incident that ately on 12/18/22 of staff #3				
	revealed: - No documentation of incident on 1/1/2 - No documentation	of the facility's records of the LME/MCO notification 3; of LME/MCO notification of pproximately 12/18/22.				
	Licensee/Qualified - Unable to provide no incident report for smoke marijuana; - Unable to give an no IRIS report for th - The Qualified Provincident reports;	3 and 2/9/23 with the Professional #2 revealed: an explanation in regards to or staff #3 allowing FC #4 to explanation to why there was ne incident on 1/1/23; fessional #1 completed fessional #1 completed reports on 1/29/23				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and	ty and Grounds Maintenance 303 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly	V 736			

	of Health Service Re		1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVII	LETED
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		MHL036-347	B. WING		03/0	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		600 BETT	Y STREET			
HARMOI	NY HOUSE	GASTONI	A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 34	V 736			
		e kept free from offensive				
		ons and interviews the facility in a safe, clean, attractive				
	of client #2's bedrod - 3rd drawer on a 5 knob and broken of out from dresser; - Crack at top of ce approximately 6 fee - Small wall straight room crack in wall a - Left/back wall in ro approximately 3.5 ir - Left wall in room of approximately 4 fee - Wall above closet approximately 4.5 fe - Crack going down back wall with winde	drawer dresser is missing If from rack causing it to stick Illing on right wall It long; It ahead when you walk in Improximately 2 feet 4 inches; Inches long It long; It long to the still long to the still long; It long to the still long to the still long; It long to the still long to the s				
	3:50pm of client #1' - Hole in right wall is 3 inches long; - Crack in lower wa 4 inches long.	24/23 at approximately s bedroom revealed: s approximately 2 inches wide II under window approximately				
	4:50pm of client #3'	24/23 at approximately s bedroom revealed: proximately 8.5 wide and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL036-347	B. WING		03/0	2/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HARMO	NY HOUSE		Y STREET A, NC 2805	4		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 736	long; - Window, straight a had a hole around to approximately 2 incompression and the provided approximately 2 incompression and the professional reveal and the prepared and week.	ahead when walk into room the bottom side of the window thes long; side of the room, latch is t close. with the Licensee/Qualified	V 736			