

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER HARBOR OF PEACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
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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>An annual and complaint survey was completed on 4/6/23. The complaint was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 2 current and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the plans at least annually to address the needs of 2 of 2 audited current clients (#2, #3) and 1 of 1 former audited client (FC #5). The findings are:</p> <p>Review on 4/6/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/4/17 - Diagnoses: Schizoaffective Disorder, Type 2 Diabetes, Hyperlipidemia, and Hypercalcemia - Treatment Plan dated 1/2/22 - No updated treatment plan in the record <p>Review on 4/6/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 11/8/19 - Diagnoses: Diabetes 2, Anemia, Peripheral Edema, Irritable Bowel Syndrome, and Paranoid Schizophrenia - Treatment Plan dated 1/2/21 - No updated treatment plan in the record <p>Review on 4/6/23 of FC #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/26/22 - Diagnosis: Paranoid Schizophrenia - No treatment plan in the record <p>Interview on 4/6/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Been employed since June 2022 - Duties included treatment plans and updates 	V 112		

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V 112	Continued From page 2 - All treatment plans had been updated - Unable to access them "right now" - Would make sure to get the updated and completed copies in the records - Confirmed there were no updated copies in the records	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 4/6/23 at approximately 12:00pm revealed: Client #1's room: - Client #1's 3rd dresser drawer was full of clothes and was missing the front covering of the drawer Bathroom #1 in the hallway: - faucet loose, wiggling and lifting from the sink - multiple brown stains around the top of the inside of the bathtub where the caulk is located - slow drain in the sink when you run the water	V 736		

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V 736	<p>Continued From page 3</p> <p>Bathroom #2 in the vacant bedroom:</p> <ul style="list-style-type: none"> - aluminum foil covered the edge of the glass shower door on the inside and outside of the frame - shower door didn't close - brown stained ring around the inside of the toilet bowl - towel bar was broken with one of the side pieces to hold the bar was missing - faucet in the sink was loose and lifting from the sink - slow drain causing standing water in the sink when you run the water <p>Interview on 4/6/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he didn't know why the aluminum foil was on the shower door - the landlord has a maintenance company that he uses when a request is put in - staff can notify him or the Licensee to put in a maintenance request - would put in a maintenance request to have all repairs completed 	V 736		