Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
		MHL036-347	B. WING		R-C <b>05/31/2023</b>		
					1 00/01/2020	—	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
HARMON	Y HOUSE		TY STREET				
GASTONIA, NC 28054							
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET	E	
V 000	0 INITIAL COMMENTS		V 000				
	Type A1 and Type B y 2023. This was a limi A NCAC 27G .1704 M Requirements (V296) Competencies and S Paraprofessionals (V compliance. The follo compliance: 10 A NC Staffing Requirement .0204 Competencies Paraprofessionals (V unsubstantiated (Inta deficiency was cited.  This facility is license category: 10A NCAC Treatment Staff Secu Adolescents.	and 10A NCAC 27G .0204 upervision of 110) were reviewed for wing were brought back into AC 27G .1704 Minimum s (V296) and NCAC 27G and Supervision of 110). The complaint was ke #NC00200879). A  d for the following service 27G .1700 Residential ire for Children or  d for 3 and currently has a vey sample consisted of					
V 369	G.S. 122C-6 Smoking	g Prohibited	V 369				
	(a) Smoking is prohib under this Chapter. A "smoking" means the lighted cigar, cigarette smoking product. As means a fully enclose (b) The person who cotherwise controls a fishall:  (1) Conspicuously posmoking is prohibited	PROHIBITED; PENALTY  inited inside facilities licensed as used in this section, a use or possession of any e, pipe, or other lighted used in this section, "inside" ed area.  bwns, manages, operates, or facility subject to this section  est signs clearly stating that a inside the facility. The signs mational "No Smoking"					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		MHL036-347	B. WING		R-C <b>05/31/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		600 BETTY	STREET			
HARMON	YHOUSE	GASTONIA	A, NC 28054			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 369	Continued From page 1 symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.  (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.  (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.  (c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.  (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)		V 369			
		as evidenced by: ns and interviews the facility king at the facility. The				
	2:10-2:12pm revealed -The House Manager	was smoking a cigarette front porch of the office with				
		with client #1 revealed: cigarettes in front of us ally go to their car (to				

Division of Health Service Regulation

STATE FORM 6899 QYZK11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101 12744	or connection	IDENTIFICATION NO.	A. BUILDING: _		OOM LETED
		MHL036-347	B. WING		R-C <b>05/31/2023</b>
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	1 00/01/2020
NAME OF F	ROVIDER OR SUFFLIER		Y STREET	II E, ZIF GODE	
HARMON	Y HOUSE		A, NC 28054		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
V 369	Continued From page	: 2	V 369		
	smoke cigarettes)."				
	Interview on 5/26/23 with client #2 revealed: -"Staff don't smoke in front of us (clients)."				
	- Was not able to smo - "We (staff) don't smo - "We were told we ha	s to smoke in the yard."  bke on the porch;  oke around the consumers";  ave to smoke in our car or			
	go to the end of the ro				
	revealed: - "Was on break outsi when Division of Heal (DHSR) surveyor arriv - "One of the girls (clie process and I ended out."	ents) walked up to me to up throwing it (cigarette) y break, so the clients came			
	cigarettes "Clients probably ha	of the driveway to smoke ve seen staff smoke e door without permission			
	revealed: - "She (house manag with her." - "I don't let them smothem know they need that it is not on the pro-	n the site of clients while			

Division of Health Service Regulation

STATE FORM 6899 QYZK11 If continuation sheet 3 of 4

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Division of Health Service Regulation

	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.11.5 I E II O CONTROL INC.	ENTIL TO ATTOM NOMBER.	A. BUILDING: _			
	MHL036-347	B. WING		R-C <b>05/31/2023</b>	
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA			$\neg$
HARMONY HOUSE	600 BETTY	STREET			
HARMONT HOUSE	GASTONIA,	, NC 28054			
PREFIX (EACH DEFICIENCY MUST B	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	E
V 369 Continued From page 3  - "Some staff have smoked in them no more, even on the p - Planned to go over the no s and next staff meeting on 6/3	oremises." smoking with staff	V 369			

Division of Health Service Regulation

STATE FORM 6899 QYZK11 If continuation sheet 4 of 4