STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R 07/18/2023	
	MHL032-423				
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOUSE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENT	ſS	V 000			
category: 10A NCA	C 27G .5600A Supervised				
census of 5. The su	irvey sample consisted of				
V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan		V 112			
TREATMENT/HAB	ILITATION OR SERVICE				
assessment, and in legally responsible of admission for clie	partnership with the client or person or both, within 30 days ents who are expected to				
<ul><li>(d) The plan shall i</li><li>(1) client outcome(</li><li>achieved by provision</li></ul>	nclude: s) that are anticipated to be on of the service and a				
<ul><li>(2) strategies;</li><li>(3) staff responsibl</li><li>(4) a schedule for r</li></ul>	e; review of the plan at least				
responsible person (5) basis for evalua outcome achieveme	or both; ation or assessment of ent; and				
responsible party, o	or a written statement by the				
	ROVIDER OR SUPPLIER HOUSE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA INITIAL COMMENT An annual and follo on July 18, 2023. D This facility is licens category: 10A NCA Living for Adults wit The facility is licens census of 5. The su audits of 3 current of 27G .0205 (C-D) Assessment/Treatm 10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall k assessment, and in legally responsible of admission for clic receive services be (d) The plan shall i (1) client outcome( achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for u annually in consultar responsible person (5) basis for evalua outcome achievement (6) written consent responsible party, c provider stating why	OF CORRECTION       IDENTIFICATION NUMBER:         MHL032-423       MHL032-423         ROVIDER OR SUPPLIER       STREET A         HOUSE       2724 MA         DURHAI       DURHAI         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       INITIAL COMMENTS         An annual and follow-up survey was completed on July 18, 2023. Deficiencies were cited.       This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.         The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.       27G .0205 (C-D)         Assessment/Treatment/Habilitation Plan       10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN       (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.       (d) The plan shall include:         (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;       (2) strategies;         (3) staff responsible;       (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;         (5) basis for evaluation or assessment of outcome achievement; and       (6) written consent or agreement by the client or responsible party, or a written statement by the	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL032-423       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         HOUSE       2724 MARLIN DRIVE DURHAM, NC 27703         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An annual and follow-up survey was completed on July 18, 2023. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.       V 112         The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.       V 112         27G .0205 (C-D)       ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN       V 112         (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.       (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible parky, or a written statement by the provider stating why	OF CORRECTION       IDENTIFICATION NUMBER: MHL032-423       A. BUILDING: B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         HOUSE       2724 MARLIN DRIVE DURHAM, NC 27703         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An annual and follow-up survey was completed on July 18, 2023. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.       V 112         The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.       V 112         27G .0205 (C-D)       V 112         Assessment/Treatment/Habilitation Plan       V 112         10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN       V 112         (c) The plan shall be developed based on the assessment, and in parthership 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.         (d) The plan shall include:       (d) the plan shall he developed based on the assessment;       (e) strategies;         (f) staff responsible;       (f) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;;       (f) strategies;	OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL032-423       B. WING       07/         ROVIDER OR SUPPLIER       STREET ADDRESS. CITY. STATE, ZIP CODE       07/         ROVIDER OR SUPPLIER       STREET ADDRESS. CITY. STATE, ZIP CODE       07/         SUMMARY STATEMENT OF DEFICIENCY       ID       PROVIDER'S PLAN OF CORRECTION AUGULD BE         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX       CROSS-REFRENCED TO THE APPROPRIATE         INITIAL COMMENTS       V 000       CROSS-REFRENCED TO THE APPROPRIATE       DEFICIENCY         INITIAL COMMENTS       V 000       CROSS-REFRENCED TO THE APPROPRIATE       DEFICIENCY         INITIAL COMMENTS       V 000       CROSS-REFRENCED TO THE APPROPRIATE       DEFICIENCY         INITIAL COMMENTS       V 000       CROSS-REFRENCED TO THE APPROPRIATE       DEFICIENCY         INITIAL COMMENTS       V 000       CROSS-REFRENCED TO THE APPROPRIATE       DEFICIENCY         INITIAL COMMENTS       V 000       V 112       State antional information of the communication of the antional information of

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION				A. BUILDING:		PLETED
		MHL032-423	B. WING			R 07/18/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MELODY	HOUSE		RLIN DRIVE 1, NC 27703			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	This Rule is not me					
		view and interview, the facility				
		n with written consent or lient or responsible party, or a				
		y the provider stating why				
	such consent could	not be obtained affecting one				
	of three audited clie	ents (#2). The findings are:				
	Reviews on 7/14/2	3 and 7/18/23 of client #2's				
	record revealed:					
	<ul> <li>-Admission date of</li> <li>-Diagnoses of Schiz</li> </ul>					
	5	e Type, Inflammatory Bowel				
	Disease, and Iron D					
		Plan (PCP) dated 11/1/22.				
		ritten consent or agreement				
	by the client or resp	ionsible party.				
	Interview on 7/18/23	3 with the Qualified				
	Professional reveal					
		s guardian an email to get the				
	signature for client	#∠'s plan. er replied to her email.				
		s guardian another email				
		d not reply to that email either.				
	-She confirmed the	re was no written consent or				
	agreement by the c client #2.	lient or responsible party for				
		stitutes a re-cited deficiency				
	and must be correc	ted within 30 days				

AND PLAN OF CORRECTION		NCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-423	B. WING	. WING		R 07/18/2023	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	IATE, ZIP CODE			
MELODY	HOUSE		RLIN DRIVE , NC 27703				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	and it's grounds wa	et as evidenced by: on and interviews, the facility s not maintained in a safe, d orderly manner. The					
	approximately 9:30 -Kitchen area-There missing above the s the cabinet below th -Client #1 and #5's around the window nickel sized hole on near the door. -Client #3's bedroor handles were missi -Front door- The sto -Backyard of the fac a shopping cart, a c four cardboard boxe	4/23 of the facility at am revealed: e were 2 cabinet doors stove. One of the drawers to ne sink was missing. shared bedroom- The frame sill was missing. There was a the floor by the base board m- The dresser drawer ng from the two top drawers. orm door handle was missing. cility- There was a file cabinet, clothes dryer, approximately es and three broken wooden d legs missing off the chairs.					
	-She came over to ago after the sister -"This home was lik the ladies group ho	e this when I came over from me." see's husband was the					

7NZY11

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL032-423		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	R 07/18/2023	
		MHL032-423					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
MELODY	HOUSE		RLIN DRIVE /I, NC 27703				
(X4) ID		TEMENT OF DEFICIENCIES	ID PROVIDER'S PL		N OF CORRECTION (X		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 736	Continued From pa	ige 3	V 736				
	to fix all of the issue -She confirmed the a safe, clean, attract Interview on 7/14/22 revealed: -The Director/Licen maintenance issues -The Director/Licen to take care of the n facility. -She confirmed the a safe, clean, attract Interview on 7/18/22 revealed: -"I tried to fix things able to complete it." -She made her hus maintenance issues everything. -She confirmed the a safe, clean, attract	facility was not maintained in ctive, and orderly manner. 3 with Program Coordinator see was aware of all the s with the facility. see's husband was supposed maintenance issues with the facility was not maintained in ctive, and orderly manner. 3 with the Director/Licensee around house, but wasn't band aware of the s and was waiting for him to fix facility was not maintained in ctive, and orderly manner.	ς				