

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HARRISON HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2609 FERNBROOK ROAD RALEIGH, NC 27610</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 10/11/23. A deficiency was 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 10/10/2023 at 9:30 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- The wood around the base of the downstairs bathtub appeared to be rotted and mildewed.</li> <li>- The downstairs bathroom had a strong urine odor.</li> <li>- The walls in the downstairs were stained and had scuff marks throughout the entire downstairs area.</li> <li>- White powder substance around Client #2's bedroom baseboard.</li> <li>- Car in the driveway, with no plates, and dents in the rear.</li> </ul>	V 736	<p>THE ADMINISTRATOR AT HARRISON GROUP HOMES LLC WILL HIRE A CONSTRUCTION WORKER TO REPAIR THE BASE OF THE DOWNSTAIR BATHTUB AND ENSURE THAT THE FLOOR IS CLEANED AFTER CLIENT URINATION TO ENSURE THAT THERE IS NO ODOR.</p> <p>THE ADMINISTRATOR WILL HAVE STAFF CLEAN THE WHITE POWDER ON THE BEDROOM BASEBOARD IN CLIENT #2.</p> <p>THE CAR IN THE DRIVEWAY WILL BE REMOVED FROM THE DRIVEWAY AND ENSURE THAT NO CAR WILL BE PARKED WITH NO PLATE IN THE DRIVEWAY.</p> <p>THIS PLANS OF CORRECTION WILL COMPLETED BY 10/30/23 AND MONITORED MONTHLY BY QUALIFIED PROFESSIONAL AND ADMINISTRATOR WITH DOCUMENTATION OF COMPLIANCE.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ucheoma Emyinnaya</i>	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>10/19/2023</b>
--	-------------------------------	--------------------------------

RECEIVED BY MHL & C  
10/20/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HARRISON HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2609 FERNBROOK ROAD RALEIGH, NC 27610</b>
---	---

(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 736	<p>Continued From page 1</p> <p>During interview on 10/10/23, Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Cleaned the bathroom daily after the clients left for their program.</li> <li>- Not sure if there had been a leak in the bathroom, because they had replaced the flooring there a few months ago.</li> <li>- Client #3 had been scuffing up the walls with his walker.</li> <li>- Client #2 had bed bugs in his room in the past and they put down powder to prevent more bed bugs.</li> <li>- The powder has been there for several months.</li> </ul> <p>During interview on 10/11/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Car parked at the facility was not working.</li> <li>- It's his brother's car that he had been keeping there, but can move it if needs to.</li> <li>- Planned to paint the scratched/scuffed areas on the walls downstairs.</li> <li>- The water in the bathroom could be getting out while the clients shower.</li> <li>- Did not think there was a leak in the bathroom.</li> <li>- Will monitor the situation</li> </ul> <p>This deficiency has been cited 2 times since the original cite on 10/14/2019 and must be corrected within 30 days.</p>	V 736	<p>ADMINISTRATOR AND QUALIFIED PROFESSION WILL ENSURE THAT BATHROOM IS CLEANED AFTER CLIENT URINATION AS THEY URINATE ON THE FLOOR MOST TIMES.</p> <p>ADMINISTRATOR WILL HIRE A CONSTRUCTION WORKER TO FIX THE SCUFFING UP WALL THAT RESULTED FROM CLIENT #3 WALKER.</p> <p>THE POWDER ON THE ROOM OF CLIENT #2 WILL BE CLEANED BY THE STAFF.</p> <p>WILL REMOVE THE CAR THAT THE BROTHER PARKED AND ENSURE THAT NO NONE PLATE CAR WILL BE PARKED THERE.</p> <p>WILL HIRE CONSTRUCTION WORKER TO FIX AND PAINT WALL</p> <p>WILL HIRE CONSTRUCTION WORKER TO FIX BASE OF THE BATHTUB AND ENSURE THAT WATER IS NOT GETTING OUT OF THE SHOWE - THIS PLAN OF CORRECTION WILL BE MONITORED MONTHLY BY QIP AND ADMINISTRATION</p>	
-------	---	-------	---	--

Whermatawinnaya 10/19/23