

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/29/2024
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NAME OF PROVIDER OR SUPPLIER HANNAH FAMILY CARE HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7109 HICKORY NUT DRIVE RALEIGH, NC 27613
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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, complaint and follow up survey was completed on 2/29/24. Complaint Intake (#00211579) was substantiated. 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 currents clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 2/27/24 at 10:30 AM revealed: -A package of hamburger meet with no covering in the freezer. -Baseboards throughout the home were this with dust. -The laminate flooring in the bathroom was separated and raised up by the bathtub. -A black hook sticking out in the hallway. -Shower had black substance throughout the grout. -Client bedroom had a strong smell of cigarette smoke.</p>	V 736		

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

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V 736	<p>Continued From page 1</p> <p>-Client had trash and empty drink cans under his bed with cigarette ashes in them.</p> <p>Interview on 2/27/24 the Licensee stated: -The home did need to be cleaned and some repairs. -Client #1 appeared to have been smoking in his room, which he denied. -Very upset and called client #1's guardian to come speak to him regarding his smoking in the home. -The designated smoke area was outside.</p> <p>This is a recited deficiency and must be corrected within 30 days.</p>	V 736		