

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS-HARMONY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 SALEM CIRCLE</b> <b>GREENVILLE, NC 27858</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 8, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current client.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 and attractive manner. The findings are:</p> <p>Observation on 3/7/24 between 1:00 pm - 1:30 pm during a tour of the facility revealed: -The hall bath had paint peeling from the ceiling over the bathtub; the caulking around the bathtub was discolored with dark stains and the light fixture over the sink had no cover. -Client #3 had a 6 drawer dresser with the third drawer missing a handle; there was approximately 12 inches of torn linoleum at the entrance of the bathroom.</p> <p>Interview on 3/8/24 the Qualified Professional stated: -She would inform maintenance of the concerns</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	Continued From page 1  and she understood the facility was required to be maintained in a safe, clean and attractive manner.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		