AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/08/2024	
		MHL074-248				
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
BETTER	CONNECTIONS-HAP	2MONY	.EM CIRCLE VILLE, NC 278	58		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on March 8, 2024. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current client.					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.		/			
	Based on observat	et as evidenced by: ion and interview, the facility I in a safe, clean and attractive gs are:	e			
	pm during a tour of -The hall bath had over the bathtub; th was discolored with fixture over the sinh -Client #3 had a 6 of drawer missing a h	drawer dresser with the third andle; there was nches of torn linoleum at the				
	stated:	the Qualified Professional maintenance of the concerns				
isism of LL	-Sne would Inform ealth Service Regulation	maintenance of the concerns				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL074-248	B. WING			R 08/2024
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	PMONY 110 SALE	M CIRCLE			
CONNECTIONS-HAI	GREENVI	LLE, NC 278	58		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	ON SHOULD BE COMPLET HE APPROPRIATE DATE	
Continued From page 1		V 736			
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.					
	OF CORRECTION PROVIDER OR SUPPLIER CONNECTIONS-HAN SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From p and she understoo maintained in a sa manner. This deficiency con	OF CORRECTION       IDENTIFICATION NUMBER:         MHL074-248       MHL074-248         PROVIDER OR SUPPLIER       STREET AD         CONNECTIONS-HARMONY       110 SALE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES         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	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL074-248       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         CONNECTIONS-HARMONY       110 SALEM CIRCLE GREENVILLE, NC 278         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 1       V 736         and she understood the facility was required to be maintained in a safe, clean and attractive manner.       V 736	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL074-248       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         CONNECTIONS-HARMONY       110 SALEM CIRCLE GREENVILLE, NC 27858         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)         Continued From page 1       V 736       V 736         and she understood the facility was required to be maintained in a safe, clean and attractive manner.       V 736         This deficiency constitutes a re-cited deficiency       Identification       Identification	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         MHL074-248       B. WING       03/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         CONNECTIONS-HARMONY       110 SALEM CIRCLE GREENVILLE, NC 27858       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 1       V 736       V 736         and she understood the facility was required to be maintained in a safe, clean and attractive manner.       V 736         This deficiency constitutes a re-cited deficiency       V 736

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