

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARLEE MAC GROUP HOME - II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2206 ROUSE ROAD KINSTON, NC 28504</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 survey was completed on April 19, 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 5 and currently has a census of 3. 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><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></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, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 04/18/24 at approximately 9:40am revealed:</p> <ul style="list-style-type: none"> <li>- One of 2 bulbs worked in the fixture above the dining room table.</li> <li>- 2 receptacle covers were missing on the electrical outlets in the dining room.</li> <li>- The dining room table and floor had bits of debris and food particles.</li> <li>- A light switch cover in the hallway did not have a cover.</li> <li>- Client #3's bedroom had 2 knobs missing off the dresser. The floor had bits of debris. The curtain rod was bowed in the middle.</li> </ul>	V 736		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Client #1's bedroom had a second bed frame with the mattress on the floor. The pillow for client #1 did not have a case and was heavily soiled. 4 knobs were missing from the dresser. The bedside table drawer was broken. A receptacle cover was broken. The room had a strong smell of urine. The wall had a small hole in the sheetrock. The curtain rods were bent over the windows.</li> <li>- Client #2's bedroom had bits of debris on the floor.</li> </ul> <p>Interview on 04/18/24 the President/Licensee stated:</p> <ul style="list-style-type: none"> <li>- The dining room had recently been painted and the receptacle covers had not been replaced.</li> <li>- She would have the receptacle covers replaced today.</li> <li>- She discussed alternate furniture options in client #1's bedroom due to his behaviors.</li> </ul>	V 736		