STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NOWIDER.	A. BUILDING: B. WING			
	MHL092-993				R 11/15/2024
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
T HARDIMONT			ND		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENT	ſS	V 000			
completed on 11/15 unsubstantiated (in Deficiencies were of This facility is licens category: 10A NCA Living for Adults wit This facility is licens census of 5. The su	5/24. The complaint was take #NC00222425). sited. sed for the following service C 27G .5600A Supervised th Mental Illness. sed for 6 and has a current urvey sample consisted of				
27G .0207 Emerge	ncy Plans and Supplies	V 114			
AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerg request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condu- simulate the facility emergencies.	all develop a written fire plan and shall make a copy of le gency services agencies upon shall include evacuation utes. be made available to all staff cedures and routes shall be er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that 's response to fire				
(c) Fire and disaste shall be held at leas repeated for each s Drills shall be condu- simulate the facility emergencies. (d) Each facility sha	st quarterly and shall be shift. ucted under conditions that 's response to fire				
	PF CORRECTION ROVIDER OR SUPPLIER T HARDIMONT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual, complai completed on 11/15 unsubstantiated (in Deficiencies were of This facility is licens category: 10A NCA Living for Adults wit This facility is licens category: 10A NCA Living for Adults wit This facility is licens cansus of 5. The su audits of 2 current of 27G .0207 Emerge 10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plans these plans availab to the county emergy request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaster shall be held at leas repeated for each s Drills shall be cond simulate the facility emergencies. (d) Each facility sha	OF CORRECTION IDENTIFICATION NUMBER: MHL092-993 ROVIDER OR SUPPLIER STREET A THARDIMONT 1120 HA RALEIGI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual, complaint and follow up survey was completed on 11/15/24. The complaint was unsubstantiated (intake #NC00222425). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 former client. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit	IDENTIFICATION NUMBER: A. BUILDING: MHL092-993 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST THARDIMONT 1120 HARDIMONT ROA RUMMARY STATEMENT OF DEFICIENCIES ID SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 000 An annual, complaint and follow up survey was V 000 An annual, complaint and follow up survey was V 000 Completed on 11/15/24. The complaint was V 000 Units facility is licensed for the following service Category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current Census of 5. The survey sample consisted of audits of 2 current clients and 1 former client. 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans shall include evacuation procedures shall be procedures and routes. (b) The plans shall make a vailable to all staff and evacuation procedures and routes shall be posted in the	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-993 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THARDIMONT 1120 HARDIMONT ROAD RALEIGH, NC 27609 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on 11/15/24. The complaint was unsubstantiated (intake #NC00222425). V 000 Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. 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BUILDING: 11/1 NUMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/1 THARDIMONT T120 HARDIMONT ROAD RALEIGH, NC 27609 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH DERIVERSHIP IN STATEMENT OF DEFICIENCIES) INITIAL COMMENTS V 000 V 000 CROSS-REFICED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 V 000 CROSS-REFICE TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 V 000 V 000 An annual, complaint and follow up survey was completed on 11/15/24. The complaint was unsubstantiated (intake #NC00222425). V 000 Deficiencies were cited. 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		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED R 11/15/2024		
		MHL092-993					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
	AT HARDIMONT	1120 HAR		ND			
			, NC 27609				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 1	V 114				
	failed to ensure disa quarterly and on ea Review on 11/7/24 of from 10/1/23-10/31 - No documentat following shifts and - October 20 - January 20 - April 2024-5 - July 2024-5 Interview on 11/7/24 - She had lived a	view and interview the facility aster drills were conducted ich shift. The findings are: of the facility's disaster drills /24 revealed: tion of disaster drills for the					
	 She did not knot the facility but it had She could not r disaster drills She was not su 	4 client #2 reported: bw how long she had lived at d "been a long time" emember if she participated in ire what she would do if there she "would be scared"					
		4 staff #1 reported: disaster drills with clients vere completed once every 3					
	- The staff at the the facility days wer 8:00am-8:00pm and	fied Professional reported: facility were live-in staff and re split into shifts from					

STATE FORM

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		CALL CALL CALL CALL CALL CALL CALL CALL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		MHL092-993				R 11/15/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
AGAPE	AT HARDIMONT		RDIMONT ROA I, NC 27609	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 114	completing disaster - He reviewed the were completed - Disaster drills w - Disaster drills w at different times ea - He did not reali completed quarterly	⁻ drills e logs monthly to ensure drills vere completed once quarterly vere staggered and completed ach quarter ze that disaster drills had to be y for each shift stitutes a re-cited deficiency				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati	I its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview the facility i n a clean, attractive and	V 736			
	 The blinds cover had 2 broken slats The blinds cover door in the kitchen A section of more kitchen island appro- broken off The left windown client bedroom had inches long in the g Client #1 and # 	olding around the bottom of the oximately 5 inches long was v in the downstairs vacant a crack approximately 12 lass				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-993		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING: B. WING			R 11/15/2024	
		MHL092-993					
AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
GAPE A			RDIMONT ROA I, NC 27609	AD			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 736	Continued From pa	ige 3	V 736				
	drain						
		call size spots on the textured					
	stipple ceiling abov and hanging off	e the shower that were peeling					
	- Had small	brown spots speckled along					
		n of the shower walls about 2					
	feet above the show	brown film covering the					
	shower floor						
	- A light brown film covering the bottom and						
	sides of the tub and soap tray located in the hallway bathroom						
	 The blinds in client #4 and #5's bedroom ha 						
	2 broken slats						
	Interview on 11/7/2						
		tor/Qualified Professional					
	(Admin/QP) was re facility	sponsible for repairs at the					
	,	lmin/QP when repairs were					
	needed	f					
	- She was not av needed at the facili	vare of any repairs currently ty					
	Interviews on 11/7/2 reported:	24 and 11/15/24 the Admin/QP					
	•	sible for having repairs at the					
		are of the broken window in					
		room but was aware of the					
	blinds with broken	slats w of any additional repairs that					
	were needed for the						
	This deficiency con	stitutes a re-cited deficiency					
	and must be correct	eted within 30 days.					

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