		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NONDER.					
		MHL043-075	B. WING			R 28/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ARMO	NY HOME		TH MCKAY AV	/ENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on January 28, 2025. 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 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive					
	Based on observat and its grounds we	et as evidenced by: ion and interviews, the facility re not maintained in a safe, d orderly manner. The findings	5				
	revealed: - The kitchen cabin the door; there was under the stove ho - There were sever	8/25 from 2:27pm -3:50pm et under the sink was missing greasy residue on the wall od. al holes in the wall behind the tween 1 inch and 3 inch in					
	size. - There were sever the living room. - The love seat hac stained and the rigl	al dead bugs behind the tv in I bottom cushions had dark ht side arm was stained.					
	- Client #1's bedroo ealth Service Regulation	om had a white powdered					

STATE FORM

	of Health Service Re						
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING.	A. BUILDING:			
MHL043-07		MHL043-075	B. WING			R 01/28/2025	
	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
	NY LIONE	808 NOR		VENUE			
HARMO	NY HOME	DUNN, N	C 28334				
(X4) ID		TEMENT OF DEFICIENCIES	ID		ER'S PLAN OF CORRECTION		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLET DATE	
TAG	REGULATORT OR E		TAG	DEFICIENC		2,12	
1/ 726	Continued Frame as		V 726				
V 736	Continued From page 1		V 736				
	substance at the top of the left corner of the 6						
	drawer dresser; dead bugs on the floor behind the nightstand; the nightstands top drawer had a handle that was missing a screw; white powdered						
	substance on the floor by 5 drawer dresser and						
	on the right side of the bed and on the closet						
	floor.						
	- The hall bath had rust colored stains on the						
	lower bar inside the tub/shower; dark stains in the						
	bottom of the tub under the tub mat; a 4 bulb light						
	fixture had 1 bulb not working; the floor mats by						
	the tub, sink and toilet all covered in debris, dirt;						
	there was dark residue in between the tile of the						
	lower shower wall and the shower head had rust						
	colored stains behind it.						
	- The family room had dead bugs in the window sills; The sofa had dark stains on the right side						
	arm and bottom cushion; the back of the back of						
	the sofa had 2 areas that had a white powdered						
	substance on it.						
		- The hall bath on the male side of facility had a					
	crack at the bottom of the door frame; the shoe						
	molding behind the toilet had dark stains; the tile						
		hower had dark stains in the					
	corner of the showe						
	- Client #4's bedroo	om had dead flies in the					
	window sill and hea	ivy dust on the floor behind the					
	headboard with dead bugs.						
	- Client #3's bedroom had dead flies in the						
	window sill.						
		ar door on the male hall had					
	dead bugs, leaves						
	- The kitchen cabinet at the top beside the stove had a white powdered substance on the shelf;						
	there was a white powdered substance on the left		•				
	side counter beside the stove and on the floor						
	beside the refrigera						
		board tv box, a washing er cardboard box was was in					
		er carupoaru pox was was IN					
	the backyard. ealth Service Regulation						

Division of Health Service Regulation STATE FORM

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GQ9N11

If continuation sheet 2 of 3

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL043-075		IDENTIFICATION NUMBER:	A. BUILDING:			
		B. WING			R 01/28/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
HARMO	NY HOME	808 NOR DUNN, N	TH MCKAY AV C 28334	/ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	age 2	V 736			
	<ul> <li>She was unsure of that was observed have used salt to d Interview on 1/28/2 stated:</li> <li>She was unsure w but she would follow Interview on 1/28/2 Management stated.</li> <li>He was unsure of substance was but</li> <li>Staff likely placed areas observed and about it.</li> <li>He was unsure ho behind the couch b repaired.</li> <li>He understood the maintained in a saff manner.</li> </ul>	since September 2024. of what the white substance was but felt another staff may eter bugs. 5 the Qualified Professional what the whit substance was w up with staff. 5 the Director of Quality				

GQ9N11