

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-899	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/03/2025
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NAME OF PROVIDER OR SUPPLIER HARRISON HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 FERNBROOK ROAD RALEIGH, NC 27610
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 3, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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2/18/25 by
MHL & C

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Uchenna Enyinnaya

TITLE

ADMINISTRATOR

(X6) DATE

2/18/25

Division of Health Service Regulation

STATE FORM

6899

XOZ811

If continuation sheet 1 of 3

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Uchenne Enyinnaya ADMINISTRATION 2/18/25

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<p>V 112</p>	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement 3 of 3 audited clients (#1, #2 & #6) treatment plans. The findings are:</p> <p>Review on 1/31/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/30/15 - diagnoses: Borderline Personality, Anxiety, Osteoporosis & Tremors - no current treatment plan <p>Review on 1/31/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/29/20 - diagnoses: Schizophrenia, Prostate & Hyperlipidemia - no current treatment plan <p>Review on 1/31/25 of client #6's record revealed: - admitted 1/17/15</p> <ul style="list-style-type: none"> - diagnoses: Schizophrenia, Hypertension, hx of prostate, Chronic Kidney Disease stage 3, Hyperlipidemia & Hypothyroidism - no current treatment plan <p>During the interview on 1/31/25 client #1 reported:</p> <ul style="list-style-type: none"> - the Qualified Professional (QP) spoke with them "by computer" sometimes - she asked them "how things were going" - could not think of his goals <p>During interview on 1/31/25 client #2 reported:</p>	<p>V 112</p> <p>The QP will review all treatment plans monthly to ensure completeness and compliance. The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary. The QP will review all treatment plans monthly to ensure completeness and compliance.</p> <p>The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary. The QP will review all treatment plans monthly to ensure completeness and compliance.</p> <p>The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary.</p>	<p>4/4/2025</p> <p>4/4/2025</p> <p>4/4/2025</p>
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If continuation sheet 2 of 3

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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>HARRISON HOMES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2609 FERNBROOK ROAD</p> <p>RALEIGH, NC 27610</p>	

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - his goal was to have unsupervised time on the weekend & independent living skills - the QP came by monthly and discuss his goals <p>During interview on 1/31/25 staff #1 reported: -</p> <ul style="list-style-type: none"> - the QP informed her the clients current treatment plans were not completed - she (staff #1) worked with clients on exercise and how to keep their bedrooms clean - the QP came to the facility monthly <p>During interview on 2/3/25 the Licensee reported: -</p> <ul style="list-style-type: none"> - the clients' treatment plans were supposed to be at the facility - the QP was supposed to make sure the current treatment plans were at the facility - if the QP was not able to ensure the treatment plans were at the facility, she needed to notify him (Licensee) - he was not aware the current treatment plans were not at the facility - the QP did not give "No good reason" for the current treatment plans not to be at the facility - he will follow up behind the QP in the future to make sure current treatment plans were at the facility 	V 112	<p>The QP will review all treatment plans monthly to ensure completeness and compliance. The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary.</p> <p>The QP will review all treatment plans monthly to ensure completeness and compliance. The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary.</p> <p>The QP will review all treatment plans monthly to ensure completeness and compliance. The QP will conduct monthly reviews for the first three months, then transition to quarterly audits to ensure continued compliance. Findings will be documented, and corrective actions will be taken immediately when necessary.</p>	<p>4/4/2025</p> <p>4/4/2025</p> <p>4/4/2025</p>

Ucheoma Enjinraye ADMINISTRATOR 2/18/25