Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COIVIE	LEIED
	MHL0601346	B. WING		03/2	5/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
I HARRISON HOME					
SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G 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
000 INITIAL COMMENTS		V 000			
An annual survey was completed on 03/25/2025. No deficiencies were cited.					
This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT An annual survey w No deficiencies wer This facility is licens category: 10A NCA Living for Alternative This facility is licens census of 2. The su	MHL0601346 PROVIDER OR SUPPLIER STREET AD 12551 HA MATTHEV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 03/25/2025. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of	MHL0601346 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S. 12551 HASHANLI PLA MATTHEWS, NC 2810 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS V 000 An annual survey was completed on 03/25/2025. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of	MHL0601346 MHL0601346 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12551 HASHANLI PLACE MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD PREFIX TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD PREFIX TAG (EACH CORRECTIVE ACTION SHO	MHL0601346 B. WING ON HOME STREET ADDRESS, CITY, STATE, ZIP CODE 12551 HASHANLI PLACE MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCE MATTHEWS, NC 28105 FREGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS V 000 An annual survey was completed on 03/25/2025. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE