

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/25/2025
NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-HARMONY		STREET ADDRESS, CITY, STATE, ZIP CODE 110 SALEM CIRCLE GREENVILLE, NC 27858		
(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	INITIAL COMMENTS An annual and follow up survey was completed on April 25, 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current client.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews the facility and its grounds were not maintained in a safe, clean and attractive manner. The findings are: Observations of the facility on 4/24/25 at approximately 10:30am revealed: - The microwave was rusted around the inside at the top and the inside bottom of the microwave had peeled away. - 2 cabinet doors under the microwave did not latch closed,; 2 cabinet doors under the sink did not latch closed; 1 cabinet above the stove on the left side did not latch closed and the left side cabinet the stove above the air fryer did not latch. - Approximately 3 foot of the rail at the exit door was loose. - The screen door in the common area area had	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>not properly close and there were spider webs and dead bugs in the bottom of the doorway.</p> <ul style="list-style-type: none"> - An approximately 12 inch long crack in the left side of the wall by the closet door in the hallway. - Client #2 had a 4 drawer dresser with 1 handle missing from the 2nd drawer. - The hall bathroom had bath tub/shower combination with dark discolored caulking under the faucet; approximately 12 inches of dark residue behind the toilet on the floor and shoe molding - Client #1's bathroom had rust colored stains down the shower wall under the faucet approximately 3 feet long. - Client #5's gray drawer dresser had a knob on the 3rd drawer missing; the closet door was missing the knob on the right side and the brown 5 drawer dresser was missing the handle on the top drawer. <p>Interview on 4/24/25 the Residential Director acknowledged the findings during the walkthrough of the facility and stated that work orders would be completed for the issues in the bathroom and the screen door.</p> <p>This deficiency has been cited 5 times since the original cite on 3/28/18 and must be corrected within 30 days.</p>	V 736			