	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL032-411		B. WING		09/12/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARVES	HARVEST OF HOPE GROUP HOME 2509 LANE STREET DURHAM, NC 27707					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	An annual survey w 12, 2025. Deficienc	vas completed on September ies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
	This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emerge	ncy 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 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 accessible for use.					
	facility failed to ensu	et as evidenced by: view and interviews, the ure fire and disaster drills were and on each shift. The				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL032-411		B. WING		09/	09/12/2025	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARVES	T OF HOPE GROUP	HOME		IE STREET , NC 27707			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ON SHOULD BE COMPLÉTE DATE		
V 114	Continued From page 1			V 114			
	Review on 9/12/25 of the facility's fire and disaster drill log from September 2024-September 2025 revealed: -Staff #1 failed to conduct a fire and disaster drill during his shift for the 2nd quarter (April, May, June) of 2025Staff #2 failed to conduct a fire and disaster drill during his shift for the 4th quarter (October, November, December) of 2024. Interview on 9/12/25 with client #1 revealed: -They went outside for fire drillsThey went into the hallway by the kitchen for disaster drills and "sat on the floor." Interview on 9/12/25 with client #2 revealed: -They did fire and disaster drills with staffHe did not know the procedures for the drills. Interview on 9/12/25 with client #3 revealed: -They walked over to the end of the street near the facility for fire drills.						
-They did no disaster drills with staff. Interview on 9/12/25 with staff #1 revealed:							
	-He worked at the f overnight. -Staff #2 worked at overnight. -They were require monthly with the cli -He confirmed the f disaster drills were each shift.	the facility Monday d to do fire and disa ents. acility failed to ensu	thru Friday ster drills ire fire and				
	Interview on 9/12/25 with the Administrator revealed: -Staff normally did fire and disaster drills monthlyShe didn't realize staff #1 and staff #2 were not						

Division of Health Service Regulation

STATE FORM RHDC11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL032-411		B. WING	B. WING		09/12/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
HARVES	T OF HOPE GROUP I	-IOME	ANE STREET AM, NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	-She confirmed the	isaster drills as required. facility failed to ensure fire vere conducted quarterly on				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me	I its grounds shall be e, clean, attractive and order e kept free from offensive et as evidenced by:				
		on and interviews, the facility I in a clean, attractive and e findings are:				
	approximately 10:30 -Kitchen area-No hawas food debris and cabinets. Trashcan-Bathroom in hallwawas loose. The wat Wall inside of shownear shower rail on -Bathroom in client slowly in the sink. Tof dust. Beige stain.	andle on microwave. There d grease stains on stove and had food debris on it. ay-The sink's faucet handle er would not drain in the sink er had peeling paint and rust				
	-He didn't realize th the faucet.	5 with staff #1 revealed: e sink handle was loose on all of the above issues with				

6899

Division of Health Service Regulation STATE FORM

RHDC11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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HARVES	T OF HOPE GROUP I	HOME		E STREET , NC 27707			
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V 736	6 Continued From page 3			V 736			
	revealed: -She visited the fac -There was a work the bathroom in the -She wasn't aware with the facilityShe acknowledged the facility.	of some of the other is	day." sink in sues				
V 752	 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. 		V 752				
	facility's water temp	et as evidenced by: ons and interviews, the perature was not maint egrees Fahrenheit. Th	ained				
	bathroom at approx -The sink's water to checked because the -The tub and showed degrees Fahrenheit		ealed: e oose. /as 95				
	Observation on 9/12/25 of the facility's hallway						

Division of Health Service Regulation STATE FORM

6899 RHDC11 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL032-411	B. WING		09/	12/2025
	PROVIDER OR SUPPLIER	2509 LAI	DDRESS, CITY, S NE STREET M, NC 27707	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 752	bathroom at approx- The tub and showed degrees Fahrenheit Interview on 9/12/22 - He didn't realize the the faucet He thought the watto the clients all take that morning He confirmed the facility water temped degrees Fahrenheit Interview on 9/12/25 confirmed:	imately 2:45 pm revealed: er water temperature was 95 in the was loose on the staff #1 revealed: e sink handle was loose on the temperature was cool due ing showers or baths earlier acility failed to maintain the rature between 100-116 in the was loose on the temperature was cool due ing showers or baths earlier acility failed to maintain the rature between 100-116 in the was loose on the was l	V 752			

6899

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RHDC11 If continuation sheet 5 of 5