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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
ANDILAN	or dortheories	IDENTIFICATION NOMBER.	A. BUILDING: _							
		MHL032-441	B. WING		R 09/16/2025					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE						
TLC ADULT GROUP HOME 603 DUNBAR STREET										
		<u> </u>	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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE						
V 000	INITIAL COMMENTS		V 000							
		up survey was completed 25. A deficiency was cited.								
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.									
	-	d for 5 and has a current yey sample consisted of ents.								
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736							
		EMENTS								
		n and interview, the facility n a safe, clean, attractive,								
	revealed: -Client #2's bedroom fistClient #2's bedroom	/25 at approximately 9:00am door has a hole the size of a has writing on the wall next								
	-"[Client #2] just put the writing on the wall." -"I haven't had a chare." Interview on 9/16/25	with the Lead Staff revealed: hat hole in the door and nce to get the repairs done." with the Director revealed: nole in the door because the								

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			A. BUILDING.		R					
MHL032-4		MHL032-441	B. WING		09/16/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
TLC ADULT GROUP HOME 603 DUNBAR STREET DURHAM, NC 27707										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
V 736	doctor was changing -"I don't know how we from writing on the wa -"We haven't had time -She acknowledged a facility.	his medications." e going to stop [Client #2]	V 736							

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