

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/16/2025
NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, 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 (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 September 16, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	RECEIVED SEP 16 2025 DHHS MH Licensure Sect	
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 interview, the facility was not maintained in a safe, clean, attractive, orderly manner. The findings are: Observation on 9/16/25 at approximately 9:00am revealed: -Client #2's bedroom door has a hole the size of a fist. -Client #2's bedroom has writing on the wall next to the closet. Interview on 9/16/25 with the Lead Staff revealed: -"[Client #2] just put that hole in the door and writing on the wall." -"I haven't had a chance to get the repairs done." Interview on 9/16/25 with the Director revealed: -"[Client #2] put that hole in the door because the	V 736	Furniture will be removed from the front of the home when the city pick up on the scheduled date. Furniture will be removed. Staff counseled with consumer about writing on his wall & close, staff spoke with consumer therapist. Director put paper on the consumer wall consumer takes the paper down. consumer has been marking his wall for 17 years. It is his room	10/9/25

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

TITLE

(X6) DATE

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V 736	Continued From page 1 doctor was changing his medications." -"I don't know how we going to stop [Client #2] from writing on the wall." -"We haven't had time to get the door repaired." -She acknowledged all the above issues with the facility. This is a recite and must be corrected in 30 days.	V 736	<i>The consumer pays Reomid board it is his Rights, Director will continue counseling consumer Door will be repaired before 9/24/25 the date of dialysis</i>	<i>9/24/25</i>	