

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 11/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARVEST OF HOPE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2509 LANE STREET DURHAM, NC 27707</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 11/14/25. The complaint was unsubstantiated (intake #NC00233909). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 11/14/25 of the facility at approximately 9:50 am revealed: -Kitchen area-No handle on microwave. There was food debris and grease stains on stove and microwave. Trashcan had food debris on it. -Bathroom in hallway-The sink's faucet handle was loose. The water would not drain in the sink. Wall inside of shower had peeling paint and rust near shower rail on wall. Toilet lid had light brownish stains -Bathroom in client #2's bedroom-The light fixture had a build up of dust. Beige stains on walls. The floor area at near the sink was spongy and the</p>	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>floor gave way when stepped on.</p> <p>Interview on 11/14/25 with staff #1 revealed: -He talked with management about some of the maintenance issues with the facility. -Someone came out and repaired the floor a few weeks ago. -He acknowledged all of the above issues with the facility.</p> <p>Interview on 11/14/25 with the Administrator revealed: -She talked with staff about cleaning the facility during their shift. -She had the floor fixed in the bathroom in client #2's bedroom. -She didn't know the floor area near the sink still needed to be repaired -She acknowledged all of the above issues with the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		