

TIME RECEIVED
December 10, 2025 at 2:53:41 PM EST

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DURATION
74

PAGES
3

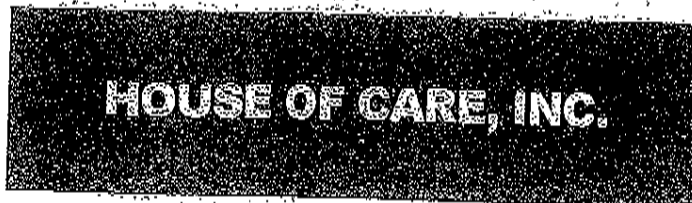
STATUS
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12-10-25 14:52 FROM-

T-338 P0001/0003 F-390

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Fax

To: Division of Health Service Reg From: House of Care, Inc
 Fax: 919-715-8078 Pages: 3
 Phone: _____ Date: 12-10-25
 Re: POC MHL 032-243 CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

Please see the attached POC.



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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/14/2025
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 KIMBALL DRIVE DURHAM, NC 27712
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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>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on February 14, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C. Supervised Living for Adults with Developmental Disabilities</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 interview, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 2/13/25 at approximately 8:25 AM revealed:</p> <ul style="list-style-type: none"> -There was a deep hole in the wall about 3 inches wide and 2 inches long behind the couch in the common area. -There was a hole in the black dining room table about 3 inches wide and 2 inches long. -One dining room chair was unstable and wobbly. -There were brown and black stains and peeling of paint and scratches on the wall throughout the facility including clients bedrooms and hallways. <p>Interview on 2/14/25 with the Assistant Director/Qualified Professional revealed:</p>	V 736	<p>House of Care, Inc.'s has submitted a service request to our Landlord regarding repainting of the facility.</p> <p>The dining room table has been replaced.</p> <p>The hole behind the couch, damaged by a client, has been repaired.</p>	<p>2/2026</p> <p>2/17/2025</p> <p>2/17/2025</p>

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Assistant Director *2/18/25*
TITLE (X6) DATE

Received by
MHL & C
12/10/25

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>-She was aware of the hole in the wall and dining room table caused by one of the clients. - They currently had maintenance looking into some of the issues regarding markings on the walls.</p> <p>-She was going to work on getting all items fixed and repaired.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		