

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/11/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 NORTH MCKAY AVENUE DUNN, NC 28334</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>An annual and follow up survey was completed on March 11, 2026. 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 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></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 clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/10/26 at approximately 11:34am during the tour of the facility revealed:</p> <ul style="list-style-type: none"> <li>- The cabinet above the dishwasher had a shelf that was off crooked.</li> <li>- The bathroom on the male side of the facility had an approximately 12 inch dark and rust colored area under the clear bath mat that was in the bathtub.</li> <li>- Client #1 had a 6 drawer dresser with no handle on the left side.</li> <li>- Client #4 had a dresser that was missing a knob on the left side of the drawer.</li> <li>- The night light in the hallway had not cover on it.</li> <li>- The bathroom on the female side had rust</li> </ul>	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>colored stains leading from the towel bar approximately 12 inches into the bathtub; the bathtub had an approximately 2 feet long and approximately 1 1/2 foot wide area in the tub that was dark and rust colored under a clear bathmat.</p> <p>Interview on 3/11/26 the Quality Management Director stated: - He would have the bathtubs checked and acknowledged all other concerns.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		