

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/15/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1118 KIMBALL DRIVE</b> <b>DURHAM, NC 27712</b>
---	---

(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, complaint and follow up survey was completed on December 15, 2025. The complaint was unsubstantiated (intake #NC00235020). 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 5. 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 safe, clean, and attractive manner. The findings are:</p> <p>Observation on 12/12/25 at about 10:30 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Client #4's Bedroom: <ul style="list-style-type: none"> <li>-Dresser: Middle drawer was broken on the left side. Bottom 3 drawers were out of rail.</li> </ul> </li> <li>-Handrail to upstairs floor- Paint had stripped of and rail was dirty as well as walls going up.</li> <li>-Upstair's Hall Bathroom- Shower rod was not secured. Fell off when opened. <ul style="list-style-type: none"> <li>-Inside of shower- Dark stains on the ceiling. There was an area of the ceiling inside the shower that was starting to bubble up/peel off-</li> </ul> </li> </ul>	V 736		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/15/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1118 KIMBALL DRIVE DURHAM, NC 27712</b>
---	---

(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 736	<p>Continued From page 1</p> <p>next to the light measuring about 3 in by 2 in.</p> <ul style="list-style-type: none"> <li>-There were 3 dark stains on the ceiling above the toilet measuring about 1 foot each.</li> <li>-Client #5's Bedroom: <ul style="list-style-type: none"> <li>-The wall by the dresser had about 30 pin halls. There were two scratches on the wall about 6-8 inches each.</li> <li>-There was an unfinished patch-up repair on wall behind the bed measuring about 1 footy in diameter.</li> <li>-Several stains all throughout the walls.</li> </ul> </li> <li>-Client #1's Bedroom: <ul style="list-style-type: none"> <li>-There were about 6 long scratches on wall by entrance measuring about 1 foot each.</li> <li>-Several scratches on walls all throughout the room.</li> <li>-Several stains on walls throughout the room.</li> </ul> </li> <li>-Client #2's Bedroom: <ul style="list-style-type: none"> <li>-Stains all throughout the walls in the room.</li> <li>-There was a dark stain that stretched about 12 feet long and 5 inches wide on the long wall.</li> <li>-There was a dark stain that stretched about 6 feet long and 5 inches wide on short wall.</li> <li>-Lint/cobwebs on wall next to window.</li> <li>-Bottom drawer from dresser- the front of the drawer was missing.</li> <li>-Door to room had stains all over.</li> </ul> </li> <li>-Outside: <ul style="list-style-type: none"> <li>-Paint had stripped off from the upper part of the facade exposing bare weathered wood.</li> </ul> </li> </ul> <p>Interview on 12/12/25 with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Licensee rented the building.</li> <li>-The owner had a management company that was supposed to do repairs when needed.</li> <li>-Management company had not been very reliable</li> <li>-Facility may be searching for an alternative place to move in the near future.</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/15/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1118 KIMBALL DRIVE</b> <b>DURHAM, NC 27712</b>
---	---

(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 736	<p>Continued From page 2</p> <p>Interview on 12/15/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of some maintenance issues at the facility.</li> <li>-Management company had not been making repairs as efficient and timely as needed.</li> <li>-Licensee may be searching for a new place in the future.</li> <li>-She acknowledged the facility was maintained in a safe, clean and attractive manner.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		