Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
		MIII 000 044	B. WING			-C						
		MHL092-941	B. WING		04/2	20/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ABSOLUTE HOME-WILSHIRE DRIVE 1002 WILSHIRE DRIVE CARY, NC 27511												
(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 COMMENT	rs	V 000									
	on April 20, 2018. unsubstantiated (indeficiency was cited	take #NC00135022). A										
		C 27G .5600A Supervised										
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	failed to ensure the	view and interview the facility facility and it's grounds were e, clean, attractive and orderly										
	Regulation (DHSR) 4/6/18 revealed: - At the time of the	of Division of Health Service Construction survey dated ne follow up survey it was was still present in Bedroom										
	representative reve	l in bedroom 5 was										
	Interview on 3/1/18	with the Building Owner										

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 (X1) PROVIDER/SUPPLIER/CLIA

MHL092-941 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
ABSOLUTE HOME-WILSHIRE DRIVE ABSOLUTE HOME-WILSHIRE DRIVE (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 1 revealed: - She was contacted after the last state survey regarding the mold in the home - She purchased mold cleaner and paint to correct the issue - Her maintenance man cleaned the mold however he did not provide any paperwork regarding the work performed Interview on 3/1/18 with the Administrator's Husband revealed: - He's responsible for the upkeep of the facility and addressing maintenance concerns - He was informed of the mold throughout the house and informed the building owner - Staff cleaned the areas with Clorox as a method to fix the issue - The building owner would not pay for a professional to treat the areas because the quote from a locate agency was extremely expensive (over \$3,000) - They could only do what the building owner would allow correct the issue [This deficiency constitutes a re-cited deficiency													
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