	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL092-755				-C 08/2018
	ROVIDER OR SUPPLIER		.DDRESS, CITY, S		03/	00/2010
AIVIE OF F	ROVIDER OR SUPPLIER		LLRACE RD	TATE, ZIP CODE		
BSOLU	TE HOME AND COM	MUNITY SERVICE	H, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	TS	V 000			
	A complaint and follow up survey was completed on 5/8/18. Deficiencies were cited. Intake # 00135866 was substantiated.					
		sed for the following service C 27G .5600A Supervised ith Mental Illness				
V 110	27G .0204 Training Paraprofessionals	g/Supervision	V 110			
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as sp	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for hals shall be supervised by an onal or by a qualified ecified in Rule .0104 of this	r			
	knowledge, skills a population served. (d) At such time a	s a competency-based				
	then qualified profe professionals shall (e) Competence s exhibiting core skil		,			
	 technical know cultural awarei analytical skills decision-makin interpersonal s 	ness; s; ng;				
	(5) interpersonal s(6) communication(7) clinical skills.(f) The governing					
	develop and imple for the initiation of	ment policies and procedures the individualized supervision ach paraprofessional.				

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	СОМ	E SURVEY PLETED
		MHL092-755	B. WING			e-C 08/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	TE HOME AND COM	MUNITY SERVICE	LRACE RD , NC 27606			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	ige 1	V 110			
		et as evidenced by: veiw and interview one of two lemonstrate competency. The				
	findings are:	f client #1's record revealed				
	revealed: -"The client left 2/15/18. He did not report was initially f	nt report dated 2/15/18 the facility on the night of return. A missing person iled and upgraded to a Silver ne client was admitted to UNC 6/18."				
	-Admission dat	Schizophrenia and Mild				
		vised Assessment dated o unsupervised time."				
	Social Services Adu stated:	4/6/18 with Department of ult Services Social Worker e home around the end of				
	February 2018 arou -Upon arrival si	und 12:00 PM. taff #1 was still in her pajamas				
	and his follow up a	about the location of client #1 opointments, she was unaware				
		appointment was. follow up appointment on this orning and staff #1 had not				

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If continuation sheet 2 of 9

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL092-755	B. WING			-C 08/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		5628 MIL	LRACE RD			
ABSOLU	TE HOME AND COM	MUNITY SERVICE RALEIGH	I, NC 27606			
(X4) ID			ID	PROVIDER'S PLAN OF CORF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		COMPLETE DATE
V 110	Continued From pa	ige 2	V 110			
	appointment, but w -Staff #1 could about what type of -Staff #1 could regarding the client -Staff #1 stated clients lunch, they of -Staff #1 was n reschedule client # -Was very cond work with the popul During interview on following, -On 2/15/18 ard was not in the hom -Not sure how l -Did not call an #1 was missing. -Called the poli thought you are sup reporting someone -When police a stuff for client #1." During interview on Qualified Professio -Client #1 went a cigarette and whe was gone. -Client #1 called me, no one did." -Staff #1 called 2/16/18 to report hi	I she did not know he had an ould reschedule. not provide any information services the facility provided. not provide information s. I she was not planning to fix could get their own. ot sure who to call to 1's appointment. cerned with staff #1's ability to ation in the home. 5/8/18 Staff #1 stated the ound 7:00 PM noticed client #1 e. ong client #1 had been gone. yone to let them know client ce next day, because "I oposed to wait 24 hours before missing." rrived, "I did give them all the 4/2/18 and 5/8/18 the nal (QP) stated: outside on 2/15/18 to smoke en staff checked on him, he ot have unsupervised time. the licensee, but "did not call the police on the morning of m missing. she waited that long, but since				
	-Not aware she	did not provide the				
Division of H	ealth Service Regulation					

Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 9

	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		MHL092-755	B. WING			R-C)5/08/2018	
AME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
BSOLL	JTE HOME AND COM	MUNITY SERVICE	LRACE RD				
			I, NC 27606		0000000000		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From pa	ige 3	V 110				
	resent in the home -The officer wa instead of missing p because the client's living on the street -Not aware of c appointments. -Client #1 had a	nted to file a silver alert person and this confused us, s cognitive ability and history of did not warrant a silver alert. client #1 missing any a follow up appointment after the hospital, but the ACTT	F				
V 291	27G .5603 Supervis	sed Living - Operations	V 291				
	six clients when the developmental disa on June 15, 2001, a than six clients at th provide services at licensed capacity. (b) Service Coordin maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to t the facility. Reports annually to the pare legally responsible Reports may be in conference and sha progress toward me (d) Program Activit	203 OPERATIONS cility shall serve no more than a clients have mental illness or abilities. Any facility licensed and providing services to more nat time, may continue to no more than the facility's nation. Coordination shall be n the facility operator and the nals who are responsible for on or case management. the Family or Legally n. Each client shall be tunity to maintain an ongoing or or his family through such the facility and visits outside s shall be submitted at least ent of a minor resident, or the person of an adult resident. writing or take the form of a all focus on the client's eeting individual goals. ies. Each client shall have s based on her/his choices,					

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-755	B. WING			-C 08/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
BSOLU	TE HOME AND COM	MUNITY SERVICE 5628 MIL	LRACE RD			
		RALEIGH	I, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From pa	age 4	V 291			
	needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.					
		eview and interview the facility services for one of three				
	the following incide revealed: -"The client left 2/15/18. He did not report was initially f	of client #1's record revealed nt report dated 2/15/18 the facility on the night of return. A missing person filed and upgraded to a Silver ne client was admitted to UNC 6/18."				
	-Admission dat	Schizophrenia and Mild				
		vised Assessment dated o unsupervised time."				
	Social Services Adu stated:	4/6/18 with Department of ult Services Social Worker e home around the end of und 12:00 PM.				
	-Upon arrival st and clients were in -When asking a	taff #1 was still in her pajamas				

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If continuation sheet 5 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-755	B. WING			R-C 08/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BSOLU	ITE HOME AND COMI	MUNITY SERVICE	LRACE RD			
		RALEIGI	H, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From pa	ige 5	V 291			
	day earlier in the m taken him or aware -Staff #1 stated appointment, but w -Staff #1 could about what type of -Staff #1 could regarding the client -Staff #1 could regarding the client -Staff #1 stated clients lunch, they of -Staff #1 was n reschedule client # -Was very cond work with the popul During interview on Official stated the for -Responded to regarding a missing -Upon arrival of him she noticed the before on 2/15/18 b -When asking s information, she co information to file th -Staff #1 did not these clients." -When he infor needed to be done, to complete the pro -It is very difficu staff cant provide th -Very concerne police the night befor client was missing.	I she did not know he had an ould reschedule. not provide any information services the facility provided. not provide information s. I she was not planning to fix could get their own. ot sure who to call to 1's appointment. cerned with staff #1's ability to ation in the home. 4/25/18 A Law Enforcement ollowing, the home on 2/16/18 g person call they received. n 2/16/18 staff #1 informed e client missing the night out did not call police. staff #1 for client #1 uld not provide the required he report. It seem to "know much about med her a "Silver Alert" , she refused to sign the form cess. It to fill out paper work if a he client information. d staff #1 had not called the ore once she realized the				
	following,	5/8/18 Staff #1 stated the ound 7:00 PM noticed client #1				

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If continuation sheet 6 of 9

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		MHL092-755	B. WING		05/08/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE	
BSOLU	TE HOME AND COM	MUNITY SERVICE	LRACE RD H, NC 27606		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
V 291	Continued From pa	ige 6	V 291		
V 736	-Did not call an #1 was missing. -Called the poli thought you are sup reporting someone -When police a stuff for client #1." During interview on Qualified Professio -Client #1 went a cigarette and whe was gone. -Client #1 did n -Staff #1 called 2/16/18 to report hi -Not sure why se educated her on re -Not aware she information needed present in the home -The officer wa instead of missing p because the client's living on the street -Not aware of c appointments. -Client #1 had a his discharge from team canceled that	ong client #1 had been gone. yone to let them know client ce next day, because "I oposed to wait 24 hours before missing." rrived, "I did give them all the 4/2/18 and 5/8/18 the nal (QP) stated: outside on 2/15/18 to smoke en staff checked on him, he ot have unsupervised time. the licensee, but "did not call the police on the morning of m missing. she waited that long, but since porting elopement. did not provide the l because the client record is e. nted to file a silver alert person and this confused us, s cognitive ability and history o did not warrant a silver alert. client #1 missing any a follow up appointment after the hospital, but the ACTT appointment. ty and Grounds Maintenance			
	EXTERIOR REQU	303 LOCATION AND IREMENTS			
	ealth Service Regulation				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-755	B. WING			R-C 08/2018
					05/	00/2010
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST .LRACE RD	IATE, ZIP CODE		
ABSOLU	TE HOME AND COM	MUNITY SERVICE	H, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 7	V 736			
	maintained in a saf	d its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure its grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:					
	- Downstairs ba - Light Bulbs ou downstairs. - Client #1's roo large gaps in it. - Client #1's ba dirty and loose. - Upstairs hallw multiple patched ar - Sink vanity ca outside.	/18 at 11:30 am revealed: athroom floor ripped. ut in Client #'4 bedroom om had pieces of floor with throom sink and cabinets are yay bathroom is dirty and has ea and not painted. binet is breaking apart on the droom paint is patchy and the				
	Professional stated -The home had survey. -The home is o -They are slow	12/4/17 the Qualified : I repairs after last years Id and needs a lot of work. ly getting the repairs done. stay on clients about cleaning				
	[This is a recited de corrected within 30 ealth Service Regulation	ficiency and must be days]				

STATE FORM

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PRINTED: 05/09/2018 FORM APPROVED

	OF DEFICIENCIES				(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			C	
		MHL092-755	B. WING			-C 08/2018	
AME OF PR	ROVIDER OR SUPPLIEF	R STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BSOLUT	E HOME AND COM		LLRACE RD H, NC 27606				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION							
RÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET	