

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 NORMANDY STREET CARY, NC 27511</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>A Complaint and Follow-Up Survey was completed on May 3, 2018. The Complaints were substantiated (Intake #NC00137944, #NC00137801). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 interview and observation, the governing body failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation and tour on 05/03/18 at 2:30 PM revealed the following:</p> <ul style="list-style-type: none"> <li>- Client #2's room shared room with a peer located adjacent to the kitchen area: carpet stained and ripped, ceiling with water stains and debris peeling</li> <li>- Client #6's room he shared with a peer with bathroom inside the room--tear noted in the popcorn cracking in the ceiling.</li> <li>- Hallway bathroom black marks noted on the wall</li> <li>- Client #1's single occupancy bedroom carpet soiled</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>During interview on 05/03/18, the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Management had been aware of the stained and ripped carpet areas throughout the house since the December 19, 2017.</li> <li>- She was not aware why the issue had not been addressed.</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 736		