

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/18/2018
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
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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>INITIAL COMMENTS</p> <p>A follow up survey for the Type A1 was completed on May 18, 2018. This was a limited follow up survey, only 10A NCAC 27G .5601 SCOPE (V289) of all reviewed deficiencies (including any cross referenced deficiencies) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5601 SCOPE (V289;) and Cross References: 10A NCAC 27G 0203 - PRIVILEGING AND TRAINING OF PROFESSIONALS (V109;); 10A NCAC 27G 0204 - COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110;); 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V117;); 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118;); 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V120;); § 122C-6 SMOKING PROHIBITED; PENALTY (V369;); 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (Facility and Grounds Maintenance) (V736;); 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (Pest Control) (V738.) No 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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____