

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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>An annual survey was completed on September 27, 2018. 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (staff #1). The findings are:</p> <p>Review on 9/27/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 9/11/18. -Staff #1 was hired as a Habilitation Technician. -There was no documentation of training in Cardiopulmonary Resuscitation and First Aid for staff #1.</p> <p>Interview on 9/27/18 with the Qualified Professional revealed: -Staff #1 just recently started working at the group home. -Staff #1 had worked alone with the clients. -Staff #1 told her that he took the Cardiopulmonary Resuscitation and First Aid training with another provider. -She thought the training was in staff #1's personnel folder. -She confirmed there was no documentation of training in Cardiopulmonary Resuscitation and First Aid for staff #1.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 114	<p>Continued From page 2</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review of facility records on 9/27/18 revealed: -There was no documentation of fire and disaster drills for 2017/2018.</p> <p>Interview with client #1 on 9/27/18 revealed: -Staff had done fire/disaster drills with them in the past. -He thought the last fire and/or disaster drill was about three months ago.</p> <p>Interview with client #2 on 9/27/18 revealed: -He could not recall if staff had ever done any fire and/or disaster drills with them.</p> <p>Interview with the Qualified Professional on 9/27/18 revealed: -As far as she knows staff were conducting fire</p>	V 114		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 114	Continued From page 3 and disasters drills. -She was told by staff that the Licensee's husband took the fire and disaster drill log. -She thought the Licensee's husband possibly picked up the log by mistake. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 4</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure staff followed a clients physician's order affecting one of three clients (#2), failed to have physician's orders affecting two of three clients (#1 and #2) and failed to keep the MAR current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>1. The following is evidence the facility failed to follow a clients physician's order.</p> <p>Review on 9/26/18 of client # 2's record revealed: -Admission date of 7/26/16. -Diagnosis of Schizoaffective Disorder-Bipolar Type. -Physician's order dated 8/9/18 for Naproxen 500 mg, one tablet two times daily. -The September 2018 MAR indicated client #2 had received the medication.</p> <p>Observation on 9/26/18 at 1:00 PM of the medication area revealed: -Client #2's medication box had no evidence Naproxen 500 mg tablets.</p> <p>Interview with staff #1 on 9/26/18 revealed: -He thought client #2 just ran out of the Naproxen 500 mg tablets. -There were a few medications that needed to be filled by the pharmacist. -He confirmed staff failed to follow the physician's order for client #2.</p>	V 118		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 5</p> <p>Interview with the Qualified Professional on 9/26/18 confirmed: -Staff failed to follow the physician's order for client #2.</p> <p>2. The following is evidence the facility failed to have physician's orders.</p> <p>a. Observation on 9/26/18 of the medication area revealed: -There was no evidence of the Aripiprazole 15 mg medication in client #1's box.</p> <p>Review on 9/26/18 of client # 1's record revealed: -Admission date of 7/1/16. -Diagnoses of Schizophrenia-Disorganized Type, Cannabis Abuse and Alcohol Abuse. -The September 2018 MAR had Aripiprazole 15 mg listed and given by staff on 9/11. -There was no physician's order for the Aripiprazole 15 mg.</p> <p>b. Observation on 9/26/18 at 1:00 PM of medication area revealed: -Client #2 had the following medications in his box-Divalproex Sodium ER 500 mg, Ranitidine HCL 150 mg and Cinacalcet 30 mg. -There was no evidence of Amlodipine 5 mg tablets.</p> <p>Review on 9/26/18 of client #2's record revealed: -The September 2018 MAR for client #2 had the following: Staff administered the above medications to client #2 on 9/1 through 9/26. -Staff also administered Amlodipine 5 mg tablets 9/1 through 9/26. -There were no physician's orders for any of the administered medication listed above.</p>	V 118		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 6</p> <p>Interview with client #1 on 9/27/18 revealed: -He thought he only took the Aripiprazole medication one day. -He thought the pharmacy possibly sent the medication by mistake.</p> <p>Interview with the Qualified Professional on 9/27/18 revealed: -She was not sure why client #1 took the Aripiprazole medication for one day. -She thought client #2's orders were possibly misplaced. -She thought all of client #2's orders were in his record book. -She confirmed the facility failed to have physician's orders for clients' #1 and #2.</p> <p>3. The following is evidence the facility failed to keep the MAR current.</p> <p>a. Review on 9/26/18 of client #1's record revealed: -Physician's order dated 11/20/17 for Olanzapine 10 mg, two tablets at bedtime and Olanzapine 20 mg, two tablets at bedtime. -The August 2018 MAR had blank boxes on 8/30 for Olanzapine 10 mg and Olanzapine 20 mg.</p> <p>b. Review on 9/26/18 of client #2's record revealed: -Physician's order dated 8/9/18 for Lithium Carbonate 300 mg, two capsules at bedtime; Simvastatin 20 mg, one tablet at bedtime; Terazosin HCL 1 mg, one capsule at bedtime; Fish Oil 100 mg, one tablet daily; Multivitamin, one tablet daily; Naproxen 500 mg, one tablet two times daily; Mentholin Salicylate 10% topical cream, apply small amount three times daily for pain and Docusate Sodium, one tablet daily.</p>	V 118		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 7</p> <p>-Physician's order dated 5/15/18 for Olanzapine 20 mg, one tablet at bedtime.</p> <p>-The September 2018 MAR had blank boxes for Mentholin Salicylate 10% topical cream on 9/1 through 9/26.</p> <p>-The August 2018 MAR had blank boxes for the following: Lithium Carbonate 300 mg on 8/3/0 and 8/31; Simvastatin 20 mg on 8/30 and 8/31; Terazosin HCL 1 mg on 8/30 and 8/31; Fish Oil 100 mg on 8/31; Multivitamin on 8/31; Naproxen 500 mg on 8/31 AM dose and 8/30 and 8/31 PM doses; Docusate Sodium on 8/31 and Olanzapine 20 mg on 8/30 and 8/31.</p> <p>-The July 2018 MAR had blank boxes for the following: Fish Oil 100 mg on 7/31; Multivitamin on 7/31; Naproxen 500 mg on 7/31 AM dose and Mentholin Salicylate 10% topical cream on 7/31 AM dose.</p> <p>c. Review on 9/26/18 of client # 3's record revealed:</p> <p>-Admission date of 8/15/17.</p> <p>-Diagnoses of Schizophrenia-Paranoid Type, End Stage Renal Disease and Hypertension.</p> <p>-Physician's order dated 5/9/18 for Labetalol 100 mg, one half tablet two times daily; Risperidone 3 mg, one half tablet two times daily; Calcium Acetate 667 mg, one capsule three times daily and Cinacalcet HCL 60 mg, one tablet daily.</p> <p>-Physician's order dated 6/30/17 for Pantoprazole 40 mg, one tablet before a meal; Isosorbide Mononitrate 120 mg, one tablet in the morning and Benztropine 1 mg, one tablet two times daily.</p> <p>-The September 2018 MAR had a blank box on 9/25 for Calcium Acetate 667 mg.</p> <p>-The August 2018 MAR had blank boxes for the following: Labetalol 100 mg on 8/30 PM dose; Risperidone 3 mg on 8/30 PM dose; Calcium Acetate 667 mg on 8/30 2 PM and 8 PM doses and Benztropine 1 mg on 8/30.</p>	V 118		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 118	<p>Continued From page 8</p> <p>-The July 2018 MAR had blank boxes for the following: Labetalol 100 mg on 7/20 PM dose and 7/31 AM dose; Risperidone 3 mg on 7/20 PM dose and 7/31 AM dose; Calcium Acetate 667 mg on 7/20 2 PM and 8 PM doses, 7/31 AM doses; Cinacalcet HCL 60 mg on 7/31; Pantoprazole 40 mg on 7/31; Isosorbide Mononitrate 120 mg on 7/31; Benzotropine 1 mg on 7/20 PM dose and 7/31 AM dose.</p> <p>Interview with staff #1 on 9/27/18 revealed: -Client #2 was refusing to use the Mentholin Salicylate 10% topical cream. -He just recently started working at the group home. -He thought other staff possibly forgot to sign off on the MAR's. -He confirmed staff failed to keep the MAR current for clients' #1, #2 and #3.</p> <p>Interview with the Qualified Professional on 9/27/18 revealed: -She thought staff possibly forgot to sign off on the client's MARs. -She was not aware of there being any issues with clients not getting their prescribed medications. -She confirmed staff failed to keep the MAR current for clients' #1, #2 and #3.</p>	V 118		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse</p>	V 133		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	Continued From page 9 services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the	V 133		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	<p>Continued From page 10</p> <p>information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. 	V 133		
-------	--	-------	--	--

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	<p>Continued From page 11</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;</p>	V 133		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	<p>Continued From page 12</p> <p>Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record</p>	V 133		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	<p>Continued From page 13</p> <p>check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting one of three audited staff (staff #1). The findings are:</p> <p>Review on 9/27/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 9/11/18. -Staff #1 was hired as a Habilitation Technician. -Criminal history check was completed on 10/30/17. -The criminal history check was completed by another provider. -No documentation of a criminal history check for staff #1 completed within five business days of making the conditional offer of employment by this agency.</p> <p>Interview on 9/27/18 with the Qualified</p>	V 133		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 133	Continued From page 14 Professional revealed: -Staff #1 worked for other group homes. -The criminal history check in his record was completed by another agency. -She confirmed the criminal history check was not completed for staff #1 within five business days of making the conditional offer of employment by this agency.	V 133		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 9/26/18 at approximately 10:30 AM of the facility revealed the following issues: -Client #1's bedroom-There was a crack in the ceiling approximately two feet long. The ceiling was leaking water onto the floor. There was a pool of water on the floor which contained paint particles and sheet rock. The floor boards were warped around the pool of water. There was another part of the ceiling that had a crack approximately 14 inches long. There was a crack in the wall approximately 7 inches long. -Kitchen area-Wall near trash can had dried food debris. Floor had particles of dirt and trash.	V 736		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 15</p> <ul style="list-style-type: none"> -Dining room area-There was a crack in the ceiling approximately 7 inches long and 6 inches wide. The sheet rock was hanging from the ceiling around this crack. There was a set of broken blinds. -Bathroom #1-There was a strong urine smell. The inside of the sink was covered with hair and an oily substance. The toilet bowl had grayish and brownish stains. The towel rack was missing from the wall. There was a set of broken blinds. The door to the bathroom had grease and dirt stains on it. -Client #2's bedroom-There were pieces of trash on the floor. There were shoes and clothing laying in piles on the floor. There was a musty odor in the bedroom. -Bathroom #2-Lights were not working. -Clients' #3 and #4's bedroom-The bedroom furniture was cluttered. Client' #3 and #4 beds were approximately ten inches about. Client #4's bed was also very close to a cabinet and his night stand. -Storage area of home-There were clothes on the floor in piles. There were boxes of books, approximately 4 plastic bags on the floor, a ladder and suitcases. -Walls throughout the group home had grease and dirt stains on them. <p>Observation on 9/27/18 at approximately 9:10 AM of the facility revealed the following issues:</p> <ul style="list-style-type: none"> -The living room area-There were stucco particles hanging from the ceiling. The smoke detector was inoperable and hanging from the ceiling. There were two sets of broken blinds. <p>Interview with client #1 on 9/26/18 and 9/27/18 revealed:</p> <ul style="list-style-type: none"> -He thought the ceiling in his bedroom was leaking for three weeks. 	V 736		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 16</p> <ul style="list-style-type: none"> -He thought management was aware his bedroom ceiling was leaking. -He did stay in one of the other bedrooms 1-2 nights when his ceiling first starting leaking. -He had stayed in his own bedroom the majority of the time his ceiling had been leaking. <p>Interview with staff #1 on 9/26/18 revealed:</p> <ul style="list-style-type: none"> -He had been working at the home for a few days. -He thought management were aware of most of the issues with the group home. -He was aware of client #1's bedroom ceiling leaking. -As far as he knew client #1 had been sleeping in his own bedroom. -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free of offensive odor. <p>Interview with the Qualified Professional on 9/27/18 revealed:</p> <ul style="list-style-type: none"> -She was aware of the maintenance issues with the group home. -She thought client #1's ceiling in his bedroom had been leaking for about two weeks. -She thought the ceiling got worse after the recent hurricane. -She thought client #1 had been sleeping in one of the other bedrooms. -Client #1 told her he was no longer sleeping in one of the other bedrooms. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free of offensive odor. <p>Review on 9/27/18 of a Plan of Protection written by the Qualified Professional dated 9/27/18 revealed: What will you immediately do to correct the above</p>	V 736		

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 09/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
---	--

(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 17</p> <p>rule violations in order to protect clients from further risk or additional harm?: "The client in the room with the ceiling in need of repair will be moved to another room immediately. [The Qualified Professional] has advised [client #1] that he can not remain in that room. [The Administrator and Office Manager] have reached out to the contractor regarding repairs for the roof. Delays have occurred due to excessive rain (weather). The contractor plans to come to the home tomorrow. The facility has contacted a person who will come in and do an extensive cleaning by Monday, October 1, 2018."</p> <p>Describe your plans to make sure the above happens: "[The Office Manager] will ensure that the contractor begins work within the next week on the roof. Additionally, both will ensure all areas (cleanliness & repairs) are completed. [The Office Assistant] will conduct weekly inspections and report findings to the [Qualified Professional]."</p> <p>Client #1's bedroom ceiling had been leaking for about three weeks. Management was aware that the ceiling was in need of repair. Client #1 slept in another bedroom only 1-2 nights. Client #1 slept in his bedroom the majority of the time, although his ceiling was continuously leaking. There were additional issues with the ceiling in the dining room and living room areas of the home. The smoke detector in the living room area was inoperable and hanging from the ceiling. There was a strong urine odor in bathroom #1. Client #2's bedroom had a musty odor. This violation constitutes a Type B violation which is detrimental to health, safety or welfare of clients. If the violation is not corrected within 45 days, administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 736		