STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _		R	
		MHL092-946	B. WING			R 09/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	TE HOME - MARCON	ΙΥ WΔY	RCONY WAY			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
		al and follow up survey was ember 9, 2018. Deficiencies				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.				
V 290	27G .5602 Supervis	sed Living - Staff	V 290			
	numbers specified of this Rule shall be enable staff to resp needs. (b) A minimum of of present at all times premises, except w habilitation plan doo capable of remainin without supervision as needed but not I the client continues the home or comm specified periods of (c) Staff shall be pu following client-staff child or adolescent (1) children of abuse disorders sh of one staff present clients present. Ho present during slee emergency back-up the governing body	bs above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to oond to individualized client one staff member shall be when any adult client is on the when the client's treatment or cuments that the client is ng in the home or community . The plan shall be reviewed less than annually to ensure to be capable of remaining in unity without supervision for f time. resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor pwever, only one staff need be ping hours if specified by the p procedures determined by				
ining -f.L	developmental disa	abilities shall be served with or every one to three clients				

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NUMBER.	A. BUILDING: B. WING			
		MHL092-946				R 11/09/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BEOLU	TE HOME - MARCON	3316 MA	RCONY WAY			
BSOLU		RALEIG	H, NC 27610			
(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 AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 290	Continued From pa	age 1	V 290			
	more clients preser need be present du specified by the em determined by the em (d) In facilities which diagnosis is substa (1) at least of duty shall be trained withdrawal sympton secondary complicat drug addiction; and (2) the service	ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other d ces of a certified substance nall be available on an	/			
	Based on interview failed to provide su (#1, #2, #3, #4, #5, Review on 10/31/18 revealed: -Admission dat -Diagnoses of \$ Kidney Disease. -Supervision As revealed no unsuper	Schizophrenia and Chronic ssessment dated 1/8/18				
	-History of mas Review on 10/31/18 dated 11/14/17 revo -"Reduce walki -'Pan handling' -Will not pleasu	sturbating in front of others. 8 of client #1"s Treatment Plar ealed: ng off without telling others.				

STATE FORM

KHOW11

If continuation sheet 2 of 7

MHL092-946 B. WING R NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/09/2018 ABSOLUTE HOME - MARCONY WAY 3316 MARCONY WAY RALEIGH, NC 27610 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (x5)	STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
MHL092-946 B. WING 11/09/2018 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 MARCONY WAY 316 MARCONY WAY SALE TADDRESS, CITY, STATE, ZIP CODE COMPLIANCE	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
ABBOLUTE HOME - MARCONY WAY RALEIGH, NC 27610 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CORRECTION (EACH OBERCENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION CONCERNENCE (EACH OBERCENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION CONCERNENCE (EACH OBERCENCY AND US IDENTIFYING INFORMATION) ID PREFIX TAG V 290 Continued From page 2 bathroom and when alone." V 290 V 290 Review on 11/5/18 of Police Report dated 10/18/18 from Local Police regarding client #1 revealed: ,they notices an older white male walk out of [facility]. · ,they notices an older white male walk out of [facility]. · The wising ad only weating a sweater ,they notices an older white male walk out of [facility]. · while [one minor] children] turned around and saw the man standing behind them. · While [one minor] was still facing suspectworried the man was going to kidnap her and she did not want to look awry. The suspect, at this point, undid his pant in a manner that exposed his genitals to [one minor child]. Phy the time (other minor child] The thildren backed away from the suspect and called their mother. The wispect walked back to the house [facility]. Provide the man was usible to the children. The usible to loce mother. The ususpect walked back to the house [facility].			MHL092-946 B. WING				
ABSOLUTE HOME - MARCONY WAY RALEIGH, NC 27610 (24) ID TAG SUMMARY STATEMENT OF DEFICIENCIES RECARD BERICARY OR USE OF RECEDED BY FULL RECARD EXPERIENCY MUST BE PRECEDED BY FULL REVIEW on 11/5/18 of Police Report dated 10/18/18 from Local Police regarding client #1 revealed: -"Sex offense/Indecent Exposure" -"[Two minor children] were waiting for the [school bus] on the sidewalk. they notices an older white male walk out of [facility]. V 290 - The white male began to walk towards [minor children]asked how they were doing." -"[The two minor children] unred around and saw the man standing behind them. he was visibly shaking[One minor] asked the suspect if he was cold because he was shaking and only wearing a sweater While [one minor] was stil facing suspectworried the man was going to kidnap her and she did not want to look awry. -The suspect at this point, undid his pant in a manner that exposed his genitals to [one minor child]. -[One minor child] screamed at the suspect and yelled or [other minor child]. -By the time [other minor child]. -By the time [other minor child] - The children. -The children backed away from the suspect and called their mother. -The suspect walked back to the house [facility].	NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CALLEICH, NC 27810 OWID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) IPREFIX PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH ODRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) OPENING COMPLIANCE V 290 V 290 Continued From page 2 V 290 V 290 V 290 Dathroom and when alone." Review on 11/5/18 of Police Report dated 10/18/18 from Local Police regarding client #1 revealed: Sex offense/Indecent Exposure" TTWo minor children] terme waiting for the [school bus] on the sidewalk. they notices an older white male walk out of [facility]. -The white male began to walk towards [minor children], sked how they were doing." -The two mainor children] turned around and saw the man standing behind them. hey as visibly shaking[One minor] asked the suspect. worried the man was going to kidnap her and she did not want to look awry. -The suspect, at this point, undid his pant in a manner that exposed his genitals to [one minor child]. -[One minor child] screamed at the suspect and yelled or [other minor child] turned around, the suspect's genitals were not visible to the children. -The subject signitals were not visible to the children. -The suspect walked back to the house [facility]."			3316 MA	RCONY WAY			
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) converter DEFICIENCY V 290 Continued From page 2 bathroom and when alone." V 290 Review on 11/5/18 of Police Report dated 10/18/18 from Local Police regarding client #1 revealed: -"Sex offense/Indecent Exposure" -"Two minor children] were waiting for the [school bus] on the sidewalk. they notices an older white male walk out of [facility]. they notices an older white male walk out of [facility]. The white male began to walk towards [minor children]asked how they were doing." -[The two minor children] turned around and saw the man standing behind them. he was visibly shaking[One minor] asked the suspect if he was cold because he was shaking and only wearing a sweater While [one minor] was going to kidnap her and she did not want to look awry. -The suspect, at this point, undid his pant in a manner that exposed his genitals to [one minor child]. -[One minor child] turned around, the suspect's genitals were not visible to the children. -The children backed away from the suspect and called their mother. -The suspect's genitals were not visible to the children. -The children backed away from the suspect and called their mother. -The suspect walked back to the house [facility]."	ABSOLU		RALEIGI	H, NC 27610			
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-"[Local Police Department] arrived at the residence at approximately 6:15 p.m. They advised the staff [staff #1] that the [client [client		10/18/18 from Loca revealed: -"Sex offense/I -"[Two minor cl [school bus] on the they notices of [facility]. -The white mal [minor children]as -[The two mino saw the man stand he was visib the suspect if he was shaking and only w While [one m suspectworried th her and she did not -The suspect, a manner that expose child]. -[One minor ch and yelled or [other -By the time [ot around, the suspect the children. -The children b and called their mo -The suspect w [facility]." Review on 11/9/18 10/18/18 regarding -"[Local Police residence at approx	al Police regarding client #1 ndecent Exposure" hildren] were waiting for the sidewalk. an older white male walk out e began to walk towards sked how they were doing." r children] turned around and ing behind them. ly shaking[One minor] asked as cold because he was rearing a sweater ninor] was still facing he man was going to kidnap t want to look awry. at this point, undid his pant in a ed his genitals to [one minor ild] screamed at the suspect minor child]. ther minor child] turned at sected away from the suspect ther. valked back to the house of Incident Report dated client #1 revealed: Department] arrived at the ximately 6:15 p.m. They				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVID	ER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED
		MHL)92-946	B. WING			R 09/2018
NAME OF I	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	ITE HOME - MARCON	IY WAY		RCONY WAY			
	SUMMARY STA			H, NC 27610	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PR	ECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 290	Continued From pa	age 3		V 290			
	the [County Detenti were taken to the D facility is awaiting in disposition."	Detention Co	enter today. The				
	home in the past lo -No one in the	ent #1 to wa oking for ci home had u	alk to neighbors				
		other clients	leaving the home				
	day/night.	to her room	ent #3 stated: some during the hey need anything.				
	the past looking for -They do not ha home or communit -"[Staff #1] stay	walked to n [•] cigarettes. ave unsupe y. ys in her bee	eighbors home in rvised time in the				
	a lot."						
	with staff members had served jail time	nt of Social a history of in group ho e in the past	Services) stated: being aggressive omes, for which he				
	due to his history o walking off. -Client #1 had an attraction to chil children.	never had a	history of having				
			an, and needs to				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-946	B. WING		R 11/09/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
DOOL 1		3316 MA	RCONY WAY		
BSOLU	TE HOME - MARCON	RALEIG	H, NC 27610		
(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 1 DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
V 290	Continued From pa	age 4	V 290		
	hospitalized verses -Not sure if clie exposing himself to	nt #1 is even aware he was			
	-Člient #1 was Exposure."	11/31/18 Staff #1 stated: arrested for "indecent			
	exposed himself to -"I did not even house that morning	wn to the bus stop and some minor children. know he had been out of the g until the police showed up uestion and arrest him."			
	-"I was in my ro morning." -Client #1 alwa	oom getting dressed that ys woke up and came to her			
	would smoke on th -Not aware of h walk around the ne	nim ever leaving the home to ighborhood.			
	morning, "I go to m dressed for about a	ents medications in the y room to shower and get an hour." in their room or common area			
	at this time.	ne home had unsupervised			
	himself in the home -Client #1 will a	ave a history of exposing e, but not out in public. attempt to masturbate in the he home, but he has goals to			
	redirect him to priva				
	Professional (QP) -Was contacted	d on 10/31/18 by staff #1 at			
	some children in th	ent #1 had exposed himself to e neighborhood. er she must have been in the			

STATE FORM

			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-946	B. WING		R 11/09/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	ITE HOME - MARCON		CONY WAY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pa	ge 5	V 290			
	-No clients in th time. -Client #1 had a common areas of th and staff had been behavior. -His medication weeks ago and staf his impulse to mast weeks. -Client #1 did n himself in public, so	ent #1 left that morning. The home had unsupervised a history of masturbating in the the home and his ACT team working with him on this in was change/increased a few ff had noticed a decrease in turbate as in the last few ot have a history of exposing they were all surprised by d not be in her room while ome.				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati failed to maintain th and orderly manner The f findings are: Observation on 10/ -Upstairs bathre broken toilet paper	d its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview the facility he home in a safe, attractive r, free from offensive odor. 31/18 at 2:00 PM revealed: oom had cracked toilet top and	V 736			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R	
	MHL092-946		B. WING			09/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE HOME - MARCON	ΙΥ WΔΥ	RCONY WAY			
			H, NC 27610	PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From pa	age 6	V 736			
	his bedroom. -Downstairs bat toilet, shower and s broken. -Downstairs co beneath heater that ceiling stained from -Client #1 and s all over the floor, st floor. -broken dref floor pieces missing -Strong body o -Walls through dirty and scuffed. During interview on -She and client -Told clients to behind them. During interview on -Had been sleef his mattress was se -Staff was awa knew he was sleep During interview on Professional stated -"I have told the not seen it this bad -Stayed on stat -The licensee w	athroom had extremely dirty shower curtain, vanity/mirror ommon area had a hold in wall t was rotted/burned out and n possible leak. #5 room had bags of clothes trong body odor smell and dirty esser, sinking mattress and g. dor through out the home. out need painting, as were 10/31/18 staff #1 stated: ts do the cleaning of the home clean, then she would go 12/1/18 client #2 stated: eping on the couch because o bad. re his mattress was bad and ing on the couch. 10/31/18 The Qualified l: em to clean this house, I had				
	[The is a re-cited d day plan of correcti					