	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL092-755				R 28/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE HOME AND COM	MUNITY SERVICE	LRACE RD H, NC 27606			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	completed 03/28/19 substantiated (Intal #NC00148212). De This facility is licens	ficiencies were cited. sed for the following service C 27G .5600A Supervised				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	interview, the facilit and its grounds to I	et as evidenced by: ion, record review and y failed to assure the facility be maintained in a safe, clean ly manner. The findings are:	,			
	report dated 11/21/ demerits issued. Du included the followi -"The insides a cabinets and the st grease build up; t	9 of the facility's sanitation 18 revealed a total of 18 emerits specific information ng: nd outside of the kitchen ove hood needs cleaning, he stove needs to be pulled ound it needs to be thoroughly	/			
	cleaned. The count replacement, the ve chipped and worn.	ertops need repair or eneer on the countertop is The dish washer needs de of the ovenneeds				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL092-755	B. WING			R 28/2019
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST			
		5628 MII	LRACE RD			
ABSOLU	TE HOME AND COM	MUNITY SERVICE	H, NC 27606			
(X4) ID		ATEMENT OF DEFICIENCIES				(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		COMPLET DATE
		-		DEFICIENC	CY)	
V 736	Continued From pa	age 1	V 736			
	cleaning Deduction	on: 4 (Critical Violation)				
		nd liner curtain in client's				
		aning The vanity cabinets in				
		upstairs shared bathroom are				
		need to be replaced. The toile	t			
		l upstairs and downstairs				
	bathrooms are worn, replace toilet seats; also in					
	these bathrooms, the toilet tank lids do not fit					
	properly, replace with properly fitting lids There					
	were no paper tow	els or individual towels in the				
		upstairs shared bathroom, paper towels or				
	individual towels m					
		tion: 4 (Critical Violation)				
		on client`s bed has holes,				
		needs to be cleaned or				
		Is and window sills in the				
		need cleaning. Cleaning is				
		couch cushions in the upstairs				
	-	re is debris and trash under				
		dresser in a second client's				
		air, repair or replace n: 2 (Critical Violation)				
		ing and other personal items				
		t bedrooms closets, storage				
		oor and/or stored in containers				
		able for cleaningDeduction:				
	2 (Critical Violation					
		, iminate floor pieces in the				
		d room upstairs, and client's				
		apart and the shoe molding in				
	the upstairs hallway	y is damaged; repair or replace	e			
	flooring where need	ded. Repair the worn linoleum				
	in the downstairs b					
		ed on the carpet in client's				
		is needed on the floor in all				
		nrooms; make sure to put beds	5			
		nen cleaning. Clean the floors				
		oom upstairs in the client's				
	roomDeduction:					
	-Areas of the c	eilings in the kitchen and living				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.			
	MHL092-755	B. WING			R 28/2019
AME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BSOLUTE HOME AND COM	MUNITY SERVICE	LRACE RD			
	RALEIGH	I, NC 27606			1
REFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736 Continued From pa	age 2	V 736			
significant sagging kitchen,near the sta areas where the sh (over the kitchen si doorway into the ki ceiling in client's ro needs to be proper the downstairs sha Review on 02/12/12 maintained by the D Service (DHSR) re deficiency (SOD) ro completed by the O 10/05/18 SOD inclu following: - "1. At the time that the ceiling was between the kitche was flaking off and had shifted creating that the ceiling was peeling off in the ba adjacent to the dine - 2. At the time that the glazing on the dinette was fog longer see through difficult to open* cited on 02/16/2010 corrected. - 4. At the time that the kitchen cou chipped along the f small burn marks in the stove*This definition	ainted but there is still some of the ceiling in the aff area. There are several neetrock joint tape is peeling ink, over the living room tchen, and along the peaked bom); the peeling joint tape dy repaired. Repair the walls in red bathroomDeduction: 3" 9 of the facility's public file Division of Health Regulation vealed a statement of eport dated 10/05/18 Construction section. The uded but not limited to the e of the survey it was observed s damaged and stained n and dinette area. The finish it appeared that the sheetrock g the damage. Also observed s stained and the finish was ack corner of the dining area ette wall. of the survey it was observed the sliding glass doors out of ged over and you could no the glass. The door was also This deficiency was originally 6 and has still not been of the survey it was observed untertops were cracked and front edge. There were several n the laminate to the right of eficiency was originally cited on s still not been corrected.				

STATEMEN	of Health Service Re T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL092-755	B. WING	B. WING		R <b>28/2019</b>	
	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST				
		5628 MII	LRACE RD				
ABSOLU	ITE HOME AND COM	MUNITY SERVICE	H, NC 27606				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)	
PREFIX 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 736	Continued From pa	age 3	V 736				
	was heavily damag	ed. The side panel was					
		nating and the base board was	;				
		eficiency was originally cited or					
		s still not been corrected.					
	- 10. At the tim	ne of the survey it was					
	observed that the walls around the bed were						
	damaged and heavily stained in the upper level						
	bedroom with the second exit*This deficiency						
	was originally cited on 02/16/2016 and has still						
	not been corrected.						
	- 12. At the time of the survey it was						
	observed that a heavy coating of dust on the						
	ceiling fans, on the window sashes and sills and						
	on the blinds in all of the bedrooms. The floors in						
	all of the bedrooms were dirty, littered with						
	clothing, trash and dirt*This deficiency was						
	originally cited on 02/16/2016 and has still not						
	been corrected.						
	- 13. At the time of the survey it was						
	observed that the base trim was missing from the						
	wall adjacent to the door of the front corner bedroom to the left of the stair. Dirt was						
		e gap left by the missing trim.					
		is dragging and had scraped					
		floor*This deficiency was					
		2/16/2016 and has still not					
	been corrected.						
	-14. At the tim	e of the survey it was observed	k				
	that the closet door	r in the front corner upper level					
		The door knob was missing					
		the trim on the left side was					
		e requires the facility and its					
		ntained in a safe, clean,					
		rly manner and shall be kept					
		odor*This deficiency was					
		2/16/2016 and has still not					
	been corrected.						
		e of the survey it was observed	ו				
		ed walls in the front corner					
	upper level dedroo	m. The wall to the right of the	1			1	

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	0. 00200.1		A. BUILDING:			
		MHL092-755	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE S628 MILLRACE RD RALEIGH, NC 27606 JLL ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DAT DAT DAT DEFICIENCY) V 736 V 73			
BSOLU	TE HOME AND COM	MUNITY SERVICE 5628 MIL	LRACE RD			
BSOLO		RALEIG	H, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 4	V 736			
	dings in the opposition of the opposition of the ceiling in the and lower level batther. This deficiency with the ceiling in the and lower level batther. This deficiency with the ceiling in the and lower level batther. This deficiency with the construct that the view of the toilet in the lower level bedroom bottom edges. The also rotting along the left face was bent at a 25. At the time observed that the ethe main door from damaged 26. At the time observed that the ethe main door from damaged 26. At the time observed that the ethe main door from the the the main door from the the the concrete landing. The left face was bent a - 26. At the time observed that the ethe main door from the that the 2nd floor explored that the concrete landing. The left face was originally cited not been corrected 29. At the time that the 2nd floor explored that the garage door close. It is hanging and is in a major star - 31. At the time that the quarter row room has delamination.	e of the survey it was observed xterior stairs are weather d in a state of disrepair. e of the survey it was observed or is damaged and will not from one of the balance wires ate of disrepair. e of the survey it was observed and floor molding in the laundry ted.				
		e of the survey it was observed the master bathroom on the	נ			

Division	of Health Service Re	equiation				APPROVE
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-755	B. WING			R 28/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	ITE HOME AND COMM		LRACE RD I, NC 27606			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 736	Continued From pa	ge 5	V 736			
	2nd floor are damag - 34. At the time that the handrails of - 35. At the time observed that the e- in dirt, mildew, and Observation on 02/ information noted in SOD dated 10/05/1 report -Cobwebs noted facility -The light bulb i workingEmpty ligh -Light coverings (hallway lights)	ged. of the survey it was observed n the back deck are loose. e of the survey it was xterior of the facility is covered				
	-Trash noted or vacuum cleaner, pio -Roaches in the -Door knob mis client bedroom -Scratch on floo -Exit door in clie not protected with w prevent vermin to e temperature -Living room pe During interview on reported: -02/12/19: She since June 2018( knew how to operat					

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL092-755	B. WING			R 28/2019
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BSOLU	TE HOME AND COM	MUNITY SERVICE	LRACE RD			
		RALEIGI	H, NC 27606		0000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y 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 6	V 736			
	maintenance has b (painting two client group home does s have an exterminat During interview be the Qualified Profes -She was awar regarding the living -Repairs at the some had been ma -The Licensee to the group home -She would foll regarding the living This deficiency has Licensure and Cert by DHSR Construc	atween 02/12/19 and 02/13/19 ssional reported: e of previous citations environment home had been slow but ade since May 2018 was responsible for the repairs and provided oversight ow up with the Licensee	5			