

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2019
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME - APEX	STREET ADDRESS, CITY, STATE, ZIP CODE 109 EVENING STAR DRIVE APEX, NC 27502
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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>An annual survey was completed on June 11, 2019. 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 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure discharge summaries were completed on clients moved from sister facility for</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>three of three audited clients (#1, #2, #3). The findings are:</p> <p>Review on 6/11/19 if client #1's record revealed: -Admission date of 11/15/16 (to sister facility) -Diagnoses of Borderline Intellectual Disability, Schizophrenia, Cocaine/Cannabis Use, Borderline Personality.</p> <p>Review on 6/11/19 of client #2's record revealed: -Admission date of 9/11/17 (to sister facility) -Diagnoses of Schizophrenia, Mild Intellectual Disability and Diabetes Type II.</p> <p>Review on 6/11/19 of client #3's record revealed: -Admission date of 8/30/07 (to sister facility) -Diagnoses of Schizoaffective Disorder, Gerd and Obesity.</p> <p>Review of Facility License revealed the home was Licensed 10/22/18.</p> <p>During interview on 6/11/19 the Qualified Professional stated: -The clients above were moved to the this facility in the last few months from a sister facility. -Did not do a discharge/transfer summary when moving them into this home.</p>	V 105		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the</p>	V 752		

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V 752	<p>Continued From page 3</p> <p>water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 6/11/19 at 10:00 AM of water temperatures revealed: -Kitchen sink- 129 degrees. -Clients two bathrooms between 128-129 degrees.</p> <p>During interview on 6/11/19 staff #1 stated: -Not aware the water temperature was so hot. -Did not check the water temperatures.</p> <p>During interview on 6/11/19 The Qualified Professional stated: -Not aware if anyone was checking water temperatures. -Someone would be out today to adjust the water temperature.</p> <p>Observation on 6/11/19 at 1:00 PM, a repairman arrived to adjust the water heater.</p>	V 752		