Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1	o. oo.u.20o	.5	A. BUILDING:	<u> </u>		
		MHL092-941	B. WING		07/19/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	TE HOME-WILSHIRE	DRIVE 1002 WILL CARY, NO	SHIRE DRIV	E		
(V4) ID	QUMMADV QTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS			V 000			
	on 07/19/19. The co (Intake #NC001525 This facility is licens category: 10A NCA	inplaint Survey was completed complaint was unsubstantiated 505). Deficiencies were cited. sed for the following service C 27G .5600A Supervised in Mental Illness.				
V 110	Living for Adults with Mental Illness. V 110 27G .0204 Training/Supervision Paraprofessionals		V 110			
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills as population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence shexhibiting core skills. (1) technical knowledge cultural awaren. (2) cultural awaren. (3) analytical skills. (4) decision-makin. (5) interpersonal she communication. (7) clinical skills. (f) The governing the develop and implement of the initiation of the services as a services.	ledge; less; ; g; kills;				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-941	B. WING		07/19/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	TE HOME-WILSHIRE	DRIVE	SHIRE DRIV	E		
040.15	CLIMMA DV CTA	CARY, NO		DDOVIDEDIC DI ANI OF CODDECTION	ON	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 1	V 110			
	interview, one of tw staff (#1) failed to d and abilitities require The findings are: Review on 07/19/19 -Rehired: February Cobservation on 06/2 revealed: -No staff at the -Client #4 and of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of Heal arrival -Left a phone of the Division of DHSR. answered by a personumber for staff #1 attempts were mad second contact num	on, record review and o audited paraprofessional emonstrate knowledge skills red by the population served. Of staff #1's record revealed: uary 2019 28/19 between 12:30-3:38 PM group home. Client #5 where at home. 06/28/19, client #4 reported and had taken other clients to be an estimated hour prior to lith Service Regulation (DHSR) umber with client #5 umber left by Staff #1 was Initially the phone was son who provided another. Several unsuccessful e to contact staff #1 via the				
	she was:	oorzor ia, stall # i lepolited				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		MHL092-941		B. WING		07 <i>l</i> ′	07/19/2019	
	PROVIDER OR SUPPLIER	DRIVE		SHIRE DRIV	STATE, ZIP CODE E			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 110	-At medical app She left the group has a left the group has a left to accomphone. Her phone of a left the process resolved with the phone of the phone in the phone related to incomphone related to i	pointment with other come around 11:15 A cept incoming calls of did accept text messar of getting the phone none company 07/03/19, the Qualified she: y the clients did not come could obtain a cept issues with staff coming calls are provided accurator at least made management.	M n her ages matter ied ontact response #1's e phone agement a phone ct the ween ified iable but	V 110				
V 118	only be administered order of a person andrugs. (2) Medications shat clients only when and client's physician. (3) Medications, income.	09 MEDICATION	s shall vritten rescribe ed by y the	V 118				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL092-941	B. WING		07/	19/2019
	PROVIDER OR SUPPLIER JTE HOME-WILSHIRE	DRIVE 1002 W	ADDRESS, CITY, S' /ILSHIRE DRIVE NC 27511			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administe current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded.	s trained by a registered nurs regally qualified person and re and administer medication dministration Record (MAR) cred to each client must be kes administered shall be ely after administration. The	s. of pt			
	interview, the facilit were administered physician, medicati written authorizatio was current. This a and #6). The finding I. Review on 07/03/revealed: -Admitted prior -Diagnoses income Hypertension, Anxional Physician's or Methimazole 10 mg	ion, record review and y failed to assure medication as prescribed by the ons were self-administered on of physician and the MAR ffected two of three clients (#gs are: 19 of client #4's record to October 2018 luded Schizophrenia, ety and Hyperthyroidism der dated 04/12/19 listed	on			

Division of Health Service Regulation

STATE FORM 6899 OOPO11 If continuation sheet 4 of 12

V 118 Continued From page 4 -June 28, 2019 MAR Methimazole initialed by staff #1 as given at 2:00 PM -No documentation of physician's order for client #4 to self administer medications A. Observation on 06/28/19 between 12:30-3:38 PM revealed: -No staff at the group homeClient #4 and a peer where at home. During interview on 06/28/19, client #4 indicated it was 2:00 PM and she needed to excuse herself and take her medication. She indicated she took her thyroid medication and two antacid pills. Staff left the medication inside a dispenser on the counter. B. Observation 07/15/19 at 1:30PM of client #4 at her day program. In her pant pocket was three pills inside a dispenser. During interview on 07/15/19, client #4 reported: -The medication in her pocket was given to her by staff #1 because staff would not be home when she arrived from the day program due to appointments for peers -The medication was for her Thyroid and she had surgery in May 2019. During interview on 07/16/19, staff #1 reported: -None of the clients self administered	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
ABSOLUTE HOME-WILSHIRE DRIVE CARY, NC 27511			MHL092-941	B. WING		07/	19/2019
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 June 28, 2019 MAR Methimazole initialed by staff #1 as given at 2:00 PM No documentation of physician's order for client #4 to self administer medications A. Observation on 06/28/19 between 12:30-3:38 PM revealed: No staff at the group home. Client #4 and a peer where at home. During interview on 06/28/19, client #4 indicated it was 2:00 PM and she needed to excuse herself and take her medication. She indicated she took her thyroid medication and two antacid pills. Staff left the medication inside a dispenser on the counter. B. Observation 07/15/19 at 1:30PM of client #4 at her day program. In her pant pocket was three pills inside a dispenser. During interview on 07/15/19, client #4 reported: The medication in her pocket was given to her by staff #1 because staff would not be home when she arrived from the day program due to appointments for peers The medication was for her Thyroid and she had surgery in May 2019. During interview on 07/16/19, staff #1 reported: None of the clients self administered			DRIVE 1002 WIL	SHIRE DRIVE			
-June 28, 2019 MAR Methimazole initialed by staff #1 as given at 2:00 PM -No documentation of physician's order for client #4 to self administer medications A. Observation on 06/28/19 between 12:30-3:38 PM revealed: -No staff at the group homeClient #4 and a peer where at home. During interview on 06/28/19, client #4 indicated it was 2:00 PM and she needed to excuse herself and take her medication. She indicated she took her thyroid medication and two antacid pills. Staff left the medication inside a dispenser on the counter. B. Observation 07/15/19 at 1:30PM of client #4 at her day program. In her pant pocket was three pills inside a dispenser. During interview on 07/15/19, client #4 reported: -The medication in her pocket was given to her by staff #1 because staff would not be home when she arrived from the day program due to appointments for peers -The medication was for her Thyroid and she had surgery in May 2019. During interview on 07/16/19, staff #1 reported: -None of the clients self administered	PREFIX	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
-Client #4 was given medication when staff would not be at home to administer the medicationShe was not aware clients needed a	V 118	-June 28, 2019 staff #1 as given at -No documental client #4 to self adm A. Observation on (PM revealed: -No staff at the -Client #4 and a During interview on was 2:00 PM and sand take her medicate left the medication counter. B. Observation 07/at her day program pills inside a disper During interview on -The medication her by staff #1 becawhen she arrived frappointments for per -The medication had surgery in May During interview on -None of the climedications except -Client #4 was would not be at hor medication.	MAR Methimazole initialed by 2:00 PM ation of physician's order for minister medications 06/28/19 between 12:30-3:38 group home. The properties of the needed to excuse herself ation. She indicated she took ion and two antacid pills. Staff inside a dispenser on the 15/19 at 1:30PM of client #4. In her pant pocket was three iser. 07/15/19, client #4 reported: In in her pocket was given to ause staff would not be home om the day program due to ears In was for her Thyroid and she 2019. 07/16/19, staff #1 reported: ents self administered is client #6 given medication when staff me to administer the		DEI IGIENCI		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	MHL092-941	B. WING		07/	19/2019	
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-WILSHIRE	1002 WII :	SHIRE DRIVI	STATE, ZIP CODE E			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM (PROSS-REFERENCE)	ULD BE	(X5) COMPLETE DATE	
client #4 self admin II. Review on 06/28, revealed: -Admitted 04/06 managed by the corpliagnoses incl Hyperlipidemia, Deplimpairment -May and June multivitamin once a home staff -No physician's Observation on 07/0 medications revealed and no July 2019 M During interview on client #6: -Volunteered dautilized public transplate group home ear after 6 PM -Kept her medic self administered m A. During interview -Client #6 did no because staff forgot from the previous general transplant for the previous general transferred in April. During interview on Professional reporters on the previous of the was not an July 2019 MAR that been administered	erview, she was not aware istered medications /19 of client #6's record 6/19 from another group home mpany luded Depression, Brain Injury, pression and Memory 2019 MAR listed a day initialed by the group order for the multivitamin 03/19 at 2:00 PM of facility's ed no medications for client #6 IAR 07/01/19, staff #1 reported aily at a local hospital and portation, therefore she left rly in the morning and returned cations in her bedroom as she redications on 07/03/19, staff #1 reported: ot have a July 2019 MAR to make copies of the MAR roup home when client #6	V 118				

Division of Health Service Regulation

STATE FORM 6899 OOPO11 If continuation sheet 6 of 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL092-941	B. WING		07/1	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	TE HOME-WILSHIRE	DRIVE 1002 WILS	SHIRE DRIV	E		
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 118	Continued From page 6		V 118			
	when medications were administered					
	-Client #6 self a	on 07/03/19, staff #1 reported: Idministered medications Use where to locate client #6's				
	During interview on 07/19/19, the Qualified Professional reported: -Client #6 had self administered her medications for years. -The physician's orders to self administer could not be located in client #6's record. - The physician would need to sign another authorization for client #6 to self administrator medication.					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any pr developmental disa services that is licer Chapter. (b) Requirement A provider licensed ur applicant to fill a po applicant to have ar conditioned on cons criminal history reco the applicant has be less than five years is conditioned on con criminal history reco					

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PRINTED: 08/10/2019 FORM APPROVED

Division of Health Service Regulation

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING:		OOM EETED	
		MHL092-941	B. WING		07/1	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1002 WII	SHIRE DRIV			
ABSOLU	ITE HOME-WILSHIRE	DRIVE CARY, NO		_		
(V4) ID	SHIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	אר	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 7	V 133			
	•					
		the applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
	the conditional offer of employment, a provider					
		est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
	section or shall sub	mit a request to a private				
	entity to conduct a	State criminal history record				
	check required by t	his section. Notwithstanding				
	-	Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
	,	ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
	of the applicant. In	no case shall the results of the				
		story record check be shared				
	with the provider. P	roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered			ļ	
		ounty that has adopted an			ļ	
	appropriate local or	dinance and has access to				
	the Division of Crim	ninal Information data bank			ļ	
	may conduct on be	half of a provider a State			ļ	
		ord check required by this			ļ	
		provider having to submit a			ļ	
		artment of Justice. In such a				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL092-941	B. WING	· · · · · · · · · · · · · · · · · · ·	07/1	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	TE HOME-WILSHIRE	DRIVE	SHIRE DRIV	Ē		
		CARY, NO	27511			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 133	1 0		V 133			
	criminal history reconsection within five be conditional offer of a All criminal history in provider is confident except to the application (c) of this section. For subsection, the term business regularly excriminal history recorded obtained from (c) Action If an apprecord check reveat a relevant offense, for the following fact hire the applicant: (1) The level and section (2) The date of the properties (3) The age of the properties (4) The circumstance commission of the conviction. (4) The circumstance commission of the preson and the filled. (6) The prison, jail, rehabilitation, and experson since the date (7) The subsequent a relevant offense. The fact of convictions all not be a bar to listed factors shall be conditioned.	employment by the provider. Information received by the tial and may not be disclosed, ant as provided in subsection for purposes of this in "private entity" means a engaged in conducting ord checks utilizing public orm a State agency. Insplicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to be riousness of the crime. In the crime of the crime of the crime if known. In the position to be disclosed by the position to be disclosed by the crime, if known. In the position to be disclosed by the crime of the position to be disclosed by the crime of the position to be disclosed by the disclosed by the position to be disclosed by the disclosed by the disclosed by the position to be disclosed by the disclosed by the disclosed by the position to be disclosed by the disclos				
	consideration of the provider may disclo the criminal history	relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL092-941	B. WING		07/19/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
4 DOOL I	ITE LIOME WILLOUDE	1002 WILS	SHIRE DRIVI	≣		
ABSOLU	ITE HOME-WILSHIRE	CARY, NO	27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 9	V 133			
	of the criminal histoapplicant. (d) Limited Immunit or employee of a promption of employee of the criminal history (2) Failure to check criminal offenses if history record check criminal history record check criminal history relevant offense include the any of the following General Statutes: A Issuing Monetary Statutes:	bry record check to the ty A provider and an officer covider that, in good faith, section shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		D. WING			
	MHL092-941	B. WING		07/1	9/2019
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ABSOLUTE HOME-WILSHIRE	DRIVE	SHIRE DRIV	E		
CLIMMA DV CTA	CARY, NO		DDOMDEDIC DI ANI OF CODDECTI	ON	0/5)
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From pa	ge 10	V 133			
26, Offenses Again Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, C Peace; Article 36, Article 39, Protection of the Fallotoxication; and Ar Crime. These crimes ale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplosupplies, or otherwican employment approximinal history recessful be guilty of a (g) Conditional Employ an applicant obtaining the result check regarding the following requirement (1) The provider shorior to obtaining the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shorior recession of the provider shorior and the provide	st Public Morality and A, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on clication that is the basis for a pord check under this section Class A1 misdemeanor. Class A1 misdemeanor. Cloyment A provider may at conditionally prior to s of a criminal history record e applicant if both of the	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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ABSOLU	ITE HOME-WILSHIRE	DRIVE 1002 WILL CARY, NO	SHIRE DRIV C 27511	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 11	V 133			
	failed to complete a background check employment for one are: Review on 07/17/19 revealed: -Rehired date: During interview on Professional report -She was not a	view and interview, the facility a statewide criminal within seven days of e of two staff (#1) The findings of of staff #1's personnel record February 2019				

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