PAGE 02/15

PRINTED: 07/29/2019 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: . R B. WING 06/17/2019 MHL092-755 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5628 MILLRACE RD** ABSOLUTE HOME AND COMMUNITY SERVICES RALEIGH, NC 27606 PROVIDER'S PLAN OF CORRECTION (XØ) SUMMARY STATEMENT OF DEFICIENCIES (X4) (D (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 369 Smoking Prohibited {V 000} (V 000) INITIAL COMMENTS As of 6/17/19 and days A Follow Up Survey was completed 6/17/19. Deficiencies were cited. beyond, the QP has met with all residents of the This facility is licensed for the following service facility and discussed the category 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. rules around smoking. The residents were inserviced on V 369 V 369 G.S. 122C-6 Smoking Prohibited the designated smoking § 122C-8 SMOKING PROHIBITED; PENALTY areas, dangers of smoking in (a) Smoking is prohibited inside facilities licensed the facility and the possible under this Chapter. As used in this section, natural and unintended "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted consequences for smoking in smoking product. As used in this section, "inside" the facility. An inspection means a fully enclosed area. completed at this time as (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section well and those unauthorized areas that were possibly (1) Conspicuously post signs clearly stating that used for smoking were smoking is prohibited inside the facility. The signs may include the international "No Smoking" identified and deemed symbol, which consists of a pictorial banned areas and notified representation of a burning cigarette enclosed in the resident and the a red circle with a red bar across it. (2) Direct any person who is smoking inside the guardian of possible dangers facility to extinguish the lighted smoking product. and consequences for (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the smoking inside the facility or facility and obtain the signature of the individual discarding smoking or the individual's representative acknowledging materials inside the home. receipt of the notice. The QP and staff have (c) The Department may impose an administrative penalty not to exceed two hundred posted no smoking signs dollars (\$200,00) for each violation on any person throughout the home. who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and Plastic smoking containers falls to comply with subsection (b) of this section. have been removed. A violation of this section constitutes a civil Division of Health Service Regulation (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE If continuation aheet 1 of

PAGE 03/15

Division of Health Service Regulation				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34LH 062 7EE	B. WING		R 06/17	//2019	
,, <u>, , , , , , , , , , , , , , , , , ,</u>		MHL092-755	<u> </u>		1 40/11	ILVIV	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
ABSOLUT	E HOME AND COMMUN	ITY OF BUILDING	LLRACE RD H, NC 27606		· · · · · · · · · · · · · · · · · · ·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BÉ	(X6) COMPLETE DATE	
V 369	Continued From page	e 1	V 369				
	offense only and is no (d) This section does psychiatric hospitals.	not apply to State					
	This Rule is not met				оселя можен невышен сосседения		
	review, the facility sta	n, interview and record off and governing body failed			The state of the s		
		ng was prohibited inside as y post signs clearly stating	****		***************************************		
•		photo signs clearly stating thibited inside the facility.	de de la composition della com		WATERPASSA PARTIES AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASS		
		19 between 2:00-4:00 PM I the following of the three			AND PROCESSION AND PR		
		floor-ashes on the floor in			****		
		I in bedroom shared by client s single occupant bedroom			we are controlled and the contro		
	1	agarette butt noticed under			S-SPANNESS ALL-COMMENTS ALL-COMENTS ALL-COMMENTS ALL-COMMENTS ALL-COMMENTS ALL-COMMENTS ALL-COME		
	-On the lower le- utilized as bedroom f						
	facility	e smell noted throughout s of smoke free facility			And the second s		
	revealed clients #1- #	f the facility's records #6 signed house rules upon house rule listed no smoking					
	During Interview on 6 (Division of Health S Construction staff ind smoking throughout	ervice Regulation) licated they smelled cigarette					

PAGE 04/15

PRINTED: 07/29/2019 FORM APPROVED

Division of Health Service Regulation						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		•	
					R 06/17/2019	
		MHL092-755	B. WING	B. WING		**********
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			LRACE RD			
ABSOLUT	ABSOLUTE HOME AND COMMUNITY SERVICES RALEIG					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	į
V 369	Continued From page	92	V 369			
	-				***************************************	
	staff #1 reported she:	ween 6/12/19 and 6/13/19,			***	
	<u>-</u>	he ashes on the top level				
		Il as floor in client #6's room			***************************************	
	during the 6/12/19 fac				****	
		r suspected clients of			Vani	
		cilitycilents #1, #2, #3, #5			War war and a second	
	and #6 smoked				a and a second	
		garette smoke throughout the				
	•	nune to the smell of smoke"		***************************************	V	
	, , ,	ninded clients of designated ge, front porch) in case they				
	forgot	ge, none porony at case arey				
		ts smoked inside the facility,		***************************************		
	they must have smok	***			Consupration Consultation Consu	
	During interviews bet	ween 6/12/19 and 6/13/19,			To constitution of the con	
	the five of five clients	that smoked reported:				
		of rule regarding no smoking			***	
	inside the facility upo					
		onied they smoked inside the		-		
	facility	anh. If the signaths in the				
		only lit the cigarette in the neediately outside. He		***************************************		
		s who did the same but did		-	- Parlin - P	
	not smoke inside the	housecould not recall the			***	
	last time he lit cigaret	tte inside the facility but		-	***************************************	
	thought it was In 2019				Manage of the Control	
	l .	smoked inside the group			The contraction of the contracti	
		st client told the peer not to			Value Va	
		all could get in trouble. In		-	New York Control of the Control of t	
		ined the peer and smoked In ice within the last year. Last			APPLICATION AND ADMINISTRATION A	
		etaliation from peer or being		1	KompuN-deleten	
	kicked out of the facil			1	r_catherman and a	
		*			vane.	
		ween 6/12/19 and 6/13/19,		***************************************	Account of the control of the contro	
	the Qualified Profess	lonal reported she was not				
	aware:				Variable Control of the Control of t	
	-Of any issues w	rith clients smoking inside the				

APLUS RESIDENTIAL

PAGE 05/15

PRINTED: 07/29/2019 FORM APPROVED

Division o	of Health Service Regu	lation			, , ,	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLI	
		1841 002 WEB	s, wing	·	R 06/17/2019	
		MHL092-755			1 00/1	1150.19
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
ABSOLUT	E HOME AND COMMUN	ITY SERVICES 5628 MILL RALEIGH	RACE RD NC 27606			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL. TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		JO PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETE DATE	
V 369	posted in the facility -Facility had previnside facilityfacility Nurse (RN) normally construction section, responsible for resolu maintenance issues. During interview on 6 reported: -Did not know if 6 facility -Not sure where facility in bathroom -Will ask clients is smoked in the house -Clients were not the house because it licensure rule -All clients sign in smoking inside facility -Not aware no sr inside facilitythe sign Review on 6/12/19 of maintained by DHSR	terview as were supposed to be vious violations of smoking Administrator/Registered received reports from DHSR Administrator/RN would be vion of facility grounds and violation and smoked in the ashes came from inside the what was going on and who as supposed to smoke inside was both a fire hazard and viouse rules which indicate no viouse rules which indicate no viouse rules which indicate moking sign was not posted	∨ 369			
	complied by Construction of smoking is	ction Section that referenced nation facility.				
:	NCAC 27G .0303 Far Maintenance Tag V-7	ss referenced into: 10A cility Grounds and 36 for a Type A1 rule corrected within 23 days.				
{V 736}	27G .0303(c) Facility	and Grounds Maintenance	{V 736}			

PAGE 06/15

	f Health Service Re	gulation		**************************************	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA (DENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	COMPLETED
WAT LIVE C	N_ POWLOWN SECUR		/L DUILL/#W3.		R
		MHL092-755	B. WING		06/17/2019
MASSE ME DE	ROVIDER OR SUPPLIER	<u> </u>	DDRESS, CITY, STAT	E, ZIP CODE	•
		5628 Mil	LRACE RD		
ABSOLUT	TE HOME AND COMM	JUNITY SERVICES RALEIGI	H, NC 27606		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
{V 736}	Continued From p	page 4	(V 736)		
•	1	0303 LOCATION AND	,		1
	EXTERIOR REQU				
	(c) Each facility at	nd its grounds shall be			
	maintained in a sa	afe, clean, attractive and orderly	- 1		
	manner and shall	be kept free from offensive			
	odor.				
					goda a pare poo

	This Rule is not	met as evidenced by:		to the state of th	and the second s
	Based on observe	ation, Interview and record		-	,
	review the facility	failed to maintain the home in a anner free from offensive odor.		Manage of the Control	hallowed a special control of the special con
	The findings are:			· ·	Polyment of the
	tita ilitariño eser			4	groupe de la constant
	I. Cross reference	e G.S. § 122C-6 SMOKING			· · · · · · · · · · · · · · · · · · ·
	PROHIBITED; PI	ENALTY. Based on observation,			4
	interview and rec	ord review, the facility staff and		V 736	
	governing body f	ailed to assure that smoking was as well as conspicuously post		The facility has been	
	prompted inside	ing that smoking was prohibited		The facility has been	
	inside the facility			cleaned. All areas that ar	
				designated for smoking h	ave
	Observation of the	ne facility on 6/12/19 between		been identified. The NO	
}	2:00-4:00 PM of	the three level facility revealed: Garage door opened. Couch with		smoking signs have been	•
1	-Main level-	les in the right arm only		posted. The nonsmoking	
:	Warped plastic	storage container with multiple		areas are clearly marked	}
1	various kinds of	cigarette butts inside located on 🕝		clients have been in-serv	
1	a table a few fee	at away from the couch. No water			کلی د سید دیر و
	or sand located	inside the container to help	,	on designated smoking	-
	exunguish the hi	re from the butts. No evidence of nethod to extinguish butts inside	Management	areas and consequences	į.
	the garage.	Carterior application about the Section 15 To and the section of t		non-adherence to the no	•
				smoking rules.	
		s between 6/12/19 and 6/13/19,	osmick Marting		
	staff #1 reported		Westernament of the Control of the C	•	
1		oked in the garage of the facility			
		ow long the couch arm had holes			
Division of F	lealth Service Regulatio	it t	6800	2FE512	if continuation sheet &

PAGE 07/15

Division of Health Service Regulation				. A WIN TO VALUE		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	·
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHI_092-755	B. WING	4-MM-A-MA-A-A	06/17/2019	
		Toronton Activities of the Astronomy of				
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	NTE, ZIP CODE		
ABSOLUT	E HOME AND COMMUN	ITY SERVICES	LRACE RD			
******		RALEIGH	I, NC 27606			
(X4) ID		ATEMENT OF DEFICIENCIES	Œ	PROVIDER'S PLAN OF CORRECTION		-toude
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
{V 736}	Continued From page	. E	{V 736}	*		Marian (K.
fa root	Communication page	3 3	[V 130]	- Addressed	•	
	in it			80		
		ed in 2018, she asked clients			1	
	not to use plastic con	2				
	T	s had a designated can				
		outts. *Note, no designated				
	can for extinguishing	of butts noted in the garage				

		ween 6/12/19 and 6/13/19,		****		
	client #3 reported:					
		couch were there upon his				
	admission			**************************************	}	
		guish butts in the plastic				
		e ash tray on the front porch			}	
ļ		designated smoking area				
		cleaned his room and found		***************************************		
		He denied smoking in the where the butt came from.		-		
	the room previously*	from the client that lived in		***************************************		
		m with a peer. "I don't know				
ļ		ere. I don't know if it was				
	from someone else."	ere. I don t Miow in was				
		rview, he did not think of the				
		shing butts in the plastic				
	container	ermid have in aic hipono		***************************************		
	WOI TOUR TO					
	During interview on 6	/12/19, the (Division of		***************************************		
		ation) DHSR Construction				
	Section Surveyor repr					
		ch level of the facility of			- The state of the	
1		vation of ashes inside the		Politica	- The Control of the	
j	facility					
		ing fire hazard if clients are			***************************************	
		gh to smoke and extinguish		Sandara.	PARAMETER - A-	
		on flammable material such				
	as the arm of couch Ir				*************	
		countertops and interior trim			***************************************	i
	work	•			Mercel de la constante de la c	
		ents on site at the time of the			4	
	survey, the home sm	elled of cigarette smoke			varanteeve varanteeve	

PAGE 08/15

Division o	of Health Service Regu	ation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			Ĭ		R
		MHL092-755	B. WING		06/17/2019
LIABET OUT TO	0014858 00 0188 158	OTDEET &	DDRESS, CITY, STATE	= 710.000E	, <u>, , , , , , , , , , , , , , , , , , </u>
NAME OF P	ROVIDER OR SUPPLIER			s, ar our	. 1
ABSOLUT	E HOME AND COMMUN	ITY SERVICES	LRACE RD 1, NC 27606		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{V 736}	Continued From page	s 6	(V 736)	•	
					e de la companya de l
	During interview on 6			Section of the sectio	
	1	ered Nurse (RN) reported:			
	year	been in the garage for over a		The interior room utilized b	av.
	Mac not aware	the couch had holes in the		the client is no longer used	*
	am			as a bedroom. The client ha	}
\$1000		ts used plastic storage			ad
	· -	sh butts. A can to extinguish		been moved out of that	**************************************
		ed in the garage. "We don't lastic containers because		room the day it was brough	rt
	,	lastic because it will melt or		to the attention of the QP.	***
	burn causing a fire."	more produce in IIIII select es		That room is not used as a	
		rview, not aware of clients		bedroom.	WAARS AND
		ner to extinguish butts			
	,	vious citations by DHSR		The room shared by clients	1
	regarding clients smo	oking in the nouse		& 2 has been cleaned. The	
	II. Observation of the	facility on 6/12/19 between		odor detected at the time of	.c
	2:00-4:00 PM reveale		1)1
r		ide room no window, two	1	the survey was not noticed	especial control of the control of t
- C	doors for exitroom	occupled by client #6		by house staff. However, th	e
(W	During intention on 6	1/12/19, client #6 reported:		room is mopped regularly.	
10	_	sion, he had always resided	1	The walls have been wiped	444
	in the interior room			down and may be painted a	ıt 📗
	-	سمحسدد دو سدوروس		a later date. Toilet, toilet	* Approximation
		ween 6/12/19 and 6/17/19,		paper holders have been	and the second of the second o
	DHSR Construction S	Surveyor reported: not be in an interior room		replaced. The vanity area	ranson de la característica de
in the same	1	to the outside in case of fire		*	-safe-safe-sa
4)/	or other emergencies	\$		has been repaired. Staff are	l l
	1	itial Campura tha Interior incompany to Interior	1	to ensure that the clients ar	e
work	room was not approv			cleaning the bathroom and	automorphic de la companya de la com
400,7	regarding egress and fire. This is a building	I safety concern in case of		shower on a daily basis.	*
TO FLUO	· -	evacuation plan submitted		••	autocolor minora e
		December 2003, the area			o-de-
(CA)		was identified as Manager's	The second secon		and the second s
	Quarters				- Appropriate Control of Control
The letter of Man	alth Sandre Remiletion	· · · · · · · · · · · · · · · · · · ·	······································		

PAGE 09/15

(V 736) Continued From page 7 (V 736)	Division o	of Health Service Regu	lation			
NAME OF PROVIDER OR SUPPLIER **STATE ADDRESS, OTT, STATE, 2P CODE** **STATE ADDRESS,						
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME AND COMMUNITY SERVICES STORES, CITY, STATE, ZEP CODE STREET ADDRESS, CITY, STATE, ZEP CODE SEACH CORN, SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DOWNER CROSS-REFERENCED TO THE APPROPRIATE DOWN	PRIOR IT CAME O	or contraction	The first \$ 2. A state as a farment between an	A. BUILDING: _		
ABSOLUTE HOME AND COMMUNITY SERVICES SOLUTION OF INC. (V 738) Continued From page 7 During interview on 6/14/19, the Administrator/RN reported: She visited the group home as needed but more often then once a month recorded the interior room as his bedroom Was not sweet of previous citations agarding usariers III. Observation and tour of the facility on 6/12/19 between 2:00-4:00 PM of the three level facility revealed the following: A. Top Lavel: Bedroom shared by client #1 and client #2 peculiar strong odor noted inside room walls not client, looked as if something aphled on first side near both client beds light fixture -bub missing to celling client, moteration and tour of the facility on the control state of the proposition of the facility revealed the following: A. Top Lavel: Bedroom door has been replaced. Deck has been power washed and repaired. Valls and floors have been replaced. Walls and floors have been replaced. Walls and floors have been cleaned. Room dusted and cleaned. Light fixture dusted No ashes. No smoking sign posted. All doors have been replaced or repaired. All doors have been replaced or repaired. All doors close and are operable. Client #4 is training to keep his room near and clean. He is not to destroy things trying to make necklaces to emulate rock stars. He is unable to keep his clothing hanging up. His clothes should be in cirawers or other storage containers. Anything else will be displaced by him. He does not tolerate hangers or things handing in his room. Areas have been dusted and cleaned.				5 14/03/0		1
ABSOLUTE HOME AND COMMUNITY SERVICES SOURCE PRACTICES (A) ID PROMIDERS PLAN OF CORRECTION PRACTICES (EACH DEFICIENCY MUST SEE PRECEDED BY PLLL FREEDLY PROFITED BY CONTROL PRECEDURE PROFITED BY CONTROL PRO			MHL092-755	P. VVING	*	06/17/2019
ABSOLUTE HOME AND COMMINITY SERVICES (CA) ID SUMMAY STATEMENT OF DEPICENCES PLAN OF CORRECTION PREDIX PLAN OF CORRECTION OWNER PREDIX PLAN OF CORRECTION PREDIX PLAN OF CORRECTION OWNER PREDIX PLAN OF CORRECTION PREDIX PLAN OF CORRECTION OWNER PREDIX PLAN OF CORRECTION OF COMMINION PREDIX PLAN OF COMMINION PREDIX P	NAME OF P	RÖVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	NTE, ZIP CODE	
(V 736) Continued From page 7 During interview on 6/14/19, the Administrator/RN reported: She visited the group home as needed but more often than once a month -Recalled DHSR construction did not approve hoter for client living occupancy -Not sure how client #6 ended up utilizing the interior room as his bedroom -Was not aware of previous citations regarding usage of the interior room for client living occupancy -Not sure how client #6 ended up utilizing the interior room as his bedroom -Was not aware of previous citations regarding usage of the interior room for client wing quarters III. Observation and tour of the facility on 6/12/19 between 2:00-4:00 PM of the three level facility revealed the following: A. Top Level: -Bedroom shared by client #1 and client #2 peculiar strong odor noted inside room walls- not cleen, looked as if something spilled on front side near both client beds light fixture -bulb missing approximately 1/4 Inch thick dust on ceiling closel- wire clothes hanging rack not fully attached to wall, mold noted in door jam and the province of the shared bettiroom- ashes on the floordirt shared bettiroom- ashes on the floordirt noted on floorbroken molking notedbub dirty-with water staine & dirtbiglet paper holderbroken with share; adjes, adject approvature of the proken with share; adjes, adject approvation and tour of the facility the distinct of the fixed papervanity sink cabinet (door broken; mistige and warped), blinds dirty, dirt and mold noted in shower	ABSOLUT	E HOME AND COMMUN	ITY SERVICES			
During interview on 6/14/19, the Administrator/RN reported: She visited the group home as needed but more often then once a month. Recalled DHSR construction did not approve the Interior room for client living occupancy. Not sure how client #6 ended up utilizing the interior room as his bedroom. Was not aware of previous citations regarding usage of the interior room for client fiving quarters. III. Observation and tour of the facility of 6/12/19 between 2:00-4:00 PM of the three level facility revealed the following: A. Top Level: Bedroom shared by client #1 and client #2 peculiar strong odor noted inside room walls- not clean, looked as if something spilled on front slide near both client beds light fixture -bulb missing approximately 1/4 inch thick dust on ceiling closet- wire clothes hanging rack not fully attached to wall, mold noted in door jam laminate floors not flost together with water stains & dirt., bollet paper holder. broken with sharp edges actions from the wall	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE
-She visited the group home as needed but more often than once a month -Recalled DHSR construction did not approve the Interior room for client living occupancy -Not sure how oftent #6 ended up utilizing the interior room as his bedroom -Was not aware of previous ditations -Agarding usage of the interior room for client thing quarters III. Observation and tour of the facility on 6/12/19 between 2:00-4:00 PM of the three level facility revealed the following: A. Top Level: -Bedroom shared by client #1 and client #2 peculiar strong odor noted inside room walls- not clean, looked as if something spilled on front side near both client beds light fixture -bulb missing approximately 1/4 inch thick dust on ceilling closet- wire clothes hanging rack not fully attached to wall. mold noted in door jam taminate floors not flush together with pater stairs & clift. Loller stated bathroom- ashes on the floordirt noted on floorbroken molding noted tub.diry-with water stairs & clift. Loller state of broken with sharp edges sticking from the wall	{V 736}	Continued From page	∍7	(V 736)		
-Single bedroom occupied by client #3 with	SWA SWA	reported: -She visited the more often than once -Recalled DHSR the Interior room for content of the interior room as his between 2:00-4:00 Prevealed the following A. Top Level: -Bedroom share peculiar strowalls- not clessing closet- wire attached to wall, mole laminate flor potential trip hazard shared bath noted on floorbroke with water stains & desired broken with sharp administer and tollet papervar broken inside cabine inside and warped)noted in shower.	group home as needed but a month construction did not approve slient living occupancy lent #6 ended up utilizing the edroom of previous citations is interior room for client our of the facility on 6/12/19 M of the three level facility g: d by client #1 and client #2 ang odor noted inside room ean, looked as if something is a both client beds bulb missing ely 1/4 inch thick dust on clothes hanging rack not fully d noted in door jam ors not flush together with room-ashes on the floordirt on moking notedtub.dirty- irttollet paper holder ges sticking from the wall nity sink cabinet (door if evidence of water damage blinds dirtydirt and mold		Single bedroom (cit#4) door ar door jam have been replaced. Walls and floors have been cleaned. Room dusted and cleaned. Light fixture dusted. Nashes. No smoking sign posted All doors have been replaced or repaired. All doors close and ar operable. Client #4 is training the keep his room neat and clean is not to destroy things trying the make necklaces to emulate roomstars. He is unable to keep his clothing hanging up. His clother storage containers. Anything emulate hangers or things handing in his room. Areas har	nd lo lo re o He ck es

APLUS RESIDENTIAL

PAGE 10/15

PRINTED: 07/29/2019 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(C2) MULTIPLE CONSTRUCTION A BUILDING	
			A. DOILDINGS.	,	
		MHL092-756	B. WING		R 06/17/2019
NAME OF P	RÖVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STAT	re, ZIP CODE	
PI IMBELA	re Dane due aansiid	5628 MIL	LRACE RD		
WOODLU	E HOME AND COMMUN	RALEIGH	I, NC 27606		4
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
(V 736)	Continued From page	8	(V 736)		
	bedroom do	or does not latch when		p (2000)	
	closed			Main Level:	
-	dust on ceilin	ng fan oring not "flush" together		(VIONS CCVC).	**
	mattress app		and the state of t	Living room has been dusted,	Valle per code
	exit door, rol	tting noted on outside of door	And a	ceilings cleaned, light fixtures	
Land P	,	once outside, elgarette ck_planks slick due to	Virginite of the Control of the Cont	cleaned. The walls need painti	-
7 5/4/	mildewrailing unstal			was in	man, " styremen <u>f</u>
\$5 .	touchrailing separate			due to furniture rubbing up ag	
	Cinata hadraama	occupied by client #4		it. This will be done Light bulbs	**Contraction of the Contraction
		t door missing knobscrew	The state of the s	have been replaced.	A AVA
	exposed	-	an and an	Kitchen area was cleaned. If is	le !
0/11/0	pillow on floor dirty and in poor condition blanket on bed torn with inside			necessary then the door will he	
1 or	cushioning exposed	ea tom with inside	-	to be replaced.	ive
9-1		drawers protruding -off track	The state of the s	to ver refricter.	N = Negocion
		narking embedded in flooring			* II et de constitutions
	closed .	door being opened and			No minimization page 10 minimi
		ng on light fixture			organist Communication
\$7W.	"Rathroom chara	d by client #3 and client #4			v
•		cigarette on floor			**************************************
(24)	tub dirty	-			
	During interview on 6	/13/19, client #1 reported:	-		MINISTER
	, -	e room after DHSR			Committee - Address - Addr
	,	the tub had mold and le to get that up. He could			
		spots on the floorhe did			anni anni anni anni anni anni anni anni
	not know how stains (got in the flooring			
		N used to hire someone to			Annual State of the State of th
,		s been a long time, years , flooring had gaps in it			W-/
		get the house in full order."			anness dava in the
	Perdua basan dara an 18	HOHA attachetto			ARTH April Andrews
		/13/19, client #3 reported: n I got here not to go outside			des systems (Av.
	- I was told witer	i i got nere not to go outside			<u> </u>

PAGE 11/15

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL092-755	s, WING		R 06/17/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	,	
ARROLLE	TE HOME AND COMMUN	TV SERVICES 5628 MILI	RACE RD			
ADOULU	I E HOME AND COMMON	RALEIGH	NC 27606			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
(V 736)	Continued From page	9.	{V 736}		and the second s	
	slick, not stable to wa -All clients had at sure the house was o completed Pick up a lot of others -Tub- there was a redid the sink, toilet e not had a chance to o maintenance man left maintenance guy repl the bathroom. Stain in what it is but that Cak would get that stain"Gap in flooring. was old needed to be -He did not close door will not stay clos would close but I wou it up."he had informe	ssigned chores, staff made lean and the chores slack by cleaning up behind a maintenance man that to a few months ago, he had lean the bathroom since theLast week the laced the handle in the tub in the bathtub-, "I don't know cium Lime and Rust cleaner he told the maintenance guy never trippedThe flooring				
Bu	a broken TV front of it reducing spanne of two fly missing in the operable -Kitchen/staff area; slawhite heavy film whiseeing to the outside	ktures operableBuib le light fixture				

PAGE 12/15

Division (of Health Service Requ	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 7	CONSTRUCTION	(X3) DATE 6	
			A. BUILDING:			
			B. WING		R	
		MHL092-755			06/1	7/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	TE, ZIP CODE		
ABSOLUT	TE HOME AND COMMUN	ITY SERVICES	LRACE RD			
······································	η· ······	RALEIG	H, NC 27606	And Million Assessment Assessment Construction Constructi		J
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X8) COMPLETE DATE
(√ 736)	Continued From page	e 11	(V 736)			**************************************
	covering					
	-Hallway-		V-Tu-state of the state of the			
	• •	I with a white film on itstaff				
	1	t sure where or how it				
	started.					
		3 prong light fixtureseach	William Andrews			
	light fixture missing b					,
		ge ripped no splinters	e de la companya de l			
	l	ouch was patched as				
	rain caused the leak	рал втан и т геропео пеаvy				
		ushionwom backing	WARRA AMERICAN			
		used water heater- heavy	X4			
. But	(thick cobwebs and d	ust noted in that area on the	Wash about			
(3)	door					
3/6		irror with broken stand in the	The state of the s			i
•	hallway -Bathroom		t-t-over the state of the state			
'	moid/dirt in	the tith area	444444444444444444444444444444444444444		*****	
	missing bulk		on the same of the		1	
	_	rels in bath area	AAAAAA	All bathrooms are to be clear	امما	
	-Exit door-			every day. Clients and staff ha	reu	
	threshold lift	up when foot placed on top	A	hoon instruction and starr ha	ave	
		with footnot secure door		been instructed that this is th	eir	
	door jam rot	ung	•	responsibility. This includes:		
	D. Facility Ground:			dusting, mopping, sweeping,		
		s on both decks, loose railing	1	wiping down walls, dressers, e	str	
		slippery with green mold		and an executal 23 f		
	noted				į	!
		hairs (some with no frame,		•	: ;	
	others with no cushlo		Į į		į	
		oris noted outside				
		on porch with no cushion ightinglight bulb not working) ,	
		grangagnt build not working inoperable and secured by a			}	
		•	-		{	
	and the same of th	on 6/14/19, the Administration	me (C	;	•
	Driving litter view		age-constage	Exit door to be replaced.	\$} \$9	
	reported: _She did red	eive prior SOD reports from	***************************************	Specifical St. There are many and the control of	3	
	DHSR's Constru	ction and Mental Health			# =35	CONTRACT OF THE PARTY OF THE PA
	Carrier Secretary	•	987%	2FE512		
The same of the sa						

9194005638

APLUS RESIDENTIAL

PAGE 13/15

	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	, 4//	MHL092-755	B. WING	44-4-4	R 06/17/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
4000 IN	re lighter burn against.	****	LLRACE RD		
ABSULU	TE HOME AND COMMUN	RII DENAINES	H, NC 27606		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTION	L B
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
(V 736)			{V 736}	Garage:	,
	from behind the hous	e (vacuum, old picture	Addition	Door has been repaired. It op	ens
	mames)"It could be t	snakes under that debris	**************************************	and closes without problem.	
	During interviews bet	ween 6/12/19 and 6/17/19,		insulation repaired. Electrical	hav
	DHSR Construction 9	Surveyor reported:	And the state of t	protected.	DUX
	-Build up of leave	es, trash, and other debris on		government and the first transfer and the	
	me are escape which	made it slipperyfor client vas an estimated 25 foot		Televisions are to be removed	by
	dropShould someon	re fall from that drop		maintenance.	_,
	serious injury or deat	h could occur			i 1
	 Heavy coating o 	f dust on the ceiling fans, on			
	the window sashes ar	nd sills and on the blinds in	-		ļ
	all of the bedrooms. It	n bedroom occupied by	***	Lower Level	1
	blown all over the cell	at from the ceiling fan had ling. Heavy dust can impact			}
	someone's health (tric	ggers allergies/asthma), air	Mine and the second sec	All light fixtures have coverings	
	quality as well as act	as an accelerant during a		Light bulbs have been purchase	od .
i	fire.	7	A Principal Control of		
[-Garage panel or	the open door protruded		The couch in that area has	
	could fell and hit name	panel not secure which		cushions and has been cleaned	
	material for both anne	eone causing Injury. Panel pared an estimated 1/4 inch			
	in thickness.	mino mi constance (M BIM)		All excess furniture or debris in	the
	-Although a *few	repairs" had been		bottom area needs to be remov	
	completed between N	ovember 2015-June 2019,		Area should be cleaned at least	
	The facility remained s	ubstantially "non compliant		weekly by staff. The mirror belo	
1	with over 90%" of the	documented citations.		to a client.	ngs
	During interview on 6/	13/19, the Qualified		to a chefit.	Off confidence of the confiden
	Professional reported:				
	-Since March 201	9, she assisted the facility		•	****
		ice mansome repairs had		The bathroom has been cleaned	Филино
	been completed	- F			
	i ne Administrato the overall maintenanc	r/RN was responsible for	The state of the s	and repaired. Broken items have	o-posterior and a second
	m im. m.a. der diet 1 titelli iterit ich if	vo vi uro iiviigo	assessment.	been replaced.	***************************************
	During interview on 6/	14/19, the Administrator/RN	an an		Street Street, over Juga,
	reported:				1
	-She did receive p	orior SOD reports from	An auditra Angelli	Estit almonatus to a	
	DHSR's Construction a	and Mental Health		Exit door to be replaced.	***

PAGE 14/15

PRINTED: 07/29/2019

FORM APPROVED

,	DIVISION	or Health Service Requ	lation				
		T OF DEFICIENCES OF CORRECTION	(X1) PRÖVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
I				2 1402		R	
ŀ		,,,,,	MHL092-755	B, WING	· · · · · · · · · · · · · · · · · · ·	06/	17/2019
l	NAME OF P	ROVIDER OR SUPPLIER	STREET	UDDRESS, CITY, STATE	E, ZIP CODE		
Į	ABSOLUT	E HOME AND COMMUN	ITY SERVICES	LERACE RD			
ŀ		T	The same of the sa	H, NC 27606			-1889
	(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETE DATE
	{V 736}	Continued From page	13	{V 736}	***	, , , , ,	
		to her maintenance per -Last visited the g 6/12/19 no concerns visit	eshe forwarded the reports erson group home a week prior to s noted at the time of her				
		facility's plan of protect submitted by the Qual revealed: -6/12/19: "What in facility take to ensure in your care? Effective identified) is being mo QP has spoken with it repairs [name of Admit going to send the list of landlord. These include mold from outside of his wood around the hous steps/rallings outside to bathrooms thoroughly garage in damaged ar be cleaned thoroughly6/13/19: Effective	iffied Professional (QP) mmediate action will the the safety of the consumers a Immediately, client # (not wed to another room. The ne person in charge of inistor/RN's husband]. He is of needed repairs to the is the garage door, remove house, replace worn molded se, replace/repair the the bedroom, clean proplace insulation in leas. The entire home will in the consultation in the con				
i		and staff were counsel about the need to evad an emergency. They in he can not reside, sleet room. Effective immediaserviced on the smol signs will be posted to "Describe your plathappens. QP will be me to complete contracts of consequences for not the should be reconsequences."	cuate safely in the event of adicated understanding that up or rest in the unapproved diately, all clients will be king policy & regulations day. Ins to make sure the above seetings with clients today				,
	ATE FORM	•		⁶⁸⁰⁹ 2FE	E512	if continuation	n sheet 14 of 16
							201000 UT WATE

access to the outside in cases of emergency. Ongoing needed repairs in the home not completed since 2015 included but were not limited to loose boards on deck/unsecured railing, gaps noted in the floor and build up of dust. Uncleanliness in the bathrooms and client living areas had gone unresolved by the Administrator/RN. Despite multiple documented requests from local Sanitation, DHSR Construction and Mental Health Licensum Sections since 2015, these same issues were noted during this May 2019 survey. These systemic failures resulted in serious neglect and constitute a Type A1 rule violation. An administrative penalty of \$1000.00 is imposed, if the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.

Review on 6/12/19 of the facility's public file maintained by the DHSR Statement of Deficiency (SOD) Reports from both Mental Health

Division of Health Service Regulation

APLUS RESIDENTIAL

PAGE 15/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY	
		imas e e il avere corre e activitàmi.			COMPLETED	
		MHL092-755	B. WING		R 06/17/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ABSOLUTE HOME AND COMMUNITY SERVICES 5628 MILLRACE RD						
RALEIGH, NC 27505						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (28) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
(V 736)	Continued From page 15		{V 736}			
(V /30)	Licensure and Constr 11/13/15 and 3/28/19 -a total of 11 time facility maintenance of -identified areas of smoking inside the fac approved bedroom), s structural issues with	uction Sections between revealed: is the facility was cited for	{V 736}			
hatetan mit sidam	Ith Sandra Remission					

To: India Vaughan Rhodes
-Rom: Elaine Portiff
DARE: 9/16/19

Prequested items.