

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/17/2019
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NAME OF PROVIDER OR SUPPLIER  ABSOLUTE HOME AND COMMUNITY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 5626 MILLRACE RD RALEIGH, NC 27606
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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><b>INITIAL COMMENTS</b></p> <p>A Follow Up Survey was completed 6/17/19. 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 369 Smoking Prohibited	
V 369	<p>G.S. 122C-6 Smoking Prohibited</p> <p>§ 122C-6 SMOKING PROHIBITED; PENALTY                      (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area.                      (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall:                      (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.                      (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.                      (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.                      (c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil</p>	V 369	<p>As of 6/17/19 and days beyond, the QP has met with all residents of the facility and discussed the rules around smoking. The residents were inserviced on the designated smoking areas, dangers of smoking in the facility and the possible natural and unintended consequences for smoking in the facility. An inspection completed at this time as well and those unauthorized areas that were possibly used for smoking were identified and deemed banned areas and notified the resident and the guardian of possible dangers and consequences for smoking inside the facility or discarding smoking materials inside the home. The QP and staff have posted no smoking signs throughout the home. Plastic smoking containers have been removed.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 369	<p>Continued From page 1</p> <p>offense only and is not a crime. (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff and governing body failed to assure that smoking was prohibited inside as well as conspicuously post signs clearly stating that smoking was prohibited inside the facility. The findings are:</p> <p>Observation on 6/12/19 between 2:00-4:00 PM with staff #1 revealed the following of the three level facility:</p> <ul style="list-style-type: none"> <li>-On the top level floor-ashes on the floor in the bathroom located in bedroom shared by client #1 and #2...client #3's single occupant bedroom</li> <li>-ashes on the floor, cigarette butt noticed under the bed</li> <li>-On the lower level-ashes noted in area utilized as bedroom for client #6</li> <li>-Cigarette smoke smell noted throughout facility</li> <li>-No posted signs of smoke free facility</li> </ul> <p>Review on 6/13/19 of the facility's records revealed clients #1- #6 signed house rules upon their admission. The house rule listed no smoking inside the facility.</p> <p>During interview on 6/12/19, three DHSR (Division of Health Service Regulation) Construction staff indicated they smelled cigarette smoking throughout the facility.</p>	V 369		

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V 369	<p>Continued From page 2</p> <p>During interviews between 6/12/19 and 6/13/19, staff #1 reported she:</p> <ul style="list-style-type: none"> <li>-Also observed the ashes on the top level bathroom floor as well as floor in client #6's room during the 6/12/19 facility tour</li> <li>-Had not seen or suspected clients of smoking inside the facility...clients #1, #2, #3, #5 and #6 smoked</li> <li>-Did not smell cigarette smoke throughout the facility..."must be immune to the smell of smoke"</li> <li>-"Frequently" reminded clients of designated smoking areas (garage, front porch) in case they forgot</li> <li>-Thought if clients smoked inside the facility, they must have smoked at night</li> </ul> <p>During interviews between 6/12/19 and 6/13/19, the five of five clients that smoked reported:</p> <ul style="list-style-type: none"> <li>-All were aware of rule regarding no smoking inside the facility upon admission</li> <li>-Three clients denied they smoked inside the facility</li> <li>-One client had only lit the cigarette in the house and headed immediately outside. He identified other clients who did the same but did not smoke inside the house...could not recall the last time he lit cigarette inside the facility but thought it was in 2019</li> <li>-Last client had smoked inside the group home with a peer. Last client told the peer not to smoke because they all could get in trouble. In the end, last client joined the peer and smoked in the facility at least twice within the last year. Last client was fearful of retaliation from peer or being kicked out of the facility.</li> </ul> <p>During interviews between 6/12/19 and 6/13/19, the Qualified Professional reported she was not aware:</p> <ul style="list-style-type: none"> <li>-Of any issues with clients smoking inside the</li> </ul>	V 369			

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V 369	<p>Continued From page 3</p> <p>facility, prior to this interview</p> <ul style="list-style-type: none"> <li>-No smoking signs were supposed to be posted in the facility</li> <li>-Facility had previous violations of smoking inside facility...facility Administrator/Registered Nurse (RN) normally received reports from DHSR construction section, Administrator/RN would be responsible for resolution of facility grounds and maintenance issues.</li> </ul> <p>During interview on 6/14/19, the Administrator/RN reported:</p> <ul style="list-style-type: none"> <li>-Did not know if clients had smoked in the facility</li> <li>-Not sure where ashes came from inside the facility in bathroom</li> <li>-Will ask clients what was going on and who smoked in the house</li> <li>-Clients were not supposed to smoke inside the house because it was both a fire hazard and licensure rule</li> <li>-All clients sign house rules which indicate no smoking inside facility upon admission</li> <li>-Not aware no smoking sign was not posted inside facility..the sign "must've fallen."</li> </ul> <p>Review on 6/12/19 of the facility's public file maintained by DHSR revealed 2 statement of deficiency reports (dated 2/16/16 &amp; 10/5/18) compiled by Construction Section that referenced violation of smoking inside facility.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .0303 Facility Grounds and Maintenance Tag V-736 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 369			
(V 736)	27G .0303(c) Facility and Grounds Maintenance	(V 736)			

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{V 736}	<p>Continued From page 4</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain the home in a safe, attractive manner free from offensive odor. The findings are:</p> <p>I. Cross reference G.S. § 122C-6 <b>SMOKING PROHIBITED; PENALTY.</b> Based on observation, interview and record review, the facility staff and governing body failed to assure that smoking was prohibited inside as well as conspicuously post signs clearly stating that smoking was prohibited inside the facility.</p> <p>Observation of the facility on 6/12/19 between 2:00-4:00 PM of the three level facility revealed: -Main level- Garage door opened. Couch with small circular holes in the right arm only ...Warped plastic storage container with multiple various kinds of cigarette butts inside located on a table a few feet away from the couch. No water or sand located inside the container to help extinguish the fire from the butts. No evidence of any alternative method to extinguish butts inside the garage.</p> <p>During interviews between 6/12/19 and 6/13/19, staff #1 reported: -Clients smoked in the garage of the facility -Not sure how long the couch arm had holes</p>	{V 736}	<p>V 736</p> <p>The facility has been cleaned. All areas that are designated for smoking have been identified. The NO smoking signs have been posted. The nonsmoking areas are clearly marked. All clients have been in-serviced on designated smoking areas and consequences for non-adherence to the no smoking rules.</p>	

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{V 736}	Continued From page 5  in it -When she started in 2018, she asked clients not to use plastic containers to extinguish cigarette butts. Clients had a designated can used to extinguish butts. *Note, no designated can for extinguishing of butts noted in the garage  During interviews between 6/12/19 and 6/13/19, client #3 reported: -The holes in the couch were there upon his admission -He did not extinguish butts in the plastic container..he used the ash tray on the front porch which was the other designated smoking area -On 6/12/19, he cleaned his room and found a butt under the bed. He denied smoking in the room and did not know where the butt came from. "it must've been there from the client that lived in the room previously" -Shared bathroom with a peer. "I don't know how the ashes got there. I don't know if it was from someone else." -Prior to this interview, he did not think of the hazards with extinguishing butts in the plastic container  During interview on 6/12/19, the (Division of Health Service Regulation) DHSR Construction Section Surveyor reported: -Evidence on each level of the facility of smoking by the observation of ashes inside the facility -Concern regarding fire hazard if clients are not responsible enough to smoke and extinguish butts properly versus on flammable material such as the arm of couch in the garage -Burn marks on countertops and interior trim work -Even with no clients on site at the time of the survey, the home smelled of cigarette smoke	{V 736}		

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{V 736}	<p>Continued From page 6</p> <p>During interview on 6/14/19, the Administrator/Registered Nurse (RN) reported:</p> <ul style="list-style-type: none"> <li>-The couch had been in the garage for over a year</li> <li>-Was not aware the couch had holes in the arm</li> <li>-Not aware clients used plastic storage container to extinguish butts. A can to extinguish butts should be located in the garage. "We don't allow clients to use plastic containers because you can't put fire in plastic because it will melt or burn causing a fire."</li> <li>-Prior to this interview, not aware of clients using a plastic container to extinguish butts</li> <li>-Don't recall previous citations by DHSR regarding clients smoking in the house</li> </ul> <p>II. Observation of the facility on 6/12/19 between 2:00-4:00 PM revealed:</p> <ul style="list-style-type: none"> <li>- Lower level-inside room no window, two doors for exit...room occupied by client #6</li> </ul> <p>During interview on 6/12/19, client #6 reported:</p> <ul style="list-style-type: none"> <li>-Since his admission, he had always resided in the interior room</li> </ul> <p>During interviews between 6/12/19 and 6/17/19, DHSR Construction Surveyor reported:</p> <ul style="list-style-type: none"> <li>-Clients should not be in an interior room without direct access to the outside in case of fire or other emergencies</li> <li>-At the time of initial licensure the interior room was not approved due to concerns regarding egress and safety concern in case of fire. This is a building code violation.</li> <li>-Per the facility's evacuation plan submitted with original licensure December 2003, the area occupied by client #6 was identified as Manager's Quarters</li> </ul>	{V 736}	<p>The interior room utilized by the client is no longer used as a bedroom. The client had been moved out of that room the day it was brought to the attention of the QP. That room is not used as a bedroom.</p> <p>The room shared by clients 1 &amp; 2 has been cleaned. The odor detected at the time of the survey was not noticed by house staff. However, the room is mopped regularly. The walls have been wiped down and may be painted at a later date. Toilet, toilet paper holders have been replaced. The vanity area has been repaired. Staff are to ensure that the clients are cleaning the bathroom and shower on a daily basis.</p>	

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STATE FORM

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If continuation sheet 7 of 16

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<p>(V 736)</p> <p><i>EM not to be used</i></p> <p><i>Buildings</i></p>	<p>Continued From page 7</p> <p>During interview on 6/14/19, the Administrator/RN reported:</p> <ul style="list-style-type: none"> <li>-She visited the group home as needed but more often than once a month</li> <li>-Recalled DHSR construction did not approve the interior room for client living occupancy</li> <li>-Not sure how client #6 ended up utilizing the interior room as his bedroom</li> <li>-Was not aware of previous citations regarding usage of the interior room for client living quarters</li> </ul> <p>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:</p> <p>A. Top Level:</p> <ul style="list-style-type: none"> <li>-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 ceiling</li> <li>closet- wire clothes hanging rack not fully attached to wall..mold noted in door jam laminate floors not flush together with potential trip hazard</li> <li>shared bathroom- ashes on the floor...dirt noted on floor...broken molding noted...tub dirty- with water stains &amp; dirt...toilet paper holder broken with sharp edges sticking from the wall...no toilet paper...vanity sink cabinet (door broken..inside cabinet evidence of water damage.. inside and warped).. blinds dirty...dirt and mold noted in shower....</li> </ul> <p>-Single bedroom occupied by client #3 with exit door</p>	<p>(V 736)</p>	<p>Bedroom door has been replaced. Deck has been power washed and repaired.</p> <p>Single bedroom (clt#4) door and door jam have been replaced. Walls and floors have been cleaned. Room dusted and cleaned. Light fixture dusted. No ashes. No smoking sign posted.</p> <p>All doors have been replaced or repaired. All doors close and are operable. Client #4 is training to keep his room neat 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 drawers or other storage containers. Anything else will be displaced by him. He does not tolerate hangers or things hanging in his room. Areas have been dusted and cleaned.</p>	



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<i>5/20/19</i> <i>6/10/19</i> <i>6/13/19</i>	<p>(V 736) Continued From page 8</p> <p>bedroom door does not latch when closed</p> <p>dust on ceiling fan</p> <p>laminatе flooring not "flush" together</p> <p>mattress appeared worn</p> <p>exit door, rotting noted on outside of door and in door jam area...once outside, cigarette butts noted on the deck...planks slick due to mildew...railing unstable even with light touch...railing separated from deck</p> <p>-Single bedroom occupied by client #4 tri-fold closet door missing knob...screw exposed</p> <p>pillow on floor dirty and in poor condition</p> <p>blanket on bed torn with inside cushioning exposed</p> <p>dresser-with drawers protruding -off track</p> <p>semi-circle marking embedded in flooring</p> <p>consistent with closet door being opened and closed</p> <p>heavy dusting on light fixture</p> <p>-Bathroom shared by client #3 and client #4 ashes from cigarette on floor</p> <p>tub dirty</p> <p>During interview on 6/13/19, client #1 reported:</p> <p>- Did clean up the room after DHSR inspection on 6/12/19... the tub had mold and mildew but he was able to get that up. He could not remove the black spots on the floor..he did not know how stains got in the flooring</p> <p>-Administrator/RN used to hire someone to clean up the house, its been a long time, years</p> <p>-Since admission, flooring had gaps in it</p> <p>-"its a process to get the house in full order."</p> <p>During interview on 6/13/19, client #3 reported:</p> <p>-"I was told when I got here not to go outside</p>	(V 736)	<p>Main Level:</p> <p>Living room has been dusted, ceilings cleaned, light fixtures cleaned. The walls need painting due to furniture rubbing up against it. This will be done</p> <p>Light bulbs have been replaced.</p> <p>Kitchen area was cleaned. If is necessary then the door will have to be replaced.</p>	

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{V 736}	Continued From page 9.  the exit door and I'm scared to" because it was slick, not stable to walk on -All clients had assigned chores, staff made sure the house was clean and the chores completed. - Pick up a lot of slack by cleaning up behind others -Tub- there was a maintenance man that redid the sink, toilet etc a few months ago. he had not had a chance to clean the bathroom since the maintenance man left....Last week the maintenance guy replaced the handle in the tub in the bathroom. Stain in the bathtub-, "I don't know what it is but that Calcium Lime and Rust cleaner would get that stain"..he told the maintenance guy -Gap in flooring, never tripped...The flooring was old needed to be redone -He did not close the bedroom door. ..the door will not stay closed..."If I push it hard, it would close but I would have a hard time opening it up..."..he had informed the maintenance guy -Bedroom was dusty and "I didn't pay attention to it."  B. Main Level: -Living room thin blue marking on the living room wall a broken TV with another TV placed in front of it reducing space on the dinner table. poor lighting...very dim one of two fixtures operable...Bulb missing in the operable light fixture  -Kitchen/staff area staff area: sliding glass door covered with a white heavy film which prevented someone from seeing to the outside  -Laundry area peeling around floor molding	{V 736}		

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(V 736)	<p>Continued From page 11</p> <p>covering -Hallway- floor stained with a white film on it ..staff reported flood but not sure where or how it started. 2 separate 3 prong light fixtures...each light fixture missing bulb wooden ledge ripped no splinters area over couch was patched as indication of some repair staff #1 reported heavy rain caused the leak couch- no cushion...worn backing area that housed water heater- heavy (thick cobwebs and dust noted in that area on the door tarnished mirror with broken stand in the hallway -Bathroom mold/dirt in the tub area missing bulb no hand towels in bath area -Exit door- threshold lift up when foot placed on top can be lifted with foot..not secure door door jam rotting</p> <p>D. Facility Ground: loose boards on both decks, loose railing both decks slippery with green mold noted old broken chairs (some with no frame, others with no cushion) tires and debris noted outside chair frame on porch with no cushion no exterior lighting..light bulb not working garage door inoperable and secured by a wire</p>	(V 736)	<p>All bathrooms are to be cleaned every day. Clients and staff have been instructed that this is their responsibility. This includes: dusting, mopping, sweeping, wiping down walls, dressers, etc..</p>	

*REMOVE COUCH*

During interview on 6/14/19, the Administrator reported:  
-She did receive prior SOD reports from DHSR's Construction and Mental Health

Exit door to be replaced.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-755</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ABSOLUTE HOME AND COMMUNITY SERVICES****5628 MILLRACE RD  
RALEIGH, NC 27606**

(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 736}	<p>Continued From page 12</p> <p>from behind the house (vacuum, old picture frames).. "It could be snakes under that" debris</p> <p>During interviews between 6/12/19 and 6/17/19, DHSR Construction Surveyor reported:</p> <ul style="list-style-type: none"> <li>-Build up of leaves, trash, and other debris on the fire escape which made it slippery...for client #3's room, the deck was an estimated 25 foot drop ..Should someone fall from that drop, serious injury or death could occur</li> <li>-Heavy coating of dust on the ceiling fans, on the window sashes and sills and on the blinds in all of the bedrooms. In bedroom occupied by clients #1 and #2, dust from the ceiling fan had blown all over the ceiling. Heavy dust can impact someone's health (triggers allergies/asthma), air quality as well as act as an accelerant during a fire.</li> <li>-Garage panel on the open door protruded downward and ceiling panel not secure which could fall and hit someone causing injury. Panel material for both appeared an estimated 1/4 inch in thickness.</li> <li>-Although a "few repairs" had been completed between November 2015-June 2019, the facility remained substantially "non compliant with over 90%" of the documented citations.</li> </ul> <p>During interview on 6/13/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>-Since March 2019, she assisted the facility to secure a maintenance man...some repairs had been completed</li> <li>-The Administrator/RN was responsible for the overall maintenance of the home</li> </ul> <p>During interview on 6/14/19, the Administrator/RN reported:</p> <ul style="list-style-type: none"> <li>-She did receive prior SOD reports from DHSR's Construction and Mental Health</li> </ul>	{V 736}	<p>Garage:</p> <p>Door has been repaired. It opens and closes without problem.</p> <p>Insulation repaired. Electrical box protected.</p> <p>Televisions are to be removed by maintenance.</p> <p>Lower Level</p> <p>All light fixtures have coverings. Light bulbs have been purchased.</p> <p>The couch in that area has cushions and has been cleaned</p> <p>All excess furniture or debris in the bottom area needs to be removed. Area should be cleaned at least weekly by staff. The mirror belongs to a client.</p> <p>The bathroom has been cleaned and repaired. Broken items have been replaced.</p> <p>Exit door to be replaced.</p>	

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## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 06/17/2019	
NAME OF PROVIDER OR SUPPLIER  ABSOLUTE HOME AND COMMUNITY SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 5628 MILLRACE RD RALEIGH, NC 27606		
(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 736}	<p>Continued From page 13</p> <p>Licensure sections regarding maintenance concerns for the home..she forwarded the reports to her maintenance person</p> <p>-Last visited the group home a week prior to 6/12/19... no concerns noted at the time of her visit</p> <p>Review between 6/12/19 and 6/13/19 of the facility's plan of protection dated 6/13/19 submitted by the Qualified Professional (QP) revealed:</p> <p>-6/12/19: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately, client # (not identified) is being moved to another room. The QP has spoken with the person in charge of repairs [name of Administor/RN's husband]. He is going to send the list of needed repairs to the landlord. These include the garage door, remove mold from outside of house, replace worn molded wood around the house, replace/repair the steps/railings outside the bedroom, clean bathrooms thoroughly, replace insulation in garage in damaged areas. The entire home will be cleaned thoroughly.</p> <p>-6/13/19: Effective 6/12/19, client was moved to the other previously approved room. The client and staff were counseled about the need to evacuate safely in the event of an emergency. They indicated understanding that he can not reside, sleep or rest in the unapproved room. Effective immediately, all clients will be inserviced on the smoking policy &amp; regulations signs will be posted today.</p> <p>-Describe your plans to make sure the above happens. QP will be meetings with clients today to complete contracts on expectations and consequences for not following the expectation and placing others and themselves in danger."</p>	{V 736}		

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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 Licensure 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

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## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-755</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/17/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5628 MILLRACE RD</b> <b>RALEIGH, NC 27606</b>		
(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 736}	Continued From page 15  Licensure and Construction Sections between 11/13/15 and 3/28/19 revealed: -a total of 11 times the facility was cited for facility maintenance concerns. -Identified areas of non compliance with smoking inside the facility, egress (utilizing non approved bedroom), safety of the deck/railing, structural issues with rotting wood, non working condition of the garage, cleanliness of the facility and its grounds	{V 736}			

To: India Vaughn Rhodes

From: Elaine Platiff

DATE: 9/16/19

Requested items.

17 <sup>1302</sup> pages.