

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2019
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 201 RAND MILL ROAD GARNER, NC 27529
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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	INITIAL COMMENTS An Annual and Follow Up Survey was completed on November 13, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of three audited client's (#1) treatment plan was reviewed annually. The finding is:</p> <p>Review on 11/07/19 of client #1's record revealed the following: -Admitted: 08/17/12 -Diagnoses: Schizophrenia, Seizure Disorder and Hypothyroid Disorder -Treatment plan dated 08/30/18. No other documentation regarding treatment plan or meeting or updates</p> <p>During interview on 11/12/19, the Qualified Professional reported: -She may have sent client #1's 2019 treatment plan for signature and had not received or followed up -Within past few weeks, she had asked group home staff to double check that all treatment plans in all client's record were current. -Prior to this interview, she was not aware of client #1's treatment plan not being in his record at the group home. Her records via computer would show a current date</p>	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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>	V 736		

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe and orderly manner. The findings are:</p> <p>Observation on 11/08/19 at approximately 11:30 AM revealed the following in the laundry area: -Ceiling plaster peeling -Wall material worn or damaged -Hardware left when door frame removed causing potential trip hazard.</p> <p>During interview on 11/08/19, staff #1 reported: -Prior to this interview, he had not noticed the damage to the wall. The damage looked as if it was caused by a leak or water -He would remove both hardware from the door frame -He would make sure the agency was aware of the identified citations</p>	V 736		