

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-C 12/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME AND COMMUNITY SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5628 MILLRACE RD RALEIGH, NC 27606</b>
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{V 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Follow Up Survey was completed 12/23/19. 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure fire and disaster drills were completed at least quarterly on each shift. The findings are:</p> <p>Review on 12/16/19 of the facility's records revealed no fire or disaster drills</p> <p>During interview on 12/16/19, staff #1 reported she:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-had conducted one fire drill since September 2019, but she did not document the drill.</li> <li>-received paperwork to document drills from the Qualified Professional</li> <li>-was not sure how often fire/disaster drills should be completed</li> <li>-was not familiar with how to simulate/conduct fire and disaster drills. "Should drills be conducted at each exit?"</li> </ul> <p>{V 736} 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> <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 and attractive manner. The findings are:</p> <p>Review on 12/16/19 of the facility's public file maintained by the Division of Health Service Regulation (DHSR) revealed Statement of Deficiency (SOD) Report dated 6/12/19 &amp; 9/4/19 from Mental Health Licensure Construction Section of recited violations inclusive of the following regulatory areas:</p> <ul style="list-style-type: none"> <li>-emergency plans and supplies (staff not documenting drills were conducted)</li> <li>-facility grounds and maintenance (evidence supported citations in reference to client and staff bedroom areas-dust, kitchen-grease build up</li> </ul>	V 114		

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{V 736}	<p>Continued From page 2</p> <p>over stove/hood/range as well as countertops, living room facility grounds)</p> <p>-safety-(trip hazards in client areas either by cable wires or laminate floors, exposed nails or screws, weak or rotted wood related to structural areas of the property)</p> <p>-maintenance of electrical system-(inadequate lighting throughout the home)</p> <p>Observation and tour of the facility on 12/16/19 between 9:30AM-11:30AM of the three level facility revealed the following: (Note an Asterisk (*) = cited 6/17/19 &amp; 9/4/19, ** = cited 9/4/19, no asterisk = newly identified during 12/16/19 survey)</p> <p>A. Top Level:</p> <p>-master bedroom occupied by clients #1 &amp; #6</p> <p>*closet- wire clothes hanging rack not fully attached to wall..mold noted in door jam</p> <p>*laminare floors not "flush" together with potential trip hazard</p> <p>*broken molding noted...tub dirty with water stains &amp; dirt..</p> <p>*vanity sink cabinet (door broken ...inside cabinet evidence of water damage inside and warped)</p> <p>*blinds dirty in bathroom</p> <p>*dirt and mold noted in shower</p> <p>**bathroom closet door frame wood broken</p> <p>bathroom closet wall contained offensive language and words</p> <p>**dust noted in ceiling near exhaust</p> <p>**ceiling plaster peeling, "flaking", or separating in both bathroom and bedroom areas</p> <p>cracks noted in the ceiling</p> <p>mattress indented in the middle on client #1's bed...comforter torn</p>	{V 736}		

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{V 736}	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-single bedroom occupied by client #3 with exit door               <ul style="list-style-type: none"> <li>*laminate flooring not "flush" together</li> <li>*emergency escape-railing remained unstable</li> </ul> </li> <li>-single bedroom occupied by client #4               <ul style="list-style-type: none"> <li>*tri-fold closet holes inside</li> <li>*semi-circle marking embedded in flooring consistent with closet door being opened and closed</li> <li>*dust on light fixture</li> <li>**window sill dirty and thick cobwebs noted in areas between double paned window flooring separated</li> </ul> </li> </ul> <p>During interview on 12/16/19, the DHSR construction section consultant reported:</p> <ul style="list-style-type: none"> <li>-since 9/4/19, repairs had been made to the the deck railing. The deck hand railing required additional support for stability.</li> </ul> <p>B. Main Level:</p> <ul style="list-style-type: none"> <li>-living room               <ul style="list-style-type: none"> <li>brown circular stains noted on the ceiling in several areas</li> <li>cracks noted in the ceiling</li> </ul> </li> <li>-kitchen/staff area               <ul style="list-style-type: none"> <li>**kitchen-Countertops chipped exposing building material...grease build up underneath range of stove</li> </ul> </li> <li>-laundry area               <ul style="list-style-type: none"> <li>*peeling around floor molding</li> </ul> </li> <li>-garage               <ul style="list-style-type: none"> <li>*door jam rotting</li> <li>garage over head gate panels not secure (tape separating)</li> </ul> </li> </ul>	{V 736}		

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{V 736}	<p>Continued From page 4</p> <p>During interview on 12/16/19, staff #1 reported:                      -the Administrator/Registered Nurse (RN) had spoken with someone about replacing the countertops and cabinets in the kitchen. The landlord did not want to assist with the cost                      -the facility's maintenance man had cleaned the grease build up underneath the range of the stove. The black markings on the hood she described as mold and indicated it could not be removed.</p> <p>C. Lower Level:                      -room occupied by client #2 and client #5                      *light fixture missing light bulb over both client beds                      *door jam rotted outside of exit door                      *threshold broken (need to be replaced)                      cracks noted in the ceiling                      mattress indented in middle on bed occupied by client #2                      -hallway                      *tarnished mirror with broken stand in the hallway</p> <p>-bathroom                      *missing bulb in vanity                      **stain on ceiling near exhaust vent</p> <p>-exit door located near bathroom                      *threshold lift up when foot placed on top (can be lifted with foot..not secure door)                      **light bulbs missing which leaves no lighting in the hallway leading to outside</p> <p>During interview on 12/16/19, staff #1 reported:                      -she had not seen the SODs but participated both tours on 6/17/19 and 9/4/19 with DHHS construction and Mental Health Licensure</p>	{V 736}		

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{V 736}	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-did not noticed the mattresses needed to be replaced</li> </ul> <p>During interview on 12/16/19, DHSR Construction Surveyor reported:</p> <ul style="list-style-type: none"> <li>-since June 2019, he had conducted three follow up surveys at this location</li> <li>-the Administrator/RN did not respond to the 9/4/19 SOD. In November 2019, she did respond to the 6/17/19 SOD. The SODs were emailed to both the Administrator/RN and the Qualified Professional.</li> <li>-although some previously cited items had been corrected., the facility still remained substantially out of compliance.</li> <li>-follow up activities have been ongoing for most of these violations identified since 2016. Little efforts have been made to correct the violations in the 46 month period.</li> <li>-concerns regarding the integrity of the facility's structure remained as evident by the increase in cracks, rotten wood and overall maintenance upkeep of the home. Long term the</li> </ul> <p>Review on 12/16/19 of the facility's public file maintained by the DHSR of SOD Reports from both Mental Health Licensure and Construction Sections between 11/13/15 and 6/17/19 revealed:</p> <ul style="list-style-type: none"> <li>-a total of 13 times the facility was cited for facility maintenance concerns.</li> <li>-identified areas of non compliance inclusive of safety of the deck/railing, structural issues with rotting wood, non working condition of the garage and cleanliness of the facility.</li> </ul>	{V 736}		