

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/17/2021
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707
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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>INITIAL COMMENTS</p> <p>A limited follow-up survey for the Type A1 rule violation was completed on June 17, 2021. This was a limited follow- up survey, only -10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) - Cross Referenced, 10A NCAC 27D .0204 Competencies and Supervision of Paraprofessionals (V110) - Type A1, 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - Standard, 10A NCAC 27G .0207 Emergency Plans and Supplies (V114) - Standard, 10A NCAC 27G .0303 Facility and Grounds Maintenance (V736) - Standard, were reviewed for compliance.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p> <p>The following were brought back into compliance: -10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) - Cross Referenced. -10A NCAC 27D .0204 Competencies and Supervision of Paraprofessionals (V110) - Type A1 -10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - Standard. -10A NCAC 27G .0207 Emergency Plans and Supplies (V114) - Standard.</p>	V 000		
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</p>	V 736		

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

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V 736	<p>Continued From page 1</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility grounds were maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 6/17/21 at 10:00 a.m. revealed: -There were several cracked tiles throughout the kitchen floor. -Blinds on window were missing two sections in the living room and dining room. -The floor in the hallway and bathroom was caving in. -There were loose floor tile outside the shower in the 1st bathroom and the medicine cabinet did not close. -Dresser was missing the front of the top drawer in bedroom to the right. -In the 2nd bathroom the panel underneath the window was coming off and there was mold/mildew along the edges between the tub and the wall.</p> <p>Interview on 6/17/21 with the Qualified Professional revealed: -The Administrator was aware of the issues in the home. -A vendor came to the home to review issues and provided an estimate. -The Administrator received an estimate in the amount of \$21,000 to fix the floor and other issues. -The owner of the home was aware of the</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>problems in the home. -Confirmed the issues in the home and failed to maintain the home in a safe, clean and attractive manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		