STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` 'a			3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL092-878	B. WING			5/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ARSOLUTE HOME #5			O MILL ROAD , NC 27529)			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	ΓS	V 000				
	Type A1 rule violatic 2021. This was a li 10A NCAC 27D .03 Abuse, Neglect or Ereviewed for complibrought back into c .0304-Protection from Exploitation (V512) This facility is licensic category: 10A NCA Living for Adults with						
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.		V 114				
	failed to ensure fire	et as evidenced by: view and interview the facility and disaster drills were held ted on each shift. The					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
	MHL092-878		B. WING			? 5/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	ITE HOME #5		MILL ROAD)		
		<u> </u>	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	findings are:					
	- Fire Drills were co last twelve months	of facility records revealed: mpleted only two times in the one on first and second shift completed within the last				
	Thought more fireNo disaster drills hTwo live-in staff harun drills	ave been hired and trained to moved out of the house for a				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs. (2) Medications shad clients only when and client's physician. (3) Medications, incompart administered only burnicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medications	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be by licensed persons, or by trained by a registered nurse, and e and administer medications. In light person and the and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same and administer medications. In light person and the same				

Division of Health Service Regulation STATE FORM

OCV011 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
			A. BUILDING:		R	
		MHL092-878	B. WING			15/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARSOLUTE HOME #5			MILL ROAI NC 27529)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 118	(B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be recommended.	ge 2 and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	failed to train 2 of 2 medication adminis Review on 7/14/21 - Hired: 7/03/21 - No training of Med	et as evidenced by: view and interview the facility (#1 and #2) audited staff in stration. The findings are: of staff #1's record revealed: dication Administration of staff #2's record revealed:				
	- No training of Med Review on 7/14/21 MAR revealed: -Staff #1 and staff # administered Record review on 7 revealed: - No documentation training for staff #1	dication Administration of the June and July 2021 #2 initialed for medications as #/14/21 of staffs' records in of Medication Administration and staff #2 1 the Qualified Professional				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		MHL092-878	B. WING		07/1	5/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	ITE HOME #5		MILL ROAD NC 27529)		
(X4) ID				PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	training should be a -Could not find a co at the office -She does not keep -Attempted interview message was left b to exit of survey	py of the medication training copies of the trainings on 7/14/21 with Licensee, ut no return call received prior 1 staff #1 stated: house for a week dication administration by 1 staff #2 stated: medication house not remember sining, but does not remember				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is licer Chapter. (b) Requirement Approvider licensed unapplicant to fill a posapplicant to have an conditioned on conscriminal history recomposition.					

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DIVISION	Division of Health Service Regulation								
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
		MHL092-878	B. WING		R 07/15/2021				
		WITTE032-070			0771	3/2021			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE					
ARSOLL	ITE HOME #5	201 RAND	MILL ROAD)					
ABSOLUTE HOME #5 GARNER, N		NC 27529							
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)			
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE			
TAG	REGULATORT OR E	OC IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	FINAIL	B/(I'E			
V 133	Continued From pa	ge 4	V 133						
	less than five years	, then the offer of employment							
		onsent to a State and national							
		ord check of the applicant. The							
		story record check shall							
		the applicant's fingerprints. If							
		een a resident of this State for							
		then the offer is conditioned							
		te criminal history record							
		ant. A provider shall not							
		t who refuses to consent to a							
		ord check required by this							
		otherwise provided in this							
		ive business days of making							
		r of employment, a provider							
		est to the Department of							
		114-19.10 to conduct a							
	criminal history reco	ord check required by this							
	section or shall sub	mit a request to a private							
	entity to conduct a	State criminal history record							
	check required by t	his section. Notwithstanding							
	G.S. 114-19.10, the	Department of Justice shall							
	return the results of	national criminal history							
		mployment positions not							
	covered by Public L	aw 105-277 to the							
	Department of Hea	lth and Human Services,							
	Criminal Records C	check Unit. Within five							
	business days of re	ceipt of the national criminal							
		n, the Department of Health							
		es, Criminal Records Check							
		provider as to whether the							
		d may affect the employability							
		no case shall the results of the							
		story record check be shared							
		roviders shall make available							
		cation that a criminal history							
	check has been cor	mpleted on any staff covered							
	by this section. A co	ounty that has adopted an							
		dinance and has access to							
	the Division of Crim	inal Information data bank							

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DIVISION	Division of Health Service Regulation								
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
					R				
		MHL092-878	B. WING		07/15/2021				
		WITILU32-010			1 0//1	3/2U2 I			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE					
		201 RANI	MILL ROAD)					
ARSOLUTE HOME #5		NC 27529							
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(YE)			
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE			
				DEFICIENCY)					
V 133	Continued From pa	ge 5	V 133						
V 100	·		V 100						
		half of a provider a State							
	criminal history reco	ord check required by this							
	section without the	provider having to submit a							
	request to the Depa	artment of Justice. In such a							
		all commence with the State							
		ord check required by this							
	section within five b								
		employment by the provider.							
		nformation received by the							
		itial and may not be disclosed,							
		ant as provided in subsection							
	(c) of this section. F								
		n "private entity" means a							
		engaged in conducting							
		ord checks utilizing public							
	records obtained fro								
		oplicant's criminal history							
		Is one or more convictions of							
		the provider shall consider all							
	•	ors in determining whether to							
	hire the applicant:								
		eriousness of the crime.							
	(2) The date of the								
	` '	person at the time of the							
	conviction.								
	(4) The circumstand								
	commission of the								
	(5) The nexus betw	een the criminal conduct of							
	the person and the	job duties of the position to be							
	filled.	·							
	(6) The prison, jail,	probation, parole,							
		employment records of the							
		ate the crime was committed.							
		t commission by the person of							
	a relevant offense.	, and parasin or							
		on of a relevant offense alone							
		employment; however, the							
		be considered by the provider.							
		ualifies an applicant after							

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		_	.
		MHL092-878	B. WING		F 07/1	5/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ABCOLL	ITE LIOME #F	201 RAND	MILL ROAD			
ABSOLUTE HOME #5 GARNER,			NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	consideration of the	ge 6 e relevant factors, then the use information contained in	V 133			
	the criminal history to the disqualification	record check that is relevant on, but may not provide a copy ory record check to the				
	applicant. (d) Limited Immunit	ty A provider and an officer rovider that, in good faith,				
	complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an					
	the criminal history	sis of information provided in record check of the individual. an employee's history of				
	criminal offenses if history record chec	the employee's criminal k is requested and received in				
		s section. se As used in this section, neans a county, state, or				
	federal criminal his indictment of a crim	tory of conviction or pending ne, whether a misdemeanor or				
	have responsibility	pon an individual's fitness to for the safety and well-being of ental health, developmental				
	disabilities, or subs	tance abuse services. These criminal offenses set forth in				
	General Statutes: A	Articles of Chapter 14 of the Article 5, Counterfeiting and ubstitutes; Article 5A,				
	Endangering Execu Article 6, Homicide	utive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10,				
	Kidnapping and About Injury or Damage b	duction; Article 13, Malicious y Use of Explosive or				
	and Other Housebr	or Material; Article 14, Burglary eakings; Article 15, Arson and				
	Robbery; Article 18	icle 16, Larceny; Article 17, , Embezzlement; Article 19,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL092-878		B. WING		07/1	₹ 5/2021	
ABSOLUTE HOME #5			DRESS, CITY, S MILL ROAL NC 27529	STATE, ZIP CODE D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 133	Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a O (g) Conditional Emp employ an applican obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha	or Services by False or Credit Device or Other Means; al Transaction Card Crime Ids; Article 21, Forgery; Article Ist Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public Iffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public Iticle 60, Computer-Related Its also include possession or ation of the North Carolina Its also include possession or ation of the North Carolina Its also include possession or Its also include posse	V 133			

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Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	guiation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL092-878		B. WING		R 07/15/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	TE HOME #5	201 RANE	MILL ROAL NC 27529			
			NC 21323		ı	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for 1 of 2 audited staff (#1). The findings are:					
	revealed: - Hire date: 7/3/21	of staff #1's personnel record				
	criminal check and - The licensee shourecord check - It takes two weeks back when its order	stated: ee and asked about the was told it had been ordered uld have ordered the criminal s to get criminal record check				
		ut no return call received prior				

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