	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	of correction	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL092-878	B. WING		C 09/09/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	E HOME #5		ND MILL ROAD R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
		vas completed on 09/09/21. ubstantiated Intake # encies were cited.				
		ed for the following service 27G .5600A Supervised Mental Illness.				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident opriate business files.				
	failed to access the N	ew and interview the facility North Carolina Health Care HCPR) prior to hiring one of				
	records revealed: -Hired 08/12/21	of staff #1's personnel check had been completed				
	Interview on 09/09/2 stated:	1, the Qualified Professional				
	-Licensee was respo	nsible for personnel records				

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
					С	
		MHL092-878	B. WING		09	/09/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	E HOME #5		ID MILL ROAD R, NC 27529			
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE	(X5) COMPLET DATE
TAG			TAG	DEFICIENC		
V 131	Continued From page	e 1	V 131			
	•	to save the HCPR check, request could not be saved				
		titutes a re-cited deficiency				
	and must be correcte	-				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G.S. §122C-80 CRIN CHECK REQUIRED	IINAL HISTORY RECORD FOR CERTAIN				
	APPLICANTS FOR E (a) Definition As us	EMPLOYMENT. sed in this section, the term				
	• • • •	an area authority/county wider of mental health,				
		ility, and substance abuse sable under Article 2 of this				
	Chapter. (b) Requirement A	n offer of employment by a				
	•	der this Chapter to an ition that does not require the				
	••	occupational license is				
		ent to a State and national d check of the applicant. If				
	•	en a resident of this State for				
		then the offer of employment				
	is conditioned on cor	nsent to a State and national				
	•	d check of the applicant. The				
		ory record check shall				
		e applicant's fingerprints. If				
		en a resident of this State for				
	-	nen the offer is conditioned				
		e criminal history record				
		nt. A provider shall not				
		who refuses to consent to a				
	-	d check required by this				
	-	herwise provided in this				
		e business days of making				
	the conditional offer (	of employment, a provider				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
		MHL092-878	B. WING		C 09/09/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOME #5	201 RAM	ND MILL ROAD			
		GARNE	R, NC 27529			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO		CORRECTION ON SHOULD BE HE APPROPRIATE Y)	(X5) COMPLET DATE
V 133	Continued From page	e 2	V 133			
	Justice under G.S. 11 criminal history record section or shall subm entity to conduct a St check required by this G.S. 114-19.10, the D return the results of m record checks for em covered by Public La Department of Health Criminal Records Che business days of rece history of the person, and Human Services Unit, shall notify the p information received of the applicant. In no national criminal histor with the provider. Pro upon request verificat check has been comp by this section. A cour appropriate local ordi the Division of Crimin may conduct on beha criminal history record section without the pr request to the Depart case, the county shall criminal history record section within five bus conditional offer of er All criminal history inf provider is confidentia except to the applicant (c) of this section. Fo	a and Human Services, eck Unit. Within five eipt of the national criminal the Department of Health , Criminal Records Check provider as to whether the may affect the employability o case shall the results of the ory record check be shared oviders shall make available tion that a criminal history pleted on any staff covered inty that has adopted an nance and has access to hal Information data bank alf of a provider a State d check required by this rovider having to submit a ment of Justice. In such a I commence with the State d check required by this siness days of the mployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection r purposes of this "private entity" means a				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOT TO MODELA.	A. BUILDING:			
		MHL092-878			C 09/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	FE HOME #5		ND MILL ROAD R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page	e 3	V 133			
	records obtained from (c) Action If an app record check reveals a relevant offense, th of the following factor hire the applicant: (1) The level and seri (2) The date of the cr (3) The age of the pe conviction. (4) The circumstance commission of the cri (5) The nexus betwee the person and the jo filled. (6) The prison, jail, pr rehabilitation, and em person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to e listed factors shall be If the provider disqua consideration of the r provider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a prov complies with this sec civil liability for: (1) The failure of the individual on the basi the criminal history re	licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to ousness of the crime. ime. rson at the time of the s surrounding the me, if known. en the criminal conduct of b duties of the position to be robation, parole, nployment records of the e the crime was committed. commission by the person of of a relevant offense alone employment; however, the considered by the provider. lifies an applicant after elevant factors, then the e information contained in ecord check that is relevant , but may not provide a copy				

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 09/09/2021	
		MHL092-878				
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BSOLUT	E HOME #5		D MILL ROAD R, NC 27529			
			ID			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 133	Continued From page	e 4	V 133			
	criminal offenses if th	e employee's criminal				
		is requested and received in				
	compliance with this	-				
		As used in this section,				
	( )	ans a county, state, or				
	federal criminal history of conviction or pending					
	indictment of a crime	, whether a misdemeanor or				
	felony, that bears upo	on an individual's fitness to				
		r the safety and well-being of				
		ntal health, developmental				
		nce abuse services. These				
		minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sul					
	<b>U</b>	ve and Legislative Officers; Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		iction; Article 13, Malicious				
	Injury or Damage by					
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
		Services by False or				
		edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
	Decency; Article 26A	, Adult Establishments;				
		n; Article 28, Perjury; Article				
		l, Misconduct in Public				
		enses Against the Public				
		Riots and Civil Disorders;				
	Article 39, Protection					
	Protection of the Far	-				
		cle 60, Computer-Related				
	Crime. These crimes					1

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED			
		MHL092-878	B. WING		C 09/09/2021				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE					
BSOLUT	TE HOME #5		ND MILL ROAD R, NC 27529						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 133	e e contrate a contrate page		V 133						
	Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employ employ an applicant of obtaining the results of check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after th conditional employme 2001-155, s. 1; 2004- 2005-4, ss. 1, 2, 3, 4, This Rule is not met Based on record revie failed to ensure the st was ordered within five	of G.S. 20-138.1 through hing False Information Any hent who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the s are met: not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. submit the request for a d check not later than five he individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.)							

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-878	B. WING		C 09/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	<b>FE HOME #5</b>		ID MILL ROAD			
		GARNE	R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From page	e 6	V 133			
	audited staff (#1). Th	e findings are:				
	revealed: - Hire date: 8/12/21	staff #1's personnel record				
	been requested Interview on 9/09/21 Professional (QP) sta - The licensee had or check and it had not o	ited: dered the criminal record				
	This deficiency consti and must be correcte	itutes a re-cited deficiency d within 30 days.				
V 512	27D .0304 Client Rigl	hts - Harm, Abuse, Neglect	V 512			
	(a) Employees shall abuse, neglect and ex with G.S. 122C-66.	GLECT OR EXPLOITATION protect clients from harm, xploitation in accordance				
	sort of abuse or negle 27C .0102 of this Cha	not subject a client to any ect, as defined in 10A NCAC apter. s shall not be sold to or				
	necessary to repel or	g body policy. use only that degree of force secure a violent and				
	governing body policy is necessary depends	which is permitted by y. The degree of force that s upon the individual client (such as age, size				
	and physical and mer of aggressiveness dis	ntal health) and the degree splayed by the client. Use of es shall be compliance with				

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If continuation sheet 7 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-878	B. WING		C 09/09/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	E HOME #5		ND MILL ROAD R, NC 27529			
(X4) ID SUMMARY		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 512	Continued From page	e 7	V 512			
		an employee of Paragraphs Rule shall be grounds for loyee.				
	This Rule is not met as evidenced by: Based on interview and record review one of one audited staff (#1) abused one of three audited clients (#1). The findings are:					
	Review on 9/09/21 o revealed the following -Date of hire 8/12/21 -Live in staff	•				
	-Admitted: 12/24/15	f client #1's record revealed: ffective Disorder, Bipolar onality Disorder				
	-Admitted: 3/07/19 -Diagnoses: Impulse	f client #2's record revealed: Control, Intellectual der, Conduct Disorder				
	Review on 9/08/21 o -Admitted 10/15/16 -Diagnosis: Schizoaf	f client #3's record revealed: fective Disorder				
	Interview on 9/08/21 -Client #1 was agitate #2 on 9/07/21	staff #1 stated: ed and aggressive with client				
	-Attempted to deesca #1 would not talk with	alate the situation, but client h him elevision remote control				
	against the wall and a -Client #1 attempted -He told client #1 " I v	shattered it to "intimidate me"				
		report the incident to the				

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If continuation sheet 8 of 12

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		-	
		MHL092-878	B. WING		C 09/09/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ABSOLUT	E HOME #5		ND MILL ROAD R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pag	e 8	V 512			
	Qualified Professiona	al (QP) or the Licensee				
	client #2 went to his i -Staff #1 came out of client #2 came back -He threw the remote walked outside on the -Staff #1 told him "I w your a*s back in the I -"I could take him (st -He had not reported Interview on 9/08/21 -Client #1 started scr -He walked off from of room when he heard room -He went to tell staff happened -Client #1 then threw the wall and broke it	rted arguing on 9-07-21, room F his room and started yelling, out of his room control and broke it and e porch vill f**k you up" and to "get house" aff #1) if I had to" the incident to the QP client #2 stated:				
	going to "f**k him up'	1 tell client #1 that he was				
	between staff #1 and -Staff should report a the QP or the Licens -Staff #1 had training	/ incident that happened   client #1 Ill incidents immediately to				
	This deficiency was o	cited 1 time on 5/12/21				

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED		
		MHL092-878	B. WING		09	C / <b>09/2021</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
ABSOLUTE HOME #5 201 RAND MILL ROAD GARNER, NC 27529								
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED B		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORI		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE	
V 512	Continued From page	e 9	V 512					
	the QP revealed: What immediate action ensure the safety of of "The staff person will responsibilities imme Evidence Based Prot Trainer. He will provide techniques, alternative confrontational behave Should the team (QP determine that this stand demonstrating compe- rights, the staff will be address the client's be address that range Bipolar mood disorded Impulse control and C Staff #1 worked at the weeks. Staff #1 admit Clients #1-#3 reporte curse at client #1. Th	8/21 submitted and written by on will the facility take to consumers in your care? be relieved of diately. QP contacted the ective Interventions (EBPI) de training on de-escalation ves to managing viors and client rights. ,administrator and trainer) aff is not capable of etency in the areas of client e terminated. The QP will ehavioral concerns with the an and the client. The client's lated to reflect the behavior." to make sure the above ome, particularly this client, uently. QP met with the ewed reporting protocols a that should be reported will continue to follow up ues, concerns and client ator will check in weekly with s well." resided at the group with d from Schizophrenia, er, Personality disorder,						

FCORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			
	MHL092-878	B. WING		C 09/09/2021	
OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
E HOME #5					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLET DATE
Continued From page	e 10	V 512			
serious abuse and m days. An administrati imposed. If the violati days, an additional a \$500.00 per day will l	ust be corrected within 23 ve penalty or \$2000.00 is on is not corrected within 23 dministrative penalty of be imposed for each day the				
27G .0303(c) Facility	and Grounds Maintenance	V 736			
EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS ts grounds shall be clean, attractive and orderly				
Based on observation grounds was not mai	n and interview the facility ntained in a safe and				
Observation on 9/08/	21 at 10:45am revealed:				
-2 white broken patio -1 broken walker -2 round black pillow stuffing exposed -1 disregarded bedsid	chairs cushions with holes and de toilet				
(QP) stated:					
	E HOME #5 SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page deficiency constitutes serious abuse and m days. An administrati imposed. If the violati days, an additional ac \$500.00 per day will I facility is out of comp 27G .0303(c) Facility 10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation grounds was not main attractive manner. Th Observation on 9/08/21 The right front corner -2 white broken patio -1 broken walker -2 round black pillow stuffing exposed -1 disregarded bedsig -0ther trash in bags a Interview on 9/08/21 (QP) stated:	EHOME #5 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty or \$2000.00 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. 27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility grounds was not maintained in a safe and attractive manner. The findings are: Observation on 9/08/21 at 10:45am revealed: 1 broken walker 2 round black pillow cushions with holes and stuffing exposed 1 disregarded bedside toilet Other trash in bags and broken objects in a pile Interview on 9/08/21 the Qualified Professional (QP) stated: -Doesn't know how long the trash and broken	HOME #5       201 RAND MILL ROAD GARRER, NC 27529         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 10       V 512         deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days, An administrative penalty or \$2000.00 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.       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS       V 736         (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.       V 736         This Rule is not met as evidenced by:       Based on observation and interview the facility grounds was not maintained in a safe and attractive manner. The findings are:       Observation on 9/08/21 at 10:45am revealed:         The right front corner of the backyard was:       2 Wilte broken patic chairs       1 broken walker         -2 round black pillow cushions with holes and suffing exposed       -1 disregarded bedside toilet       -1 disregarded bedside toilet         Other trash in bags and broken objects in a pile       Interview on 9/08/21 the Qualified Professional (QP) stated:       -1 broken	EHOME #5       201 RAND MILL ROAD GARNER, NC 27529         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFINING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY TAG         Continued From page 10       V 512         deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty or \$2000.00 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.       V 736         27G .0303(c) Facility and Grounds Maintenance       V 736         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.       V 736         This Rule is not met as evidenced by: Based on observation and interview the facility grounds was not maintained in a safe and attractive manner. The findings are:       Ubservation on 9/08/21 at 10:45am revealed:         Descrution on 9/08/21 at 10:45am revealed:       Ib roken walker 2 round back pillow cushions with holes and stuffing exposed 1 disregarded bedside toilet 2 round back pillow cushions with holes and stuffing exposed 1 disregarded bedside toilet 2 round stuffing exposed 1 disregarded bedside toilet 2 round back pillow cushions with holes and stuffing exposed 1 disregarded bedside toilet 2 round back pillow cushions with holes and stuffing exposed 1 disregarded bedside toilet 2 round back pillow cushions with holes and stuffing exposed 1	OWDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       201 RAND MILL ROAD GARNER, NC 27529     27529       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REDULATORY OR LSC DENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APROPRIATE DEFICIENCY)       Continued From page 10     V 512     V512       deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days, an additional administrative penalty of S00.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.     V 736       27G .0303(c) Facility and Grounds Maintenance (c) Each facility and Is grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.     V 736       This Rule is not met as evidenced by: Based on observation and interview the facility grounds was not maintained in a safe and attractive manner. The findings are: Observation on 9/08/21 at 10:45am revealed: The right front corner of the backyard was: -2 while broken patio chairs -1 broken walker -2 round black pillow cushions with holes and stuffing exposed -1 disregarded bedside toilet -0ther trash in bags and broken objects in a pile Interview on 9/08/21 the Qualified Professional (DP) state: -Desn't know how long the trash and broken

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				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						С	
		MHL092-878	B. WING		09	/09/2021	
Ame of Pr	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE			
BSOLUT	E HOME #5		ND MILL ROAD R, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pag	e 11	V 736				
	items have been in th -Had advised the Lic broken items	ne backyard ensee to dispose of the					