Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MIII 002 046	B. WING		02/05/2022
		MHL092-946			03/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
ABSOLUT	E HOME - MARCONY W	AY	RCONY WAY		
		RALEIG	H, NC 27610		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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)	LD BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An On-site Survey wa 2022. A deficiency w	as completed on March 25, as cited.			
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.			
		d for 6 and currently has a rey sample consisted of ents.			
V 752	27G .0304(b)(4) Hot \	Water Temperatures	V 752		
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of the exposed to hot water,	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116			
	_	n, record review and ailed to ensure the water ntained between 100-116			
	3/25/22 email from th (QP) revealed: - Admission: 11/1/2 - Diagnoses: "Alte Calorie Malnutrition, I Encephalopathy" (net	ered Mental Status, Protein Ketoacidosis and Wernicke			

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL092-946	B. WING		03/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ARSOLUT	E HOME - MARCONY W	3316 MA	RCONY WAY			
ADOOLO	E TIOME - MARCOURT W	RALEIGH	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 752	V 752 Continued From page 1		V 752			
	voluntary movement a	and eye abnormalities)				
	- Admission: 4/21/	Intellectual Developmental				
	Review on 3/24/22 of client #3's record and 3/25/22 email from the QP revealed: - Admitted: 6/1/21 - Diagnoses: Bipolar Disorder Type I, Rule/Out Autism Spectrum Disorder, Unspecified Anxiety Disorder and Unspecified Personality Disorder, Anxiety, Blindness, Asthma, Arthritis and Hypertension					
	3/25/22 email from th - Admission: 6/15/ - Diagnoses: Model Impulse Control, Hyporal Review on 3/24/22 of 3/25/22 email from th - Admission: 5/2/1 - Diagnoses: Mild Cancer, Hypertension Chronic Obstructive Foundation Diabetes, Glaucoma, Osteopenia and Failure Review on 3/24/22 of 3/25/22 email from th - Admission: 12/1/ Diagnoses: Mild	erate IDD, Bipolar Disorder, ertension and Weight Loss client #5's record and e QP revealed: g IDD, Bipolar Disorder, h, Hyperlipidemia, Dementia, Pulmonary Disorder, Vitamin D Deficiency, re to Thrive client #6's record and e QP revealed:				
	Allergy Rhinitis Review on 3/24/22 of	the facility's public file rision of Health Service				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-946	B. WING		03/25/2022
					03/23/2022
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	I E, ZIP CODE	
ABSOLUT	E HOME - MARCONY W	AY	RCONY WAY I, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 752	Continued From page	2	V 752		
	Regulation (DHSR) revealed the following: - On 3/24/22, an onsite survey was conducted by DHSR Construction Section.				
	stated:	the Construction Consultant			
		een 8:50 AM-10:00 AM, he			
		al survey at the group home. res in the upstairs hall			
	bathroom sink and sh	•			
	bathroom sink and shower/tub and kitchen faucet				
	-	emperature reading of 168			
	degrees.	land overdeen by a standard			
		hot water heater had choices of "low and high."			
	•	site, staff #1 turned the hot			
	water heater tempera				
	•	e downstairs shower/tub to			
	**	out of the hot water tank.			
	- By removing all t	he hot water and refilling the			
	water tank, the tempe	erature readings were 104			
	degrees when he left	the facility.			
	•	en a water temperature			
		ted to check the water			
	=	mes a day for the next 3			
	days.	rature log should be faxed to			
	DHSR Construction S	<u> </u>			
	Interview on 3/24/22 a	at 12:50 PM, client #3			
		ng a shower and was not			
	available to speak wit	th DHSR Mental Health			
	Survey Consultant.	od oboworing be would			
	inform staff #1 of DHS	ed showering, he would SR's arrival onsite.			
		22 between 1:05 PM-2:00 wing water temperatures			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-946	B. WING		03/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ABSOLUT	TE HOME - MARCONY W	<i>I</i> AY	CONY WAY			
		RALEIGH,	, NC 27610			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
V 752	Continued From page	e 3	V 752			ı
	Steam was observed - Upstairs bathroo observed Upstairs bathroo	room sink -144 degrees. d. om sink -146 degrees. Steam om shower/tub -136 degrees. 146 degrees. Steam was				
	Interview on 3/24/22 the Mental Health Licensure Construction Section Team Leader stated: - The staff shower would have lowered the temperature readings. - Therefore, the water readings between 1:00 PM-2:00 PM were "more than likely above" 138-146 degrees.					
	- He was a live in - Client #2 was the time of this intervited the time of this intervited as unsure vitoday before or after left Clients #1, #3 arbathroom Clients #2, #5 arbathroom He conducted was weekly but did not reconducted was weekly but did not reconducted was weekly but did not reconducted was arbathroom.	company for about 1 year. staff. e only client not at home at riew. what clients had showered the Construction Consultant and #4 used the upstairs and #6 used the downstairs rater temperature checks cord the readings. onth or so, the water ed with above usual hot lon." cure checks, the water never				
	10:25 AM revealed:	/22 between 10:15 AM - strated how he used a digital "Body Infrared				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL092-946	B. WING		03/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ABSOLUT	E HOME - MARCONY W	AY	CONY WAY			
		RALEIGH,	NC 27610			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 752	Continued From page	e 4	V 752			
	Thermometer" to check the water temperature. - Staff #1 obtained a cup from the cabinet and let the hot water from the cup flow into the sink. He aimed the thermometer at the water in the cup and obtained a reading of 104 degrees. Interview on 3/25/22 the Construction Consultant stated: - Captured and measured "water from a cup would not provide an accurate reading." - To test water temperatures, the thermometer should be placed under water running directly from the faucet. This method reduced the risk of the water cooling prior to the temperature being checked.					
	interview He never saw me was unaware of the ti	r the morning of this en from Construction and me he took his shower. erature "felt normal."				
	He last took a shHe noticed the whe last showered.Usually, he touch	ower the night of 3/23/22. rater was "a little hot" when red the water to gauge the getting in the shower or				
	never took a shower. - He last bathed of - The water was "h - He regulated the	it in the bathtub and he n yesterday (3/23/22).				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL092-946	B. WING		0;	3/25/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
4000111	TE ! OME MADOONIV M	3316 MA	RCONY WAY			
ABSOLU	TE HOME - MARCONY W	RALEIGI RALEIGI	H, NC 27610			
(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 ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 752	Interview on 3/24/22 He last showere The water was " He clarified the water steam but last night, Interview on 3/24/22 As she normally environmental issues not aware Constructing group home the morr Prior to this inter the issue regarding the exceeding 116 degre She would contate Administrator/Registe to make him aware at water temperature completed monthly at Unsuccessful multiple to contact the Administrator the Ad	client #6 stated: d last night (3/23/22). a little cooler than normal." was hot and he usually saw he didn't see it. the QP stated: was not involved in of the group home, she was on Section had been at the ning of 3/24/22. view, she was not aware of ne water temperature es. oct the ered Nurse (RN)'s husband nd resolve. ure checks should have been long side fire/disaster drills. e attempts made on 3/24/22 strator/RN via telephone,	V 752			

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED	
		MHL092-946	B. WING		03.	/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
4000111		3316 MAF	RCONY WAY				
ABSOLU	E HOME - MARCONY W	RALEIGH	, NC 27610				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RRECTION	(X5)	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE DATE	
				DEFICIENCY)			
V 752	Continued From page	e 6	V 752				
		owing the initial 30 days.					
		s are within normal limits for					
		en the readings will be done					
	1	30 days. If the staff has reset					
		structed by the HVAC person love 117 degrees then the					
	_	will contact the HVAC					
		an emergency inspection.					
		ans to make sure the above					
	happens. The administrator will make daily contact with						
		quire about readings. The					
		o do at least one reading					
		0 days. The administrator will					
	also make sure that t	he water temperatures are					
	checked during the m	nonthly fire drills and instruct					
	the staff to report the	readings to the					
	administrator immedi	ately."					
	Six clients whose dia	gnoses ranged from					
	Intellectual Developm	-					
		ar Disorder, Anxiety to					
		ness resided in the facility.					
		24/22, DHSR Construction					
		e 168 degrees and a water					
	Ĭ.	ent was made. Within 3					
	hours of a hot water I	heater temperature					
	adjustment, water ter	mperatures ranged between					
	130-144 degrees Fal	nrenheit. The water					
		s were collected from water					
	_	ients. The facility did not					
		of water temperature checks					
		erefore, it was difficult to					
	_	the water temperature had					
	been above 116 degr						
		2 rule violation for substantial					
		and must be corrected within					
		rative penalty of \$1000.00 is					
	-	ion is not corrected within 23					
	i days, an additional a	dministrative penalty of	1				

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL092-946	B. WING		03/25/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ABSOLUTE HOME - MARCONY WAY	3316 MARC RALEIGH, I						
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST E TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLE			
V 752 Continued From page 7 \$500.00 per day will be important facility is out of compliance by	osed for each day the beyond the 23rd day.	V 752					

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