Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
						₹					
		MHL092-941	B. WING		05/	13/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ABSOLUTE HOME-WILSHIRE DRIVE 1002 WILSHIRE DRIVE CARY, NC 27511											
(X4) ID				ID PROVIDER'S PLAN OF CORRECTION							
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000								
	An Annual and Follo on 5/13/22. A defici	ow Up Survey was completed ency was cited.									
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.										
	currently has five cl	ed for five clients and ients. The survey sample of three current clients.									
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,								
	failed to ensure the	et as evidenced by: ion and interview the facility home was maintained in a ner free from offensive odor.									
	-Carpet through out stained.	2/22 at 9:30 AM revealed: t the home was dirt and glass door in the den was									
	missing.	it bedroom hanging off the									
	window										
	-Boxes of diapers s client#3's bedroom.	tacked to the ceiling in									

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
MHL092-941			B. WING			R 05/13/2022					
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-WILSHIRE DRIVE STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WILSHIRE DRIVE CARY, NC 27511											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE						
V 736	-Strong odor in clied During interview on Professional stated -They had been tryi replace the carpet f -Client #2 struggles to shower at least to -Her room will have wanting to bathe re	ont #2's room. 5/12/22 the Qualified: Ing to get the landlord to loor a while with no luck. With bathing, she has a goal wice a week. In an odor due to her not	V 736								

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