

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-877	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2022
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-PHILLIP STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1008 PHILLIP STREET GARNER, NC 27529
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 7/15/22. The complaint was unsubstantiated (intake #NC00190289). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 paraprofessional staff (#2) were trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. The findings are:</p> <p>Review on 7/7/22 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - hire date of: 5/11/22 - no cardiopulmonary resuscitation (CPR)/first aid training certificate <p>Interview on 7/8/22 staff #2 reported:</p> <ul style="list-style-type: none"> - was considered "fill in" staff for staff #1 - worked only 3 days in May 2022 - worked alone during his shift - aware that his CPR/first aid certification had expired - was scheduled to complete a refresher CPR/first aid in the next few days <p>Interview on 7/6/22 and 7/7/22 the Qualified</p>	V 108		

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V 108	Continued From page 2 Professional (QP) reported: - was responsible for staff training - staff worked alone during their shifts - the facility did not have a current CPR/first aid certificate for staff #2 - staff #2 would have to complete the refresher course prior to working at the facility in the future Interview on 7/11/22 the Administrator reported: - staff #2 was "fill in" staff - staff #2 came to work for 3-4 days only once in May 2022 - was aware of the need for the updated CPR/first aid certification, because she had provided him with a number to call to get the training updated	V 108		
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. This Rule is not met as evidenced by:	V 114		

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V 114	<p>Continued From page 3</p> <p>Based on observation, record review and interview the facility failed to ensure fire and disaster drills were conducted quarterly for each shift. The findings are:</p> <p>Review on 7/6/22 of the facility's records revealed:</p> <ul style="list-style-type: none"> - no fire/disaster logs on site <p>Interview on 7/6/22 staff #1 reported:</p> <ul style="list-style-type: none"> - started work at the facility a few months ago, but had worked at a sister facility with the company since the fall of 2021 - was the primary staff at the facility - considered "live in" staff - had not done any fire or disaster drills - unaware of where the fire/disaster drill log book was kept - believed the Qualified Professional (QP) would know the location of the book <p>Interview on 7/8/22 staff #3 reported:</p> <ul style="list-style-type: none"> - worked at the facility from 2020-April 2022 and was the primary staff at the facility during that time - had never done any fire/disaster drills - unaware of where the fire/disaster drill log book was kept <p>Interview between 7/6/22 and 7/8/22 the QP stated:</p> <ul style="list-style-type: none"> - staff #1 should have known where the fire/disaster book was located and provided it for review as he was experienced in conducting drills - staff #3 was the previous house manager for the facility and would have done the drills and should have documented them - unaware of the location of the fire/disaster logs 	V 114		

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V 114	Continued From page 4 Interview on 7/11/22 the Administrator reported: - unaware that the fire/disaster drills were not being completed - staff should have been doing the drills quarterly - did not know what happened that the staff were not completing the drills	V 114		
V 736	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 observations and interview the facility failed to maintain the home in a safe, clean and attractive manner. The findings are: Observation on 7/6/22 at 12:51 PM revealed the following: Client #3 & client #4's bedroom: - soiled pillow on bed closest to the doorway - soiled throw rug on floor in front of the shower - black and brown spots/stains inside the toilet Hall - air return grate covered in dust Downstairs hallway:	V 736		

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> - cobweb in the left corner near the ceiling <p>Exterior:</p> <ul style="list-style-type: none"> - paint peeled on the concrete steps and wooden porch floor <p>During interview on 7/11/22 the Administrator stated:</p> <ul style="list-style-type: none"> - unaware of the soiled pillow in client #3 and client #4's bedroom - unaware of the toilet stains in client #3 and client #4's bedroom - would make corrections <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p>	V 736		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by:</p>	V 774		

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V 774	<p>Continued From page 6</p> <p>Based on observation and interview, the facility failed to provide minimum furnishings for client bedrooms affecting 1 of 2 audited clients (#3) and 1 of 6 unaudited clients (#2). The findings are:</p> <p>Observation on 7/6/22 at 12:51 PM client's #2-#3's bedrooms revealed:</p> <ul style="list-style-type: none"> - client #2 did not have a nightstand - client #3 did not have a nightstand <p>Interview on 7/11/22 the Administrator reported:</p> <ul style="list-style-type: none"> - came by the facility once or twice a week or more as needed - unaware of clients #2-#3 needing furniture in the bedrooms - would obtain the furniture for the bedrooms 	V 774		