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	MHL092-960	A. BUILDING: _____ B. WING _____	08/15/2022

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ABSOLUTE CARE HUMAN SERVICES	3905 IVERSON STREET RALEIGH, NC 27604

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V 000	INITIAL COMMENTS An annual survey was completed on 8/15/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 2 current clients, 1 former client & 1 deceased client.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek	V 113		

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V 113	Continued From page 1 emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain client records for 1 of 1 audited former client (FC#8) & 1 of 1 deceased client (DC#6). The findings are: A. Review on 8/11/22 of FC#8's record revealed: - admitted 5/11/22 & discharged 6/23/22 - diagnosis Depression - no discharge summary B. Review on 8/11/22 of DC#6's record revealed: - admitted 5/22/22 & discharged 6/14/22 - diagnoses of Major Depressive Disorder & Homeless - hospital discharge dated 5/20/22 - enlarged heterogeneous liver with large mass measuring 8.9 in size	V 113		

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V 113	Continued From page 2 - no documentation of the following: - no discharge summary - no documentation of services being provided During interview on 8/12/22 staff #1 reported: - she was responsible for the completion of the admission & discharge summary - she could not locate the discharge summary for FC#8 & DC#6 - she took DC#6 to several of his medical appointments - did not get any documentation after the physician appointments - DC#6 got sick at the facility, was taken to hospital & he did not return During interview on 8/12/22 the Licensee reported: - she and the Qualified Professional (QP) ensured clients' records were maintained - the QP recently returned from medical leave - she had not followed up with ensuring the clients' records had discharge summaries and all medical documentation - DC#6 was discharged when he passed away - will ensure clients' records have the needed documentation	V 113		
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.	V 114		

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V 114	Continued From page 3 (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: Based on record review and interview the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 8/12/22 of the facility's fire and disaster drill book revealed: - fire & disaster drills completed monthly and on each shift - drills completed by staff #1 & #2 During interview on 8/11/22 client #2 reported: - been at the facility for 2 weeks - he will be at the facility for 2 - 3 more weeks - had not practiced a fire or disaster drills During interview on 8/11/22 client #3 reported: - been at the facility for 3 weeks - had not completed fire or disaster drill During interview on 8/12/22 staff #1 reported: - clients do not practice fire and disaster drills - she discussed what to do if there was a fire or tornado - for a fire the clients would meet outside - the clients would meet in the bathroom for tornado drills During interview on 8/12/22 staff #2 reported: - she completed fire drills with the clients	V 114		

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V 114	Continued From page 4 - completed one last Thursday with client #2 & #3 - had not completed any tornado drills During interview on 8/12/22 the Licensee reported: - the clients were not admitted to the facility long enough to complete drills - staff should have clients to simulate the drills - the Qualified Professional was the primary person to ensure drills were completed	V 114		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	Continued From page 5 (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review and interview the facility	V 289		

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V 289	Continued From page 6 failed to provide services to 4 of 4 current clients (#1 - #4), 4 of 4 former clients (FC#5, FC#6, FC#7 & FC#8) & 1 of 1 deceased client (DC#9) for the purpose of care, habilitation or rehabilitation of individuals who have a primary diagnoses of Mental Illness & Substance Abuse. The findings are: Review on 8/11/22 of the local hospital Respite Screening/Intake Form that was in each clients' record revealed: - "[local hospital] has partnered with Absolute Care to provide Behavioral Health Respite for high-risk patients in need of a temporary environment to help stabilize from an episode of acute mental illness. These patients often have mental illness which does not require ongoing inpatient care, but the patient needs additional time to recover..." Review on 8/11/22 of client #2's record revealed: - admitted 7/13/22 - diagnosis of Schizophrenia Review on 8/11/22 of client #3's record revealed: - admitted 7/13/22 - diagnosis of Schizophrenia Review on 8/11/22 of client #4's record revealed: - admitted 6/27/22 - diagnoses of Bipolar, Congestive Heart Failure Review on 8/12/22 of FC#5's record revealed: - admitted 5/17/22 & discharged 6/7/22 - diagnoses of Undifferentiated Schizophrenia, Post Traumatic Stress Disorder and Substance Induced Mood Disorder Review on 8/12/22 of FC#6's record revealed: - admitted 4/16/22 & discharged 5/23/22	V 289		

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V 289	Continued From page 7 - diagnoses of Depression, Bipolar and Alcohol Use Review on 8/12/22 of FC#7's record revealed: - admitted 3/17/22 & discharged 7/8/22 - diagnoses of: Major Depressive Disorder, Cocaine use, Alcohol & Opioid Use - discharge summary (7/8/22) - moved into transitional housing Review on 8/11/22 of FC#8's record revealed: - admitted 5/11/22 & discharged 6/23/22 - diagnosis Depression Review on 8/11/22 of DC#9's record revealed: - admitted 5/22/22 & discharged 6/14/22 - diagnoses of Major Depressive Disorder & Homeless During interview on 8/11/22 client #1 reported: - was told by a hospital representative his stay at the facility would be 21, 30 or 60 days - was homeless when admitted to the hospital - when discharged from the facility, he will be at a nearby placement for 90 days - it was an application process to get into housing before being discharged from the facility During interview on 8/11/22 client #2 reported: - been at the facility for 2 weeks - a hospital representative told him he would be at the facility for 2 - 3 weeks & discharged to transitional housing - in the process of being on a zoom call for transitional housing - will be in an apartment with a few other guys - he would be able to get employment During interview on 8/11/22 client #3 reported: - been at facility for 3 weeks	V 289		

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V 289	Continued From page 8 - when discharged from the hospital, he was told he would be at the facility for 3 weeks - 3 weeks at the facility "was long enough" - would be discharged from the facility to housing and employment During interview on 8/12/22 the local hospital representative reported: - the facility was listed as respite care on their hospital discharge list - clients were discharged to the facility for short term medical needs - clients may be homeless & in need of somewhere to go During interview on 8/12/22 staff #1 reported: - clients were at the facility between 21 - 60 days - if clients needed to remain in the facility longer, it would be between the Licensee and the hospital she contracted with - the local hospital located housing for the clients after their stay at the facility During interview on 8/12/22 staff #2 reported: - 30 days were the longest she seen a client stay at the facility - client #1 told her he wished he could stay longer to prevent relapse and keep from being on the streets - she told him, he could speak with the case manager at the local hospital During interview on 8/12/22 the Qualified Professional (QP) reported: - the Licensee had spoken to the local hospital representative about referring to their facility as respite - 4 years ago the facility contracted with the local hospital as a pilot program to prevent clients	V 289		

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V 289	Continued From page 9 from being sent to shelters or hotels after discharged from the local hospital. The hospital contacted the Licensee for admittance to assist with the stabilization: medication management & coping skills - clients wanted to stay at the facility short term - management would like for the clients to stay long term - longest a client had resided at the facility was 4 months During interview on 8/12/22 the Licensee reported: - clients were admitted on a long term basis - they (clients) do not want to stay long term at the facility - local hospital contracted with the facility for a client to reside at the facility for 21 days - had contracted with the local hospital for the last 5 - 6 years - if services were still needed, clients could stay longer - helped stabilize clients on their medications and provided housing for them - clients could not reside in the hospital due to "homelessness" - 3 - 4 months was the longest clients had resided at the facility - would contact Division of Health Services for further information about adding respite to her license	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client	V 290		

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V 290	Continued From page 10 needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff was present at all times except when the client's treatment plan documented they were capable of remaining in the community without supervision for 3 of 4 clients (#1, #2 & #4). The findings are: Review on 8/12/22 of client #4's record revealed: - admitted 6/27/22 - Bipolar & Congestive Heart Failure - no documentation of unsupervised time During interview on 8/12/22 client #4 reported: - used the local transport company to get to physician's appointment - the local transport company returned him to the facility yesterday without staff - had a cell phone for emergencies During interview on 8/11/22 client #1 reported: - used the local transport company on one occasion to get to a physician's appointment - "it was better than the bus" - staff did not accompany him to the appointment During interview on 8/11/22 client #2 reported: - used the local transport company on two occasion to get to a physician's appointment - he was not sure who paid for it - staff were not with him During interview on 8/12/22 staff #1 reported: - the local hospital paid for clients to use the local transport company to appointments	V 290		

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V 290	Continued From page 12 - staff were not present During interview on 8/12/22 the Qualified Professional (QP) reported: - Licensee contracted with the local hospital - when clients were discharged from the hospital, staff at the hospital set up clients with the local transport company - the local transport company transported clients to their appointments - she had not completed an assessment for clients to be in the community unsupervised without staff During interview on 8/12/22 the Licensee reported: - she was aware clients used the local transport company to appointments without staff - will ensure clients were assessed prior to being in the community without staff	V 290		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure hot water temperatures were maintained between 100 - 116	V 752		

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V 752	Continued From page 13 degrees Fahrenheit. The findings are: Review on 8/11/22 of client #2's record revealed: - admitted 7/13/22 - diagnosis of Schizophrenia Review on 8/11/22 of client #3's record revealed: - admitted 7/13/22 - diagnosis of Schizophrenia Review on 8/11/22 of the facility's water log revealed: - the water temperatures in the last 6 months ranged from 100 to 113 degrees Fahrenheit Observation on 8/11/22 between 3:03pm & 3:21pm revealed the following: - at 3:03pm - steam came from the sink, tub & shower in client #2 & #3's bathroom - the water temperature was 138 degrees Fahrenheit - 3:21pm - Qualified Professional (QP) tested client #2 & #3's bathroom water temperatures with the facility's thermometer - she placed the thermometer in a cup of water and the temperature was 116 degrees Fahrenheit During interview on 8/11/22 client #2 reported: - been at the facility for 2 weeks - "water got pretty hot" - knew how to regulate the water temperatures - no burns or redness to the skin - only took showers - liked hot showers but "not that hot" During interview on 8/11/22 client #3 reported: - been at the facility for 3 weeks - water temperatures were hot but was able to adjust the water temperatures - only took showers	V 752		

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V 752	Continued From page 14 During interview on 8/12/22 staff #1 reported: - water temperatures were checked once a week - the water temperatures were no higher than 120 - the thermometer was placed under the running water from the faucet, to test the temperatures During interview on 8/12/22 staff #2 reported: - she tested the water temperature with her inner wrist or with the facility's thermometer - does not recall what the water temperatures were - water temperatures were tested weekly During interview on 8/12/22 the QP reported: - she checked the water temperatures every couple of weeks - when she checked the water temperatures, she placed the facility's thermometer in a cup of water - monitored the water log book weekly During interview on 8/12/22 the Licensee reported: - does not check the water temperatures but monitored the water log for temperatures - asked staff if they allowed the water to run long enough when water temperatures were checked - client #2 & #3's bedroom was near the hot water heater, which may have caused their water temperatures to be high - she got the water thermometer from a local restaurant - purchased a new water thermometer today (8/12/22) - staff will check water temperatures daily	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-960	A. BUILDING: _____ B. WING _____	08/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 752	Continued From page 15 - staff will place the water thermometer under the running water from the faucet, to test the temperatures Review on 8/11/22 of the facility's Plan of Protection dated 8/11/22 written by the Qualified Professional revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? As of August 11, 2022 maintenance was called and turned down the temperature of the water heater. Water was checked several times and is now within rage of guidelines. Thermometer will be replaced. Water will be checked by running water over the thermometer. Describe your plans to make sure the above happens. Owner [Licensee] and I will monitor water temperature daily for 30 days to ensure that water temperature is within the range of 100 - 116 Weekly monitoring follow and documented on a spreadsheet." Client #2 & #3 were admitted with diagnosis of Schizophrenia. They shared a bedroom. The water temperature at their bathroom sink, tub and shower was 138 degrees Fahrenheit. The facility's water log had temperatures that ranged from 100 to 113 degrees Fahrenheit over a 6 month period. However, the water temperature was being measured by placing the water thermometer in a cup of water. This made it difficult to determine how long the water temperature had been at 138 degrees Fahrenheit. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 752	Continued From page 16 day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 752		