

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME - APEX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 EVENING STAR DRIVE APEX, NC 27502</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 8/31/22. 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire/disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 8/26/22 of the facility's fire/disaster drill book revealed:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- one fire/disaster drill documented since 7/8/21</li> </ul> <p>Interview on 8/26/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- worked for the facility as "fill in" staff</li> <li>- had been working at the facility for 2 weeks</li> <li>- completed a fire and disaster drill on 8/20/22</li> </ul> <p>Interview on 8/26/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- drills were supposed to be done at least quarterly although management preferred them to be completed monthly and on each shift</li> <li>- didn't monitor the fire/disaster drill book, the Administrator performed that task</li> <li>- staff had difficulty remembering to complete the drills</li> </ul> <p>Interview on 8/30/22 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- drills were supposed to be completed at a minimum, every quarter and on each shift</li> <li>- she and the QP monitored the fire/disaster drill book</li> <li>- she was not aware that only one fire/disaster drill had been documented since 7/8/21</li> </ul>	V 114		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 8/26/22 at 10:30 am:</p> <p>Kitchen:</p> <ul style="list-style-type: none"> <li>- bulb out in overhead light</li> <li>- sliding glass door to the patio would not open</li> </ul> <p>Upstairs bathroom</p> <ul style="list-style-type: none"> <li>- peeled paint on the ceiling</li> </ul> <p>Client #2's room:</p> <ul style="list-style-type: none"> <li>- bedroom door covered with brown spots</li> </ul> <p>Interview on 8/26/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- worked for the facility as "fill in" staff</li> <li>- had been working at the facility for 2 weeks</li> <li>- aware the sliding door was "off track"</li> <li>- the sliding glass door had been "off track" for about a week</li> <li>- contacted the Administrator when things needed to be repaired and the Administrator arranged for the repairs</li> </ul> <p>Interview on 8/26/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- at the facility 2-3 times a week</li> <li>- repairs were coordinated by the Administrator</li> <li>- unaware of the back sliding glass door being off track or unable to open</li> </ul> <p>Interview on 8/30/22 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- at the facility 2-3 times per month</li> <li>- unaware of the back sliding glass door being off track or unable to open</li> <li>- the maintenance man that cut the grass for</li> </ul>	V 736		

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V 736	Continued From page 3  the facility also made the facility repairs and would walk through the facility every time he cut the grass to assess for items that needed to be repaired - the maintance man was unable to do a walk through on the facility during his last visit (2 weeks ago) as the facility was locked due to the staff and clients being out of the facility, therefore he was not aware of the sliding glass door being off track or unable to open	V 736		