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			
		MHL092-877	- ······			R-C / 04/2022	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1		
ABSOLU	ITE HOME-PHILLIP S	TREET	LLIP STREET	Г			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, NC 27529	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	on 10/4/22. The cor	ow up survey was completed mplaint was substantiated 02). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	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.						
	failed to ensure disa quarterly for each s	et as evidenced by: view and interview the facility aster drills were conducted hift. The findings are: of the facility's records					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

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		MHL092-	877	B. WING			-C 04/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	ITE HOME-PHILLIP S	TREET		LIP STREET NC 27529	Г		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 114	revealed: - no disaster drill September 2022 Interview on 9/20/22 - Been employed: - Was the "live-ir - He did fire and and September 202 facility - The Qualified Pknew where the log Interview on 9/20/22 - Staff #1 turned for September 2022 about giving staff a - She would work copies were kept at - There was no fi the staff just knew t - There was no caugust 2022 and September 2022 and S	s for August 20 2 Staff #1 repo I for a couple of I staff disaster drills in 2 but no copie Professional (Q s were 2 and 10/4/22 to in his fire and of copy to keep a c out something the facility ire and disaste o do them lisaster drill con eptember 2022 if #1 about doir is up with a way to d and possibly estitutes a re-cit	rted: f months n August 2022 s were in the P) probably the QP stated: disaster drills but didn't think at the facility g to make sure r drill schedule, mpleted in g disaster drills o make sure creating a ed deficiency	V 114			
V 736	27G .0303(c) Facilit 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b	03 LOCATION REMENTS I its grounds sh e, clean, attrac	AND nall be tive and orderly	V 736			

Division of Health Service Regulation

STATE FORM 6899 G2MH11 If continuation sheet 2 of 5

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWIDER.	A. BUILDING:	:			
		MHL092-877	B. WING		R-C 10/04/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
ABSOLU	ITE HOME-PHILLIP S	IRFFI	ILLIP STREE R, NC 27529	Т			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	age 2	V 736				
	Based on observat failed to maintain the attractive manner.	et as evidenced by: ions and interview the facility ne home in a safe, clean and The findings are: 20/22 at 9:45am revealed the					
	following: Client #1 and #2's - Wall behind client with the shower - Black and brow	bedroom and bathroom: ent #1's bed has a big black owcase and blanket were very g balled up in a corner bedside vn spots/stains inside the toilet n the wall by the shower					
	Back Door: - Blinds had mis	sing slats and were dirty					
	wooden porch floor During interview or Qualified Professio - Staff #1 should check to make sure chores	n 9/20/22 and 10/4/2/22 the					

Division of Health Service Regulation

STATE FORM 6899 G2MH11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING		R-C	
		MHL092-877	B. WING		10/04/2022	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ABSOLU	TE HOME-PHILLIP S	IRFFI	LIP STREET NC 27529	Γ		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
	completing their checlean and rugs were appropriately - They would pur doors	ng sure the clients were ores to ensure the toilet was e placed on the bathroom floor chase new blinds for the				
		been cited 3 times since the /21 and must be corrected				
V 774	27G .0304(d)(7) Min	nimum Furnishings	V 774			
	EQUIPMENT (d) Indoor space reprior to October 1, 2 square footage requireme. Unless otherwaresidential facilities 1988 shall meet the requirements: (7) Minimum furnishinclude a separate	quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, e following indoor space nings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for				
	failed to provide min bedrooms affecting The findings are:	et as evidenced by: on and interview, the facility nimum furnishings for client 1 of 3 audited clients (#1). 0/22 at 9:45am Client's #1's				
1	bedroom revealed:					

6899

Division of Health Service Regulation STATE FORM

G2MH11 If continuation sheet 4 of 5

Division of Health Service Regulation

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	MHL092-877 B. WING		R-C 10/04/2022				
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 10/0	14/2022	
ABSOLU	ABSOLUTE HOME-PHILLIP STREET 1008 PHILLIP STREET GARNER, NC 27529						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	ILD BE	(X5) COMPLETE DATE	
V 774	- Did not have a - Did not have a - Did not have a Interview on 9/20/2: Professional (QP) r - Thought the Ad purchased a nights - Already started about getting a dres - Unsure how lor dresser/nightstand.	nightstand dresser 2 and 10/4/22 the Qualified eported: ministrator had already tand. talking to the Administrator esser for client #1. ng client been without a	V 774				

6899

Division of Health Service Regulation STATE FORM

G2MH11 If continuation sheet 5 of 5