Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
MHL092-836		B. WING		12/1	6/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ABSOLU	TE HOME AND COM	MUNITY SERVICE 413 NORM CARY, NO	MANDY STRI 27511	EET		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual, follow up and complaint survey was completed on 12/16/22. The complaint was substantiated (Intake # 00194561). Deficencies 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 six clients and currently has a census of six. The survey sample consisted of audits of three current clients.					
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.					
	(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:					
	(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and					

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		o. I	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
		MHL092-836	В	. WING		F 12/1	R 6/2022
NAME OF I	PROVIDER OR SUPPLIER	STF	REET ADDRE	ESS, CITY, S	TATE, ZIP CODE		
ABSOLU	TE HOME AND COM	MUNITY SERVICE	-	NDY STRE	EET		
		CA	RY, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	\	V 118			
	drug. (5) Client requests to checks shall be rec	of person administering for medication changes of orded and kept with the lappointment or consultati	or MAR				
	observation, the factor of a physician while and keep the MAR audited clients. (#1) Review on 12/13/22	view and interview and sility failed to follow the or administering medicatio current for one of three					
	revealed: -Admission of 4/5/2 -Diagnoses of Schi Type 2 Diabetes an	izophrenia, Carbidopathy	/,				
	order dated 6/2/22 order dated 6/2/22 order	3/22 of client #1's Physic revealed Vitamin D3- ond norder dated 12/5/22 hospital orders) did not	ce a				
	revealed: -October 2022 MAF administeredNovember 2022 M	2 of last three months MAR Vit D3 was not initialed AR- no present in the fac AR-Vit D3 was initialed f	as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
		MHL092-836		B. WING			R 16/2022
	PROVIDER OR SUPPLIER JTE HOME AND COMI	MUNITY SERVICE		MANDY STR	STATE, ZIP CODE EET		
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V 118	Observation on 12/1 medications, there the facility. B. Review on 12/10 order dated 12/5/22 - once a day Review on 12/13/22 revealed: -October 2022 MAF needed)- not initiale - November 2022 M Observation on 12/1 medications, the T bubble pack with al given daily. Interview on 12/13/2-The medications heast hospitalization - The pharmacy had to match and the m November 2022 whose to match and the m November 2022 whose the control on 12/13/2 stated: -They are in between need to get the currifilledCalled the pharma was to be given daily.	13/22 at 1:00 PM of common of the common of	resent in ysician ysic	V 118			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-836	B. WING			R 16/2022
	PROVIDER OR SUPPLIER	MUNITY SERVICE 413 I	ET ADDRESS, CITY, S NORMANDY STR Y, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	given PRNWill be having the	new medications changed	V 118			
V 120	the bubble packs to match. 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.		s ent cian			
	interview the facility	on, record review and rfailed to ensure a medica sed container for one of the				
	Review on 12/13/22	2 of client #2's record				

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_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL092-836	B. WING		12/1	6/2022
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ABSOLU	TE HOME AND COM	MUNITY SERVICE 413 NORM CARY, NO	MANDY STRI 27511	EET		
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V 120	Observation on 12/three boxes of Land #2 in the kitchen reference Interview on 12/13/-Not sure where the to store medication -Had just placed the a few days agoHad kept the medibedroom where it such that the interview on 12/13/stated: -Was not aware the had been used to see the interview on 12/13/stated: -Staff was aware the had been used to see the interview on 12/13/stated: -Staff was aware the had been used to see the interview on 12/13/stated: -Staff was aware the had been used to see the interview on 12/13/stated: -Staff was aware the had been used to see the interview of the interview of 12/13/stated: -Staff was aware the had been used to see the interview of the interview of 12/13/stated: -Staff was aware the medications without staff could have calculated as a staff coul	cophrenia and Diabetes 13/22 at 1:30 PM revealed tus Solostar 100 unit for client dirigerator located on the shelf. 122 staff #1 stated: e locked box they used to have a was located. e medication in the refrigerator dication in the refrigerator in his etayed locked. 122 the Qualified Professional etatore medications in the eney were not to store the attore medication had been erator unlocked. 133 LOCATION AND	V 120			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL092-836			12/1	6/2022
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, SIMANDY STR	STATE, ZIP CODE		
ABSOLU	ITE HOME AND COM	MUNITY SERVICE CARY, N		LLI		
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V 736	Continued From page 5		V 736			
	failed to maintain the attractive manner. Observation on 12/ -A broken cabinet diclient's bathroomShower in client's baround the base.	on and interview the facility ne home in a safe clean and				
	dust.					
	Interview on 12/13/22 the Qualified Professional stated: -Not sure how long the bathroom vanity had been broken, no one had told her about itThe clients were to help clean their bathrooms along with staffWill make sure staff monitored clients to ensure their bathrooms were clean.					

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