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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		OOMI EETED	
		MHL0601495	B. WING		03/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ABSOLUT	E SOLUTIONS 1	12308 HUN	TING BIRDS L	ANE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 0020110110 1	CHARLOT	TE, NC 28278			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE	
V 000	00 INITIAL COMMENTS		V 000			
		aint survey was completed laint was unsubstantiated iencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.					
		d for two and currently has a urvey sample consisted of client.				
V 290	V 290 27G .5602 Supervised Living - Staff		V 290			
	of this Rule shall be denable staff to responneeds.  (b) A minimum of one present at all times we premises, except whe habilitation plan docu capable of remaining without supervision. as needed but not less the client continues to the home or commun specified periods of ti (c) Staff shall be presentled or adolescent of (1) children or a abuse disorders shall of one staff present for clients present. How present during sleeping to the property of the present during sleeping the present during sleeping the present during sleeping the present all times.	above the minimum Paragraphs (b), (c) and (d) determined by the facility to and to individualized client  e staff member shall be then any adult client is on the ten the client's treatment or aments that the client is in the home or community The plan shall be reviewed that annually to ensure to be capable of remaining in the contract of the contra				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601495	B. WING		03/03/2	2023	
	ROVIDER OR SUPPLIER	12308 HU	DRESS, CITY, STA NTING BIRDS L ITE, NC 28278				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 290			V 290				
	facility failed to ensur supervised at all time (Client #1). The findin Review on 2-27-23 of -Admitted 6-4-22 -17 years old. -No documentati his Person Centered Interview on 3-2-23 w -He used to ride	and record reviews, the e that clients were s, effecting one of one client ags are:  f Client #1's record revealed:  on on unsupervised time in Plan dated 6-13-22.  with Client #1 revealed: his bike in the neighborhood. " his tires and that made his					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED	
		MHL0601495	B. WING		03.	03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
ABCOLUT	TE COLUTIONS 4	12308 HL	INTING BIRDS L	ANE			
ABSOLUI	E SOLUTIONS 1	CHARLO	TTE, NC 28278				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 290	Continued From page	e 2	V 290				
. 200	Interview on 3-2-23 w revealed:  -She had some of at the facilityIn June 2022 a st were with her son wh he wasIt took almost ar Family Living (AFL) F Interview on 3-1-23 w Service's Guardian in -They had no iss -Client #1 loves in neighborhood. His AF -Client #1 got tur mother because that knew.	with Client #1's mother concerns about supervision stranger called her and they o said he didn't know where h hour to find the Alternative vith the Department of Social evealed: ues with the facility. riding his bike through FL provider was outside med around and called his was the only number he					
	Coordinator revealed -She didn't think -Client #1 had be his bike within those I  Interview on 3-1-23 w revealed: -The incident wh was in June 2022Client #1 had no footClient #1 had wa house and onto the s -He had been we -Client #1 had as mother, which they di -Client #1's moth	he was being unsupervised. bundaries, and he could ride boundaries.  with the AFL provider en Client #1 called home of been on his bike, but on alked around the back of the ide street.  orking under his car. sked a stranger to call his					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL0601495	B. WING		03/03/2023	
	ROVIDER OR SUPPLIER FE SOLUTIONS 1	12308 HU	DRESS, CITY, STATE, ZIP CODE  NTING BIRDS LANE  ITE, NC 28278			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 290	he was using.  -Client #1's moth notified him.  -The total time was minutes.  -He had not had -That had been that had happened.  Interview on 3-3-23 we Professional revealed -The AFL provide Client #1 in eyesight we -When Client #1	er then called his wife, who as approximately 20 Client #1 for very long then. ne only time something like ith the Qualified	V 290			

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