

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/23/2023
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME AND COMMUNITY SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 413 NORMANDY STREET CARY, NC 27511		
(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>INITIAL COMMENTS</p> <p>An annual follow up and complaint survey was completed on 3/23/23. The complaint was substantiated (Intakes # 00197501, 0020026). 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 six clients and currently has a census of six. The survey sample consisted of audits of two current clients.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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.</p>	V 120		

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

TITLE

(X6) DATE

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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were stored in a locked container for two of two audited clients (#1, #2). The findings are:</p> <p>Observation on 3/21/23 at 10:30 AM of refrigerator revealed client #1's Lantis Solostar pens (diabetes) and Humalog 100 unit vial (diabetes) along with client #2's Flextouch pen 100 units (diabetes) present in the crisper drawer.</p> <p>Review on 3/21/23 of client #1's record revealed: -Admission date of 3/8/23 -Diagnoses of Schizophrenia, Extrapyrimal and movement disorder Hypertension and Diabetes.</p> <p>Review on 3/21/23 of client #2's record revealed: -Admission date of 3/10/23 -Diagnoses of Paranoid Schizophrenia and Diabetes Type II</p> <p>Interview on 3/21/23 Staff #1 stated: -Had been working for about a month now. -When he was at the facility a month ago before he started working for a training, there was a locked box in the refrigerator with the clients' medications. -Thinks maybe the former staff had taken the locked box when he left because when he came to start working, the box was gone. -Had been keeping the medications in the crisper drawer to separate it from the rest of the items in the refrigerator.</p> <p>Interview on 3/21/23 the Qualified Professional stated: -There was a locked box in the refrigerator a few</p>	V 120		

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V 120	Continued From page 2 weeks ago. -Not sure who would have taken it. -The Licensee had been to the home last week to do a medication training and review and should have noticed the box gone. -Will buy a locked box today for the medications. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 120			
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the home in a safe clean and attractive manner. The findings are: Observation on 3/21/23 10:30 AM of the home revealed: -Vanity cabinet door in hallway bathroom was missing. -Shower in hallway bathroom was dirty. -Client #1's bathroom was dirty throughout -Client #1's bathroom had a strong smell and a haze of cigarette smoke. Interview on 3/21/23 client #1 stated: -He had smoke in the bathroom and was sorry.	V 736			

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> -He did not feel like walking outside. -Apologized for smoking in the home and would not do it again. <p>Interview on 3/21/23 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -Was very surprised client #1 was smoking in his bathroom. -Had seen him go outside to smoke when she was at the home. -Other clients always smoke outside. -"Felt" like client #1 was smoking in the bathroom due to surveyors being in the home. -Not sure why repairs had not been completed. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		