

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707		
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on June 22, 2023. Deficiencies 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 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (Staff #4, Staff #5 and Staff #6) met the minimum level of education requirements. The findings are:</p> <p>Review on 6/22/23 of Staff #4's personnel file revealed: -Hire date of 6/17/23 (most recent). -Staff #4 was hired as a Paraprofessional. -There was no documentation Staff #4 met the minimum level of education required.</p> <p>Review on 6/22/23 of Staff #5's personnel file revealed: -Hire date of 4/27/23.</p>	V 107		

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V 107	Continued From page 2 -Staff #5 was hired as a Paraprofessional. -There was no documentation Staff #5 met the minimum level of education required. Review on 6/22/23 of Staff #6's personnel file revealed: -Hire date of 3/2/22. -Staff #5 was hired as a Paraprofessional. -There was no documentation Staff #6 met the minimum level of education required. Interview on 6/22/23 with the Qualified Professional revealed: -She was sure that Staffs #4, #5 and #6 had submitted documentation regarding their education. -Facility's office had not been attended much since COVID started. A lot of the staff's information was filed by the Owner's husband and he was not available at the time of the survey. -Some of the agency's sister's facilities had been recently surveyed and some of the staff's information may have also been pulled out to show the surveyors. -She confirmed Staff #1, #2 and #3 had no documentation that they met the minimum level of education required.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and	V 108		

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V 108	<p>Continued From page 3</p> <p>10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure: a)staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (Staff #4) and b) three of three audited staff (#4, #5 and #6) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 6/22/23 of Staff #4's personnel file revealed: -Hire date of 6/17/23 (most recent).</p>	V 108		

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #4 was hired as a Paraprofessional. -There was no documentation Staff #54 had training in Cardiopulmonary Resuscitation and First Aid. -Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients. <p>Review on 6/22/23 of Staff #5's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date of 4/27/23. -Staff #5 was hired as a Paraprofessional. -Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients. <p>Review on 6/22/23 of Staff #6's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date of 3/2/22. -Staff #6 was hired as a Paraprofessional. -Staff #6 had no documentation of training to meet the mental health and developmental disability needs of the clients. <p>Interview on 6/22/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Facility's office had not been attended much since COVID started. A lot of the staff's information was filed by the Owner's husband and he was not available at the time of the survey. -Some of the agency's sister's facilities had been recently surveyed and some of the staff's information may have also been pulled out to show the surveyors. -She confirmed there was no documentation that staff #4 had training on Cardiopulmonary Resuscitation and First Aid. -She confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for 	V 108		

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V 108	Continued From page 5 staff #4, #5 and #6.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 6</p> <p>Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting three of three clients (#1, and #2). The findings are:</p> <p>Review on 6/22/23 of Client #1's record revealed: -Admission date of 4/25/23. -Diagnoses of Depressive Disorder with Psychosis; Post Traumatic Stress Disorder; Cannabis Use Disorder, Moderate; Alcohol Disorder, Mild; Pyromania in Sustained Remission. -Client #1's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Review on 6/22/23 of Client #2's record revealed: -Admission date of 8/15/17. -Diagnoses of Paranoid Schizophrenia; Hypertension; End Stage Renal Disease. -Client #2's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Interview on 6/22/23 with the Qualified Professional revealed: -Client #1 had a legal guardian. She remembered sending the plan to her to have it signed, but guardian had not returned it and she had forgotten to ask for it afterwards. -She reported no excuse for not having Client #2's signature on his plan. -She acknowledged that the Person Centered Plans for clients #1 and #2 had no written consent or agreement by the client or responsible party, or a written statement on why such consent had not been attained.</p>	V 112		

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V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 6/22/23 of the facility's fire drill log revealed: -There were no records that fire drills had been conducted in the last 12 months for any of the shifts.</p> <p>Review on 6/22/23 of the facility's disaster drill log revealed: -There were no records that disaster drills had been conducted in the last 12 months for any of the shifts.</p> <p>Interview on 6/22/23 with the Qualified</p>	V 114		

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V 114	Continued From page 8 Professional revealed: -She was aware that some fire and disaster drills for the had not been done for all shifts. -She confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 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 (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	<p>Continued From page 9</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current for 2 of 3 clients (Clients #1, #2). The findings are:</p> <p>Review on 6/21/23 of Client #1's record revealed: -Admission date of 4/25/23. -Diagnoses of Depressive Disorder with Psychosis; Post Traumatic Stress Disorder; Cannabis Use Disorder, Moderate; Alcohol Disorder, Mild; Pyromania in Sustained Remission.</p> <p>Review on 6/21/23 of Client #1's physician's orders dated 9/23/22 revealed: -Xigduo 5 milligrams (mg)-500 mg- take one tablet daily in the morning. -Benzotropine Messylate 2 mg- Take two tablets daily. -Divalproex Sodium 250 mg- Take one tablet daily at bedtime. -Escitalopram 10 mg- Take one tablet daily at bedtime. -Divalproex Sodium 500 mg- Take one tablet twice a day.</p> <p>Observation on 6/21/23 at 11:00 am of Client #1's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>-All medications mentioned were available.</p> <p>Review on 6/21/23 of Client #1's April 2023 through June 21, 2023 MARs revealed blanks for the following medications with no staff initials circled or charting codes and no notes that explained the blanks:</p> <p>April 2023:</p> <ul style="list-style-type: none"> -Xigduo 5 mg-500 mg- 4/23-4/24. -Benztropine Messylate 2 mg- 4/23-4/24. -Divalproex Sodium 250 mg- 4/23-4/24. -Escitalopram 10 mg- 4/23-4/24. -Divalproex Sodium 500 mg- 4/23-4/24 @ 8 pm. <p>May 2023:</p> <ul style="list-style-type: none"> -Xigduo 5 mg-500 mg- 5/3-5/12. -Benztropine Messylate 2 mg- 5/3-5/12. -Divalproex Sodium 250 mg- 5/3-5/11. -Escitalopram 10 mg- 5/3-5/11. -Divalproex Sodium 500 mg- 5/3-5/11. <p>June 2023:</p> <ul style="list-style-type: none"> -Xigduo 5 mg-500 mg- 6/11-6/12; 6/15-6/17. -Benztropine Messylate 2 mg- 6/7-6/9; 6/11-6/12; 6/15-6/18. -Divalproex Sodium 250 mg- 6/6-6/12; 6/15-6/18. -Escitalopram 10 mg- 6/9-6/11; 6/13; 6/15-6/18. -Divalproex Sodium 500 mg- 6/9 @ 8p; 6/10-6/11; 6/12-6/13 @ 8a; 6/14-6/18. <p>Review on 6/22/23 of www.webmd.com revealed:</p> <ul style="list-style-type: none"> -Xigduo- Used to treat diabetes. -Benztropine Messylate 2 mg- It can treat tremors and side effects of other drugs. -Divalproex Sodium- Used to treat Bipolar disorder. -Escitalopram 10 mg- It can treat depression and 	V 118		

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V 118	<p>Continued From page 11</p> <p>generalized anxiety disorder.</p> <p>Review on 6/22/23 of Client #2's record revealed: -Admission date of 8/15/17. -Diagnoses of Paranoid Schizophrenia; Hypertension; End Stage Renal Disease.</p> <p>Review on 6/21/23 of Client #2's physician's orders dated 6/8/23 revealed: -Omeprazole 40 mg- Take one capsule twice a day for 8 days, then one capsule daily. Start one capsule daily on 7/28/23. -Sevelamer 800 mg- Take one tablet three times a day with a meals. -Docusate Sodium 50 mg- Take one capsule daily. -Renal Multivitamin- Take one tablet daily. -Amlodipine 10 mg- Take one tablet daily. -Risperidone 1 mg- Take one tablet daily at night. -Carvedilol 25 mg- Take one tablet daily every 12 hours. -Calcium Acetate 667 mg- Take one capsule twice a day with snacks.</p> <p>Observation on 6/21/23 at 11:20 am of Client #2's medications revealed: -All medications mentioned were available. -Medication bottle with Risperidone was dispensed on 9/20/21.</p> <p>Review on 6/21/23 of Client #2's April 2023 through June 21, 2023 MARs revealed blanks for the following medications with no staff initials circled or charting codes and no notes that explained the blanks: April 2023: -Omeprazole 40 mg- 6/6 @ 8pm, 6/7 and 6/8 @ 8am; 6/11-6/15 @ 8a and 8p; 6/16 @ 8a; 6/17- 6/20 @ 8a and 8p. -Sevelamer 800 mg- 6/1-6/2; 6/6 @ 4p, 8p;</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>6/7@ 8a, 4p; 6/8@ 8a, 4p; 6/10 @ 8a, 4p; 6/11-6/20.</p> <p>-Docusate Sodium 50 mg- 6/1-6-2; 6/7-6/8; 6/11-6/21.</p> <p>-Renal Multivitamin- 6/1-6-2; 6/7-6/8; 6/11-6/21.</p> <p>-Amlodipine 10 mg- 6/6-6/7; 6/11-6/21.</p> <p>-Risperidone 1 mg- 6/6; 6/10-6/21.</p> <p>-Carvedilol 25 mg- 6/1-6/1; 6/7-6/8 @ 8am; 6/9 @ 8p; 6/10-6/12 @ ; 6/13 @ 8a, 6/14-6/15; 6/16 @ 8a; 6/17-6/20.</p> <p>-Calcium Acetate 667 mg- 6/1-6/2; 6/7 @ 3p; 6/8-6/20.</p> <p>May 2023:</p> <p>-Omeprazole 40 mg- No record of medication on MAR.</p> <p>-Sevelamer 800 mg- No record of medication on MAR</p> <p>-Docusate Sodium 50 mg- No record of medication on MAR.</p> <p>-Renal Multivitamin- No record of medication on MAR.</p> <p>-Amlodipine 10 mg- 5/22-5/12; 5/23-5/30.</p> <p>-Risperidone 1 mg- 5/1-5/9; 5/26-5/29.</p> <p>-Carvedilol 25 mg- 5/11; 5/12 @ 8a; 5/13-5/29; 5/30-5/31 @ 8a.</p> <p>June 2023:</p> <p>-Amlodipine 10 mg- 4/26-4/29.</p> <p>-Risperidone 1 mg- 4/26-4/29</p> <p>-Carvedilol 25 mg- 4/26 @ 8p; 4/27-4/28; 4/29 @ 8a.</p> <p>Review on 6/22/23 of www.webmd.com revealed:</p> <p>-Omeprazole 40 mg- Used to treat certain conditions where there is too much acid in the stomach</p> <p>-Sevelamer 800 mg- Used to lower the amount of phosphorus in the blood of patients receiving</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707		
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V 118	Continued From page 13 kidney dialysis. -Docusate Sodium- Prevents and treats occasional constipation -Renal Multivitamin- Vitamins are specially made for people with chronic kidney disease -Amlodipine 10 mg- It can treat high blood pressure. -Risperidone 1 mg- Used to treat the symptoms of schizophrenia -Carvedilol 25 mg- It can treat high blood pressure. -Calcium Acetate 667 mg- Used to control high blood levels of phosphorus in people with kidney disease who are on dialysis. Interview on 6/22/23 with the Qualified Professional revealed: -The Owner had visited the facility earlier this week and reviewed the MAR. -The Owner was aware that there were a significant number of errors on the MAR. -The Owner was a Registered Nurse and was going to retrain staff on properly completing the MAR. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on review of records and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three staff (#4 and #6). The findings are:</p> <p>Review on 6/22/23 of Staff #4's personnel file revealed: -Hire date of 6/17/23 (most recent). -Staff #4 was hired as a Paraprofessional. -No documentation of a HCPR check completed for Staff #4 prior to hire.</p> <p>Review on 6/22/23 of Staff #6's personnel file revealed: -Hire date of 3/2/22. -Staff #5 was hired as a Paraprofessional. -No documentation of a HCPR check completed for Staff #6 prior to hire.</p> <p>Interview on 6/22/23 with the Qualified Professional revealed: -Staff #4 was recently re-hired. -Facility's office had not been attended much since COVID started. A lot of the staff's information was filed by the Owner's husband and he was not available at the time of the survey. -Some of the agency's sister's facilities had been recently surveyed and some of the staff's information may have also been pulled out to show the surveyors. -She confirmed Staff #4 and #6's HCPR check was not in their personnel files.</p>	V 131		

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V 131	Continued From page 15 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private	V 133			

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V 133	Continued From page 16 entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of	V 133		

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V 133	<p>Continued From page 17</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime.</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section,</p>	V 133		

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V 133	Continued From page 18 "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in	V 133		

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V 133	<p>Continued From page 19</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting three of three staff (#4, #5 and #6.) The findings are:</p> <p>Review on 6/22/23 of Staff #4's personnel file</p>	V 133		

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V 133	<p>Continued From page 20</p> <p>revealed:</p> <ul style="list-style-type: none"> -Hire date of 6/17/23 (most recent). -Staff #4 was hired as a Paraprofessional. -There was no documentation that a criminal background check had been conducted. <p>Review on 6/22/23 of Staff #5's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date of 4/27/23. -Staff #5 was hired as a Paraprofessional. -There was no documentation that a criminal background check had been conducted. <p>Review on 6/22/23 of Staff #6's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date of 3/2/22. -Staff #5 was hired as a Paraprofessional. -There was no documentation that a criminal background check had been conducted. <p>Interview on 6/22/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was sure that Staffs #4, #5 and #6 had their criminal background checks completed. -Facility's office had not been attended much since COVID started. A lot of the staff's information was filed by the Owner's husband and he was not available at the time of the survey. -Some of the agency's sister's facilities had been recently surveyed and some of the staff's information may have also been pulled out to show the surveyors. -She confirmed the staff's criminal history record check was not in their personnel file. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		

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V 536	Continued From page 21	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	Continued From page 22 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 23 by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	<p>Continued From page 24</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three staff (Staff #4) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>Review on 6/22/23 of Staff #4's personnel file revealed: -Hire date of 6/17/23 (most recent). -Staff #4 was hired as a Paraprofessional. -There was no documentation that Staff #4 had training on the use of alternatives to restrictive interventions.</p> <p>Interview on 6/22/23 with the Qualified Professional revealed: -Staff #4 was recently re-hired. -Facility's office had not been attended much</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-ROXBORO STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 2826 SOUTH ROXBORO STREET DURHAM, NC 27707		
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V 536	Continued From page 25 since COVID started. A lot of the staff's information was filed by the Owner's husband and he was not available at the time of the survey. -Some of the agency's sister's facilities had been recently surveyed and some of the staff's information may have also been pulled out to show the surveyors. -She confirmed that Staff #4's personnel file did not have documentation of training on the use of alternatives to restrictive interventions.	V 536		
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 ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Unable to go inside for complete walkthrough due to house currently having an issue with bed bugs. Clients reported that it had been fumigated last week. Some bed bugs may have still remain. Observation on 6/20/22 at about 9:55 am of the outside area revealed: -Front of the home:	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/22/2023
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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 736	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Cigarette buds scattered all over the front bushes. -Window on the front right corner of the home had a large crack in it. -Around the home: <ul style="list-style-type: none"> -Siding around the home was dirty/stained. In need of a power wash. -Siding was coming apart on the left side of the home, by the driveway. -Back of the home: <ul style="list-style-type: none"> -There was an old matter, a couch, broken bed frame in the back porch. -There was a broken bed frame, old bicycle, a couch, a broken door behind the shed. -There were mattresses in the back of the yard by the woods. <p>Interview on 6/22/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Pest control company had sprayed last week for bed bugs. Facility was being treated and in process of exterminating the bed bugs. -Client's beds were recently replaced prior of the home having bed bugs. -She was unaware that some of the old beds were still outside of the house. -She acknowledged that the facility failed to keep grounds in a clean, safe and attractive manner. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			