	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL032-611			R-C 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ABSOLU	TE HOME-ROXBORC) STREET	UTH ROXBOR M, NC 27707	O STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
		,				
		sed for the following service AC 27G .5600A Supervised th Mental Illness.				
		sed for six and currently has a survey sample consisted of clients.				
V 112	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall I assessment, and ir legally responsible	ILITATION OR SERVICE to developed based on the to partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days.				
	 (1) client outcomer achieved by provisi projected date of ac (2) strategies; (3) staff responsibilities (4) a schedule for 	(s) that are anticipated to be on of the service and a chievement;				
	responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, o	or both; ation or assessment of				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: L032-611 B. WING		R-C	
		MHL032-611				0/19/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE HOME-ROXBORC) STREET	UTH ROXBOR /I, NC 27707	O STREET		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	ige 1	V 112			
	facility failed to have written consent or a	views and interview, the e a Person-Centered Plan with agreement by the client or ffecting two of three clients (#1				
	revealed: -Admission date of -Diagnoses of Depr Psychosis, Post Tra Cannabis Use Diso Disorder- Mild and remission.	ressive Disorder with aumatic Stress Disorder, order- Moderate, Alcohol Pyromania-In sustained Centered Plan was not signed	1			
	revealed: -Admission date of -Diagnoses of Schi Type, Major Depres and Diabetic.	zoaffective Disorder, Bipolar ssive Disorder- Single Episode Centered Plan was not signed				
	Interview on 10/19/ Professional reveal -Client #1 guardian ealth Service Regulation					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL032-611	B. WING			-C 19/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	TE HOME-ROXBORC) STRFFT	ITH ROXBOR , NC 27707	O STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	nge 2	V 112			
	signed plan. -She could not reca signature for Client -Acknowledged the Client #1 and Clien agreement by the c	Person-Centered Plans for t #2 had no written consent or client or responsible party. Institutes a re-cited deficiency				
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies.	V 114			
	This Rule is not me Based on record re failed to conduct fir conditions that sime each shift. The find	et as evidenced by: view and interview, the facility e and disaster drills under ulate emergencies quarterly for				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI F	CONSTRUCTION	(X3) DATE	ESURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		MHL032-611	B. WING			R-C 10/19/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
ABSOLU	TE HOME-ROXBORC	STREET	ITH ROXBOR	O STREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 114	Continued From pa	ge 3	V 114				
	revealed: -There was only one fire drill conducted during the 2nd quarter. Review on 10/19/23 of the facility disaster drill log revealed: -There was only one disaster drill conducted during the 2nd quarter.						
	Professional reveal -She was aware tha completing the fire -Acknowledged the	at staff was not consistent in and disaster drills quarterly. facility failed to conduct fire nder conditions that simulate					
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133				
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pu developmental disa services that is licen Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to have an conditioned on cons criminal history reco the applicant has be						

If continuation sheet 4 of 13

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL032-611	B. WING			-C 19/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BSOLU	TE HOME-ROXBORC) STREET	UTH ROXBOR I, NC 27707	O STREET		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	COMPLET DATE
V 133	Continued From pa	ge 4	V 133			
	is conditioned on consent to a State and national					
		ord check of the applicant. The				
		story record check shall				
		he applicant's fingerprints. If				
	the applicant has been a resident of this State for					
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
	criminal history reco	ord check required by this				
	section or shall sub	mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		mployment positions not				
	covered by Public L	Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
	, <u>,</u>	n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
	information receive	d may affect the employability				
	of the applicant. In	no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to inal Information data bank				
		half of a provider a State				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		MHL032-611	B. WING			-C 19/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BSOLU	TE HOME-ROXBORO) STREET		O STREET		
			I, NC 27707	PROVIDER'S PLAN OF		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	criminal history reco	ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
	criminal history reco	ord check required by this				
		ousiness days of the				
		employment by the provider.				
		nformation received by the				
		tial and may not be disclosed,				
	(c) of this section. F	ant as provided in subsection				
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained fro					
		oplicant's criminal history				
	record check revea	Is one or more convictions of				
		the provider shall consider all				
	hire the applicant:	ors in determining whether to				
	(2) The date of the					
	(3) The age of the p conviction.	person at the time of the				
		ces surrounding the				
	commission of the					
		een the criminal conduct of				
		job duties of the position to be				
	filled.					
	(6) The prison, jail,					
		employment records of the				
	•	te the crime was committed.				
		t commission by the person of				
	a relevant offense.	on of a relevant offeres stars				
		on of a relevant offense alone				
		employment; however, the be considered by the provider.				
		re considered by the provider.				
	If the provider diego	alifies an applicant after				

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		MHL032-611	B. WING		R-C 10/19/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	TE HOME-ROXBORC	STREET 2826 SO	UTH ROXBOR	O STREET		
		DURHAN	I, NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	provider may disclose information contained in					
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.					
		y A provider and an officer				
		ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:	o providor to omploy op				
		e provider to employ an sis of information provided in				
		record check of the individual.				
		an employee's history of				
		the employee's criminal				
		k is requested and received in				
	compliance with this	s section.				
		e As used in this section,				
		neans a county, state, or				
		ory of conviction or pending				
		e, whether a misdemeanor or				
		pon an individual's fitness to for the safety and well-being of	r l			
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		rticle 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		itive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
	<u> </u>	,				

If continuation sheet 7 of 13

TATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL032-611	B. WING			-C 19/2023
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE HOME-ROXBORC) STREET	UTH ROXBOR /I, NC 27707	O STREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 7	V 133			
	Fraudulent Use of Credit Device or Other Means;					
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
	Decency; Article 26A, Adult Establishments;					
		ion; Article 28, Perjury; Article				
	29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public					
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
	Intoxication; and Article 60, Computer-Related					
		es also include possession or				
	sale of drugs in viol	ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while n of G.S. 20-138.1 through				
	G.S. 20-138.5.	101 G.S. 20-138.1 through				
		shing False Information Any	,			
		yment who willfully furnishes,				
		ise gives false information on				
	an employment app	plication that is the basis for a				
	5	ord check under this section				
		Class A1 misdemeanor.				
		oloyment A provider may				
		t conditionally prior to				
		s of a criminal history record e applicant if both of the				
	following requireme					
		all not employ an applicant				
		e applicant's consent for				
		ord check as required in				
	subsection (b) of th	is section or the completed				
		required in G.S. 114-19.10.				
		all submit the request for a				
		ord check not later than five ⁻ the individual begins				
	Linusiness davs affer					1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MHL032-611	B. WING	B. WING		R-C 10/19/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
BSOLU	TE HOME-ROXBORC	STREET	UTH ROXBOR M, NC 27707	O STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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	(X5) COMPLET DATE	
V 133	Continued From pa	ge 8	V 133				
	2001-155, s. 1; 200	nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)					
	failed to ensure the was requested with making the condition	et as evidenced by: view and interview, the facility criminal history record check in five business days of nal offer of employment o staff (staff #1). The findings					
	revealed: -Hire date of -Staff #1 was hired -There was no doct	B of Staff #1's personnel file as Habilitation Technician. umentation that a criminal had been completed.					
	Professional: -The facility office h and documentation -The criminal backg completed by the C	staff's criminal history record					
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.					
V 290	27G .5602 Supervis	sed Living - Staff	V 290				
	10A NCAC 27G .56	02 STAFF					

STATE FORM

If continuation sheet 9 of 13

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL032-611	B. WING		R-C 10/19/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ABSOLL	TE HOME-ROXBORO	STREET	JTH ROXBOR I, NC 27707	O STREET		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLET DATE
V 290	Continued From pa	ge 9	V 290			
	numbers specified i of this Rule shall be enable staff to responeeds. (b) A minimum of co present at all times premises, except with abilitation plan door capable of remaining without supervision as needed but not be the client continues the home or commu- specified periods of (c) Staff shall be pr following client-staff child or adolescent (1) children or abuse disorders shall of one staff present clients present. Ho present during slee emergency back-up the governing body; (2) children or developmental disa one staff present for present and two staff more clients present du specified by the em determined by the g (d) In facilities which diagnosis is substaff (1) at least or duty shall be trained withdrawal symptom	resent in a facility in the ratios when more than one client is present: r adolescents with substance all be served with a minimum for every five or fewer minor owever, only one staff need be ping hours if specified by the o procedures determined by or r adolescents with bilities shall be served with r every one to three clients off present for every four or t. However, only one staff ring sleeping hours if ergency back-up procedures				

TATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		E SURVEY PLETED
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL032-611	B. WING		R-C 10/19/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2826 SO	UTH ROXBOR	O STREET		
BSOLU	TE HOME-ROXBORC	DURHAN	M, NC 27707			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pa	age 10	V 290			
	()	ces of a certified substance nall be available on an				
	Based on record re facility failed to ass having unsupervise	et as evidenced by: eview and interviews, the ess a client's capability of ed time in the community and rvision affecting one of three b. The findings are:				
	revealed: -Admission date of - Diagnoses of Dep Psychosis, Post Tra Cannabis Use Disc Disorder- Mild and remission. -There was no sign	oressive Disorder with aumatic Stress Disorder, order- Moderate, Alcohol Pyromania-In sustained nature from the legal guardian t of having unsupervised time				
	-He had unsupervis home and thought	23 with client #1 revealed: sed time at the other group he had the same thing here. the corner store and get fresh d.	n			
	Professional reveal -She had complete assessment. -She mailed the as	23 with the Qualified led: d the unsupervised time sessment to Client #1's legal ot yet received a signed copy				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL032-611	B. WING			R-C 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	ADDRESS, CITY, STATE, ZIP CODE				
ABSOLU	TE HOME-ROXBORC) STREET	JTH ROXBOR I, NC 27707	O STREET			
(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	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 290		ge 11 facility failed to assess client aving unsupervised time in the	V 290				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 803 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained I attractive manner. The					
	-The home continue but no evidence wa through of bed bugs -One of the bedroor	17/23 at about 10:45am of the revealed: ed to be treated for bed bugs is seen during the walk is present in the home. ms, currently not occupied by spot in the floor area at the					
	Professional reveal -She was at the fac any bed bugs. -She was aware of bedroom and has b maintenance. -Acknowledged tha	ility weekly and had not seen the spot at the door of that					

Division of Health Service Regulation GTATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:			
	MHL032-611					R-C 10/19/2023
AME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE HOME-ROXBOR		OUTH ROXBOR M, NC 27707	O STREET		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF O			
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From page 12		V 736			
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					