STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
						R	
		MHL092-755		B. WING		02/0	8/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
4 DOO! !!	TE LIGHT AND COM	MUNUTY OF DVIOC	5628 MILL	RACE RD			
ABSOLU	TE HOME AND COM	WUNITY SERVICE	RALEIGH	NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ΓS		V 000			
	This facility is licensed for the following service category:10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.						
		sed for 6 and currently urvey sample consiste clients.					
V 118	27G .0209 (C) Med	ication 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		ritten				
	clients only when a client's physician.	all be self-administere uthorized in writing by sluding injections, sha	the				
	administered only b unlicensed persons pharmacist or other privileged to prepar	by licensed persons, of trained by a registered legally qualified pers e and administer med	or by ed nurse, on and dications.				
	all drugs administer current. Medication	Iministration Record (red to each client mus s administered shall t ely after administration ne following:	st be kept be				
	(A) client's name;(B) name, strength,(C) instructions for	and quantity of the di administering the drug ne drug is administere	g;				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED			
		MHL092-755		B. WING			R 02/08/2024	
	PROVIDER OR SUPPLIER	MUNITY SERVICE	5628 MIL	DRESS, CITY, S LRACE RD I, NC 27606	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	(E) name or initials drug. (5) Client requests checks shall be rec	ge 1 of person administe for medication chang orded and kept with appointment or consi	ges or the MAR	V 118				
	failed to ensure one had an order to self findings are: Review on 2/1/24 or -Admission date of -Diagnoses of Schill Hyperlipidemia, Hyperlipi	view and interview the of four audited client administer medication of client #3's record re 3/14/23 cophrenia-Paranoid pertension and Type ted 9/26/23, "Levem-Inject 25 units AM at a self administer Leventh and the facility for six in the facili	nts (#3) ion. The evealed: Type, II ir nd 35 remir. weeks. by the t #3 could wice a day daily and					

Division of Health Service Regulation

STATE FORM 6899 PYTR11 If continuation sheet 2 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		SURVEY PLETED		
			A. BOILDING.	•		R	
		MHL092-755	B. WING			02/08/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE			
ABSOLU	TE HOME AND COM	MIINITY SERVICE	LLRACE RD 6H, NC 27606				
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	age 2	V 118				
	administer.						
	-Staff #3 gave him himselfHis Diabetes was Interview on 2/1/24 (QP) stated: -Client #3 had alwasince his admission-The QP #2 took clappointments and administer in his re-Will contact the Q placed in the home	stable, no issues at this time. Ithe Qualified Professional ays administered his insulin in. lients to their doctor should have his order to self ecord. P #2 to make sure the order is	5				
V 512	27D 0304 Client R	Rights - Harm, Abuse, Neglect	V 512				
	10A NCAC 27D .03 HARM, ABUSE, NI (a) Employees sha abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or ne 27C .0102 of this C (c) Goods or servi	BO4 PROTECTION FROM EGLECT OR EXPLOITATION all protect clients from harm, if exploitation in accordance. But all not subject a client to any eglect, as defined in 10A NCA Chapter. Ces shall not be sold to or client except through					

Division of Health Service Regulation

STATE FORM PYTR11 If continuation sheet 3 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
					R	
		MHL092-755	B. WING		02/0	8/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ABSOLU	ITE HOME AND COM	MIINITY SERVICE	RACE RD NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 512	(d) Employees shanecessary to repel aggressive client argoverning body polis necessary dependent of any physical and more of aggressiveness intervention proced Subchapter 10A NO. (e) Any violation by	Ill use only that degree of force or secure a violent and and which is permitted by icy. The degree of force that ds upon the individual are client (such as age, size ental health) and the degree displayed by the client. Use of ures shall be compliance with CAC 27E of this Chapter.	V 512			
	This Rule is not met as evidenced by: Based on record review and interview one of one staff (#1) subjected four of four audited clients (#3, #4, #5 & #6) to abuse. The findings are: Review on 2/6/24 of staff #1's record revealed: -Hire date- Unknown Review on 2/1/24 of client #3's record revealed: -Admission date of 3/14/23 -Diagnoses of Schizophrenia-Paranoid Type, Hyperlipidemia, Hypertension and Type II Diabetes Review on 2/1/24 of client #4's record revealed: -Admission date of 9/15/17 -Diagnosis of Schizophrenia Review on 2/1/24 of client #5's record revealed: -Admission date of 2/21/19 -Diagnoses of Paranoid Schizophrenia and					

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6899 PYTR11 If continuation sheet 4 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
	MHL092-755		B. WING			R 08/2024
PROVIDER OR SUPPLIER	MUNITY SERVICE	5628 MILI	LRACE RD	STATE, ZIP CODE		
(EACH DEFICIENCY	/ MUST BE PRECEDED BY	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Review on 2/1/24 o -Admission date of -Diagnoses of Schi: Developmental Diss Seizure Disorder Interview on 2/1/24 -Had observed staf verbal arguments ir -Last "pay day" saw the tableClient #5 was tryin staff #1 started yelli -Staff #1 then push -Client #5 did not sa afterwards, he just -Staff #1 had pointe times in the last few -Staff #1 would do t would "set me off a -"It's like he chips a off." Interview on 2/1/24 -Staff #1 was upset watching televisionHe was sitting on t walked in the room near his wrist areaNot sure why staff not said anything to -Staff #1 and client and staff #1 "slappe -Staff #1 cursed an facility.	f client #6's record ro 3/31/09 zophrenia, Mild Intel ability (IDD), Asthmatical client #3 stated: f #1 and client #4 end the last few weeks a staff #1 push client g to sign for his morning at him. ed him over the table ay anything to staff # got his money. ed his finger in his faw weeks. These things that he nd make me angry. It way at me and tries and 2/8/24 client #5 d his hands on him at the with the work with him while he with the couch when staff and grabbed him by #1 was upset with him him. #4 were arguing last ed" client #4 on his hid yelled at everyone	lectual a and agage in #5 over aey and e. f1 ce several knew to set me stated: and client as #1 v his arm, im, he had t week lead. in the	V 512			
face.						
	PROVIDER OR SUPPLIER TE HOME AND COMI SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Review on 2/1/24 o -Admission date of -Diagnoses of Schi Developmental Dis Seizure Disorder Interview on 2/1/24 -Had observed staf verbal arguments ir -Last "pay day" saw the tableClient #5 was tryin staff #1 started yelli -Staff #1 then push -Client #5 did not sa afterwards, he just -Staff #1 had pointe times in the last fev -Staff #1 would do a would "set me off a -"It's like he chips a off." Interview on 2/1/24 -Staff #1 was upset watching television -He was sitting on t walked in the room near his wrist areaNot sure why staff not said anything to -Staff #1 and client and staff #1 "slappe -Staff #1 cursed an facility"Sometimes" staff face.	MHL092-755 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM. Continued From page 4 Review on 2/1/24 of client #6's record re-Admission date of 3/31/09 -Diagnoses of Schizophrenia, Mild Intel Developmental Disability (IDD), Asthmat Seizure Disorder Interview on 2/1/24 client #3 stated: -Had observed staff #1 and client #4 enverbal arguments in the last few weeks -Last "pay day" saw staff #1 push client the tableClient #5 was trying to sign for his mor staff #1 started yelling at himStaff #1 then pushed him over the tableClient #5 did not say anything to staff # afterwards, he just got his moneyStaff #1 had pointed his finger in his fa times in the last few weeksStaff #1 would do these things that he would "set me off and make me angry." -"It's like he chips away at me and tries off." Interview on 2/1/24 and 2/8/24 client #5 -Staff #1 was upset with him while he w watching televisionHe was sitting on the couch when staff walked in the room and grabbed him by near his wrist areaNot sure why staff #1 was upset with h not said anything to himStaff #1 and client #4 were arguing las and staff #1 "slapped" client #4 on his h-Staff #1 and client #4 were arguing las and staff #1 "slapped" client #4 on his h-Staff #1 cursed and yelled at everyone facility"Sometimes" staff #1 would slam the definition of the couch was an experienced and yelled at everyone facility"Sometimes" staff #1 would slam the definition of the couch was an experienced and yelled at everyone facility"Sometimes" staff #1 would slam the definition of the couch was an experienced and yelled at everyone facility"Sometimes" staff #1 would slam the definition of the couch was an experienced and yelled at everyone facility"Sometimes" staff #1 would slam the definition of the couch was an experienced and yelled at everyone facility.	MHL092-755 PROVIDER OR SUPPLIER STREET AD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Review on 2/1/24 of client #6's record revealed: -Admission date of 3/31/09 -Diagnoses of Schizophrenia, Mild Intellectual Developmental Disability (IDD), Asthma and Seizure Disorder Interview on 2/1/24 client #3 stated: -Had observed staff #1 and client #4 engage in verbal arguments in the last few weeksLast "pay day" saw staff #1 push client #5 over the tableClient #5 was trying to sign for his money and staff #1 started yelling at himStaff #1 then pushed him over the tableClient #5 did not say anything to staff #1 afterwards, he just got his moneyStaff #1 would do these things that he knew would "set me off and make me angry." -"It's like he chips away at me and tries to set me off." Interview on 2/1/24 and 2/8/24 client #5 stated: -Staff #1 had placed his hands on him and client #4Staff #1 was upset with him while he was watching televisionHe was sitting on the couch when staff #1 walked in the room and grabbed him by his arm, near his wrist areaNot sure why staff #1 was upset with him, he had not said anything to himStaff #1 and client #4 were arguing last week and staff #1 "slapped" client #4 on his headStaff #1 cursed and yelled at everyone in the facility"Sometimes" staff #1 would slam the door in his face.	MHL092-755 MHL092-755 STREET ADDRESS, CITY, S 5628 MILLRACE RD RALEIGH, NC 27606 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Review on 2/1/24 of client #6's record revealed: -Admission date of 3/31/09 -Diagnoses of Schizophrenia, Mild Intellectual Developmental Disability (IDD), Asthma and Seizure Disorder Interview on 2/1/24 client #3 stated: -Had observed staff #1 and client #4 engage in verbal arguments in the last few weeksLast "pay day" saw staff #1 push client #5 over the tableClient #5 was trying to sign for his money and staff #1 started yelling at himStaff #1 then pushed him over the tableClient #5 did not say anything to staff #1 afterwards, he just got his moneyStaff #1 had pointed his finger in his face several times in the last few weeksStaff #1 would do these things that he knew would "set me off and make me angry." -"It's like he chips away at me and tries to set me off." Interview on 2/1/24 and 2/8/24 client #5 stated: -Staff #1 had placed his hands on him and client #4Staff #1 was upset with him while he was watching televisionHe was sitting on the couch when staff #1 walked in the room and grabbed him by his arm, near his wrist areaNot sure why staff #1 was upset with him, he had not said anything to himStaff #1 and client #4 were arguing last week and staff #1 "slapped" client #4 on his headStaff #1 cursed and yelled at everyone in the facility"Sometimes" staff #1 would slam the door in his face.	OF CORRECTION MHL092-755 B. WING	OF CORRECTION MHL092-755 B. WING Q2// PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SEAS MILLRACE RD RALEIGH, NC 27606 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED FROM THE PROVIDER OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LSC IDENTIFYING INFORMATION) V 512 CONTINUED FROM THE PROVIDER'S PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED FROM THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED FROM THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATION. TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATORY OR LEAST OF THE PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATION. TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATION. TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATION. TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATED TO SHOULD BE RECULATED. PROVIDER'S PLAN OF CORRECTION SHOULD BE RECULATED. PRO

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
		MHL092-755		B. WING			R 08/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
ABSOLU	ITE HOME AND COM	MUNITY SERVICE		RACE RD			
				, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page 5			V 512			
	-Had seen staff #1 slam the door on client #4Staff #1 also took his (client #5's) hat and glasses off his head once when he was upset. Interview on 2/1/24 client #2 stated: -Staff #1 raised his voice to him and yelled at everyone in the facilityStaff #1 would go through "his phases of yelling and screaming," so he would just leave and take a walk to get away.						
	the hallway arguing outsideStaff #1 told client anywhere." -Saw Staff #1 hit cli "really hard" with ar -Then heard staff # at me" to client #4Staff #1 put his fing yelling at himThis situation with happened the day be hospital (1/27/24)Staff #1 had yelled faceStaff #1's behavior and nervous." -Told staff at the da	I. Il of them. I and staff #1 were so as client #4 wanted #4, "you are not going ent #4 on the side of a open hand. I say, "Don't raise you ger in client #4's face client #4 and staff #7 oefore client #4 went and pointed his fing as of yelling made hir y program what had lity because he did not as client #4 and staff #7 oefore client #4 went and pointed his fing as of yelling made hir y program what had lity because he did not as client #4 and staff #7 oefore client #4 went went was considered his fing and pointed his fing the considered his fing the considered his fing was considered his fing the considered his final his fing the considered his final	to go ng f his head our voice while to the er in his n "upset been				
		client #4 stated: loud, he doesn't take mental illness and c					

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
		MUI 002 755	B. WING			
		MHL092-755	B. W(0		02/0	8/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
		5628 MII	LRACE RD			
ABSOLU	ITE HOME AND COM	MUNITY SERVICE	I, NC 27606			
			1, 140 27000			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
.,		,		DEFICIENCY)		
	- · · · -		1,7=10			
V 512	Continued From pa	ge 6	V 512			
	-Was "attacked" by	staff #1 a week ago.				
		airs to get something, then he				
	went back upstairs.					
		m to come back downstairs.				
		ck downstairs, staff #1 pointed				
	his finger in his face					
		m in the head with his fist.				
	-It did not hurt, "just					
		past with staff #1 but this was				
the first time he had hit himHad not seen staff #1 hit anyone else, he was						
	just "abrasive."	#1 The arryone cise, he was				
	•	pointing his finger in client #6's				
	face getting loud in					
		ed 911 due to he was feeling				
		think his medication was				
	working.	tillik filo filodiodioff wdo				
	<u> </u>	he was calling 911.				
		would have stopped him from				
		e staff #1 was already "amped				
	up."	2 stail #1 was alleady alliped				
	-Staff #1 got "irate"	over certain things				
		the upstairs bedroom door				
		on the arm, not sure if he was				
	hurt.	in the arm, not sure if he was				
		e hospital and not sure of				
		charged back to the facility.				
	When he will be disc	charged back to the facility.				
	Interview on 2/1/24	staff #1 stated:				
		in the facility for about six				
	weeks now.	in the facility for about 31x				
		mpany on and off for years at				
	another location.	inparty of and on for years at				
		" voice and people thought he				
	was yelling at them					
		physical altercations with				
	clients.	with clients, but he hed wet				
	put his hands on the	with clients, but he had not				

-There had been no physical restraints or holds
Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETI				
		MHL092-755	B. WING			R 08/2024
	PROVIDER OR SUPPLIER	MUNITY SERVICE 5628 MIL	DDRESS, CITY, S LRACE RD I, NC 27606	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
V 512	with the clients. -"I try to not argue wowell a call the Qualicensee/Registere with the clients beh. During interview on Staff #1 had been months now. -Had issues with stafacility on how he sowell a client wowell and staff #1 could be "Individual and some a client on the clients concerns to her whowell and completed he substantiated the austaff #1 to start her word wowell and the clients. -Removed staff #1 the clients. -Client #4 in the head wowell and contacted clients. -Client #4 in the head wowell and contacted clients. -Had contacted clients with the clients. -Client #4 in the head wowell and contacted clients. -The Licensee/RN in facilities and denied allegations.	with anyone." alified Professional (QP) and od Nurse (RN) if he had issues aviors. 2/1/24 the QP stated: working in the facility for a few aff #1 in the past at another poke to clients. abrasive" with clients. y issues with staff #1 putting nt. had mentioned these en she was at the facility. to come in today and relieve investigation. 1/2/8/24 the QP stated: r investigation and llegations. terminated today. d the abuse allegations and he was "playing" with the on 2/1/24 and interviewed all the had observed staff #1 hit				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY LETED	
					R	
		MHL092-755	B. WING		02/0	8/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	ITE HOME AND COM	MUNITY SERVICE	RACE RD			
			, NC 27606			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512	Continued From pa	ige 8	V 512			
	completed by the C -"What immediate a ensure the safety of The staff person wa February 1, 2024, if became aware of the staff is currently the provided to the new -Describe your plant happens: The replacement so client rights, recogn protection from about The QP will continue	taff has been inserviced on nizing abuse as well as use, neglect, and exploitation. te to provide training on				
	conflict resolution, approved intervention techniques will be reviewed, and staff will repeat the training by an approved trainer if the QP deems additional training is necessary. QP will complete all trainings with staff by 2/29/24. QP will also communicate with and interview clients at least weekly to ensure they are aware of their rights and free from abuse, neglect and exploitation for the next 30 days and then monthly."					
	with Schizophrenia Il Diabetes, Asthma #1 had been workir Clients reported my yelled, hit and point verbal altercation b where staff #1 had #1 had also slamm taken their hat and he was upset with t	the facility were diagnosed, Mild IDD, Hypertension, Type and Seizure Disorder. Staffing in the facility for six weeks. Ultiple instances that staff #1 ted his finger in their faces. A etween staff #1 and client #4 hit client #4 on the head. Staffied the door in clients face and glasses off their head when them. This deficiency				

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STATE FORM PYTR11 If continuation sheet 9 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
						ļ	R	
		MHL092-755		B. WING		02/0	08/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ABSOLU	ITE HOME AND COM	MUNITY SERVICE		RACE RD , NC 27606				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 512	2 Continued From page 9			V 512				
	abuse and must be corrected within 23 days.		days.					
V 736	27G .0303(c) Facili	ty and Grounds Mair	ntenance	V 736				
	10A NCAC 27G .03 EXTERIOR REQUI	03 LOCATION AND REMENTS						
	maintained in a safe	l its grounds shall be e, clean, attractive a	nd orderly					
	manner and shall b odor.	e kept free from offe	nsive					
		on and interview the l in a safe, clean and	•					
	-Carpet on the stair inch rips on several	/24 at 9:43 AM revea way had multiple two I steps. hout had thick dust fo	to three					
	itClient #2 and #4's spot in the base of	shower had a large lit.	orown					
	hole.	bedroom wall had a						
	with all three drawe drawer dresser with -Client #3 and #5's	m had a three drawe rs missing and anoth three missing draw bathroom floor was pots around the toile	ner six ers. dirty with					
	-Client #3 and #5's broken off the hinge closet.	bedroom closet doo e and standing uprigitied	r was nt in the					
	several missing cus							
	Interview on 2/8/24 -Had been cleaning -The hole in his wal		ce he					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION :	SURVEY PLETED		
		MHL092-755	B. WING			R 08/2024
	PROVIDER OR SUPPLIER	562	EET ADDRESS, CITY,	STATE, ZIP CODE		
ABSOLU	ITE HOME AND COM	MUNITY SERVICE	EIGH, NC 27606			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 10	V 736			
	moved in last year.					
	Interview on 2/8/24 stated: -The Licensee sche-Clients had been drooms and bathroor-Was not aware of that needed to be in [This deficiency has	loing better at keeping the ms clean. the ripped carpet on the s	eir tairs, e			

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