Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-946	B. WING			R <b>05/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
ABSOLU	TE HOME - MARCON	Y WAY	RCONY WAY I, NC 27610				
(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) COMPLETE DATE	
V 000 INITIAL COMMENTS		V 000					
	on 3/5/24. Deficience This facility is licens category: 10A NCA Living for Adults with	w up survey was completed cies were cited.  sed for the following service C 27G .5600C Supervised h Developmental Disability.  ed for 6 and currently has a					
		irvey sample consisted of					
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each se under conditions the	ncy Plans and Supplies 207 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of drills in a 24-hour facility at quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies.	V 114				
	failed to ensure fire	et as evidenced by: view and interview the facility and disaster drills were / & on each shift. The findings					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL092-946			R <b>05/2024</b>			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ABSOLU	ITE HOME - MARCON	IY WAY	RCONY WAY					
	OLIMANA DV. OTA		I, NC 27610	DDOVIDEDIO DI ANI OF CODDI	TOTION	4.4-1		
(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 AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
V 114	Continued From page 1		V 114					
	disaster drill log rev	ion of fire and disaster drills						
	<ul><li>went outside fo</li><li>was not sure if</li></ul>	2/29/24 client #1 reported: r fire drills tornado drills were practiced /e ground and get in the						
	- fire drills they w	2/29/24 client #2 reported: vent outside to the mailbox ere practiced in the hallway						
	- fire drills they w	2/29/24 client #6 reported: vent in the front of the facility leted a tornado drill, but he er inside the facility						
	reported: - staff filled in "he overlooked fire and - had a person to fire and disaster dri - she had not foll	visit the facilities to ensure						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736					
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive						
	This Rule is not me	et as evidenced by:						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL092-946	B. WING		03/05/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ABSOLU	TE HOME - MARCON	IY WAY	RCONY WAY , NC 27610			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	<b>-</b>
V 736	was not maintain in orderly manner. The Observation on 2/2 of the facility reveal - client #2's bedraissing slate - the bathroom of molding on the top - client #4 & #5's tiles near both their - the stairway has and downstairs - in a seating are stains in the ceiling - a white spot the floor tile in the down During interview on - the facility's cei awhile ago but it was - it was staff's remanagement of new	on and interview the facility a safe, clean, attractive and e findings are:  9/24 at 3:26pm during the tour ed the following: oom window blind had a  ommode upstairs had a crack base of the commode bedroom had missing floor beds d rips in the carpet runner up ea downstairs, there was water e size of a basket ball in the enstairs sitting area  3/5/24 the Licensee reported: ling downstairs had a leak as repaired stained from the leak sponsibility to notify eded repairs  stitutes a re-cited deficiency	V 736			
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factorstructed and equensures the physical visitors. (4) In areas of	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D MINO		F		
		MHL092-946	B. WING		03/0	5/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ABSOLU	ABSOLUTE HOME - MARCONY WAY  RALEIGH, NC 27610						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 752	Continued From pa	ge 3	V 752				
	•	tained between 100-116					
	This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100 - 116 degrees Fahrenheit. The findings are:						
		nk Iway bathroom					
	at 4:02pm revealed - a digital basal b - staff #1 reporte	ody thermometer d she used it to check the & it usually ranged around					
	reported:	2/29/24 client #1, #2 & #6 st water temperatures if the					
	Professional reporter the Licensee's I	3/5/24 the Qualified ed: husband brought a new facility last night (3/4/24)					

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