

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 04/24/2024
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A follow up was attempted on April 24, 2024. According to the Qualified Professional (QP) there are no clients being served at the facility. The last time clients were served at the facility was 4/4/24.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>Observation on 4/24/24 at approximately 10:00 am: There were no clients or staff present at the facility.</p> <p>Interview on 4/24/24 with the QP for the agency revealed: The facility is no longer open. The Administrator/Licensee will be doing a change of location for that facility. The landlord was not willing to make the repairs to the facility and therefore the Administrator/Licensee decided to look for another location. Clients were last served at that facility on 4/4/24.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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