

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-611</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME-ROXBORO STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2826 SOUTH ROXBORO STREET DURHAM, NC 27707</b>
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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><b>INITIAL COMMENTS</b></p> <p>An On-Site Visit was completed on June 18, 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6.</p>	V 000		
V 787	<p><b>G.S. 122C-23(g) Licensure - Suspension of Admissions</b></p> <p>NCGS 122C-23(g) The Secretary may suspend the admission of any new clients to a facility licensed under this Article where the conditions of the facility are detrimental to the health or safety of the clients. This suspension shall be for the period determined by the Secretary and shall remain in effect until the Secretary is satisfied that conditions or circumstances merit removal of the suspension. In suspending admissions under this subsection, the Secretary shall consider the following factors:</p> <p>(1) The degree of sanctions necessary to ensure compliance with this section and rules adopted to implement this subsection.</p> <p>(2) The character and degree of impact of the conditions at the facility on the health or safety of its clients.</p> <p>This Rule is not met as evidenced by: Based on interview, observation and record</p>	V 787		

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

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V 787	<p>Continued From page 1</p> <p>review the facility admitted clients while under a Suspension of Admission. The findings are:</p> <p>Review on 6/19/24 of Mental Health Licensure and Certification records revealed: -A Suspension of Admission letter for the facility was mailed on February 19, 2024.</p> <p>Interview on 6/18/24 with the facility's Qualified Professional (QP) revealed: -Six clients of another licensed facility have relocated and are currently residing in the facility. -The six clients from the other facility moved into the facility on 6/14/24, because they had to move out of their facility. -The licensee moved the six clients that were residing in the facility out. -All the clients except for one client were discharged. - The licensee is providing services for one client at a location that she is trying to do a change of location for. -She thought since the location was vacant and not being used by the licensee, it could be used as an emergency placement for the other licensed provider. -She was aware the facility was under a Suspension of Admission.</p> <p>Interview on 6/18/24 with the Licensee for another facility revealed: -He had to move out of his facility right away. -His QP is also the QP for this facility. -The QP found this facility for emergency placement for him. -He knew the facility had been a licensed facility, but thought since it was vacant that it was no longer a licensed facility -On 6/14/24 he moved his six clients into the facility</p>	V 787		

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V 787	<p>Continued From page 2</p> <p>-He was not aware the facility was under a Suspension of Admission.</p> <p>Observation at 10:45 am on 6/19/24 of the facility revealed:</p> <p>-Six clients residing in the facility.</p> <p>-Two adult males and four adult females</p>	V 787		