Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|--|--|---|
| | | | | | R- | c |
| | MHL092-877 | | B. WING | | 08/06/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | STATE, ZIP CODE | | |
| ABSOLU | TE HOME BUILLIB 6: | 1008 PHI | LLIP STREE | г | | |
| ABSOLU | TE HOME-PHILLIP S | GARNER | , NC 27529 | | | |
| (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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | VE ACTION SHOULD BE ED TO THE APPROPRIATE | |
| V 000 | V 000 INITIAL COMMENTS | | | | | |
| | on August 6, 2024. | take #NC00219185). A | | | | |
| | | sed for the following service C 27G .5600A Supervised h Mental Illness. | | | | |
| | | sed for 6 and has a current irvey sample consisted of clients. | | | | |
| V 736 | 27G .0303(c) Facilit | 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 | | | | |
| | and its grounds wer | et as evidenced by: on and interview the facility re not maintained in a safe, manner. The findings are: | | | | |
| | following: - Interior: - The wall behind black oval stain approvide and 12 inches - Client #1 & 5's windows were miss | and Client #3 & 5's bedroom | | | | |
| | around the inside of #1 and #5's bathroom | f the entire toilet bowl of client | | | | |

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

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|---|--|-----------------------------------|-------------------------------|--|
| | | MHL09 | 2-877 | B. WING | | | -C 06/2024 | |
| NAME OF | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
| ABSOLUTE HOME-PHILLIP STREET 1008 PHILLIP STREET GARNER, NC 27529 | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENCY REGULATORY OR L | | EDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| V 736 | slats - The blinds on the slats - The blinds in the broken slats - The ceiling about bedroom had a craportion of the ceiling inch - A "C" shaped hong and two small located by client #6 - Exterior: - The grass was front and back yard - Porch had pain railing on the porch base - Entire black couthe brick foundation surface - The cover of or of the facility had faground - An electrical bouse was missing - The vinyl siding the size of a quarter approximately a focus of the facility had faground - A light covering entire vinyl siding or the wooden chair and missing seat count of the facility had faground for the size of a quarter approximately a focus of the facility had faground for the size of a quarter approximately a focus of the facility had faground for the size of a quarter approximately a focus of the facility had faground for the size of a quarter approximately a focus of the facility had faground for the facility had | he back door he hallway bat we the door be ck approx 2 fe g hanging app ole in the wall holes the size 's bedroom de approx 1/2 fo t peeling throug exposing the historicated on the historicated on the historicated in the approxed approxed and a holes of dirt was lo frame with to ushion was lo approximately siding under lity er was off of to ound leaning a | hroom had 2 y client #6's eet long with a broximately 1 I approx 3 inches e of a dime bor oot high in the ughout the entire black wooden ad peeled off of ne top step vent in the front ras located on the the front of the cover approximately vas cated along the the facility wo broken arms cated beside the v a foot long was the window at he porch | V 736 | | | | |

Division of Health Service Regulation

STATE FORM 6899 K4CF11 If continuation sheet 2 of 3

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|--|-------------------------------|--------------------------|
| | | MHL092-877 | B. WING | | R- 08/0 | C 6/2024 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, S | STATE, ZIP CODE | • | |
| ABSOLU | JTE HOME-PHILLIP S | Г | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | .D BE | (X5) COMPLETE DATE |
| V 736 | - Two foundation facility had fallen or ground - 6 vines approxibrick siding located Interview on 8/5/24 reported: - She was aware facility - The Licensee/Fresponsible for overfacility - No repairs had Interview on 8/6/24 - Was aware of tracility - Hadn't completivet - Planned to star September 2024 to Health Service Regurvey This deficiency has | ge 2 I vents in the back of the at and were located on the at and were located on the mately 2 feet long were on the in the back of the facility the Qualified Professional of the needed repairs in the Registered Nurse (RN) was reseing the repairs of the been completed in the facility the Licensee/RN reported: he needed repairs in the ed any repairs to the facility in prepare for the Division of sulation Construction Biennial been cited 6 times since the /21 and must be corrected | V 736 | | | |

Division of Health Service Regulation STATE FORM

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