STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on October 7, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited staff (#1) had Cardiopulmonary Resuscitation (CPR) and First Aid (FA) training. The findings are: Review on 10/4/24 of staff #1's personnel record revealed: - Hired 9/23/24 - No documentation of CPR/FA training Interview on 10/3/24 staff #1 reported: - Just started working in the facility Friday (9/27/24) - Had CPR/FA training but she couldn't recall when she completed the training Interview on 10/7/24 the Qualified Professional reported: - Was responsible for overseeing staff's trainings - Staff #1 had CPR/FA training but she couldn't locate the training certificate	V 108		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each	V 113		

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	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 113	Continued From page 2 individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 113	Continued From page 3	V 113		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 2 of 3 audited clients (#4 & #5). The findings are:

Review on 10/3/24 of client #4's record revealed:
- Admitted 11/2/20
- Diagnosis of Schizoaffective Disorder Paranoid Type
- No documentation of a signed consent to seek emergency treatment

Review on 10/3/24 client #5's record revealed:
- Admitted 8/30/07
- Diagnoses of Schizoaffective Disorder, Paranoid Bipolar Type & Gastroesophageal Reflux Disease
- No documentation of a signed consent to seek emergency treatment

Interview on 10/7/24 the Qualified Professional reported:
- The consents to seek emergency treatment were completed for clients #4 & #5 but she couldn't locate them
- Client #4 & #5 lived in the facility for a long time
- Client #4 & #5's records were purged and the consents could've been taken out
- Planned to have clients' guardians sign a new consent to seek emergency treatment

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	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 367	Continued From page 4	V 367		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 367	Continued From page 5 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that	V 367		

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ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 367	Continued From page 6 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of an incident affecting 1 of 3 audited clients (#5). The findings are: Reviews on 10/3/24 & 10/4/24 of client #5's record revealed: - Admitted 8/30/07 - Diagnoses of Schizoaffective Disorder, Paranoid Bipolar Type & Gastroesophageal Reflux Disease - A local hospital discharge summary dated 9/19/24: "... (client #5) presented at the emergency room after sent from a group home because of not eating and drinking and being noncompliant with her medications. Apparently the patient as having hallucinations over there as well. ...Apparently the patient was taken to the emergency room and she was under [local police department] custody. She was apparently hallucinating an seeing things. At one point she was agitated and aggressive to the staff in the emergency room as well. IVC (involuntary commitment) was initiated at the group home."	V 367		

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	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 367	Continued From page 7 Review on 10/3/24 of the IRIS system revealed: - No IRIS report submitted for client #5's IVC Attempted interview on 10/3/24 with client #5 was unable to fully comprehend the questions asked. Interview on 10/4/24 the Qualified Professional reported: - Client #5 was IVC'd from 9/19/24 to 10/1/24 - Was responsible for submitting the IRIS report and notifying the LME/MCO - Didn't submit an IRIS report or notify the LME/MCO for client #5 because she was busy and forgot	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives,	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 536	Continued From page 8	V 536		

measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).
(h) Service providers shall maintain documentation of initial and refresher training for

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	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 536	Continued From page 9 at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

(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 536	Continued From page 10 review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited staff (#1) received their training in Alternatives Restrictive	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-894	A. BUILDING: _____ B. WING _____	R 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 536	Continued From page 11 Interventions. The findings are: Review on 10/4/24 of staff #1's personnel record revealed: - Hired 9/23/24 - No documentation Alternatives Restrictive Interventions training Interview on 10/3/24 staff #1 reported: - Had Non-crisis interventions (NCI) training Interview on 10/7/24 the Qualified Professional reported: - Was responsible for overseeing staff's trainings - Believed staff #1 had Alternative Restrictive Interventions training through a previous company - Couldn't locate staff #1's Alternative Restrictive Interventions training certificate - Staff #1 wasn't trained in Alternative Restrictive Interventions by the facility's Evidence Based Protective Interventions (EBPI) instructor - Planned to have staff trained by the facility's EBPI instructor	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a clean and attractive manner. The findings are:	V 736		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME - APEX	109 EVENING STAR DRIVE APEX, NC 27502

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V 736	Continued From page 12 Observation on 10/3/24 at 10:43am revealed: - The upstairs bathroom had peeled paint on the ceiling - Clients #1 & #2's bedroom: - 5 broken blind slats beside client #1's bed - The bathroom door knob was loose & hung from the bore hole exposing the cylinder lock of the door knob Interview on 10/3/24 client #1 reported: - Didn't know what happened to door knob & blinds - The blinds needed to be replaced - Didn't know how long the door knob had been broken Interview on 10/7/24 the Qualified Professional reported: - The Licensee was responsible for the repairs in the facility - Was unaware of the peeling paint on the upstairs bathroom ceiling & the bathroom door knob was loose in the clients' bedroom - Planned to speak to the Licensee about the needed repairs This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		