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-C 04/25/2025

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 000	INITIAL COMMENTS A complaint & follow up survey was completed on April 25, 2025. The complaints were substantiated (Intakes #NC00226598 & #NC00229600). 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 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

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-C 04/25/2025

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 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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-C 04/25/2025

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 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement their policy on delegating management authority for the operation of services. The findings are:

Review on 3/27/25 of the facility's records revealed:
- Operating Authority Policy: "...The Administrator is...responsible for allocating adequate personnel...to ensure that quality assurance activities can be accomplished as well as annual evaluation of the Quality Assurance Program...The Administrator (Registered (RN)/Administrator/Owner) will be responsible for the following:...Designate qualified employees to be the authorized representative in the administrator's absence...In the absence of the Home's (facility) Administrator, inquiries concerning residents (clients) care will be referred to the appropriate senior staff member available."

Review on 3/24/25 of a text message sent from the Qualified Professional (QP) to the Division of Health Service Regulation (DHSR) Surveyor on 3/24/25 revealed:
- "...[RN/Administrator/Owner] is away. She sent me what I requested from the employee files. I need to check when she will return. I don't have access to the actual files (staff personnel records)."

Interview on 3/18/25 the QP reported:
- The RN/Administrator/Owner was out of the country on a "girls trip" and was supposed to

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-C 04/25/2025

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 105	Continued From page 3	V 105		

return on 3/24/25
- Was the designated employee during the RN/Administrator/Owner's absence
- Didn't have access to the staffs' personnel records
- Had some of the staffs' trainings stored on her computer and the RN/Administrator/Owner emailed her some of the staff's information

Interview on 3/26/25 the QP reported:
- The RN/Administrator/Owner still wasn't available
- Wasn't sure if the RN/Administrator/Owner was still out of town, but she was informed the RN/Administrator/Owner was expected to return the evening of 3/28/25
- Communicated with the RN/Administrator/Owner through text messages while the RN/Administrator/Owner was away
- Didn't have access to the "newer" staffs' personnel records because the RN/Administrator/Owner kept those personnel records in her home office
- The RN/Administrator/Owner only kept the personnel records for older or terminated staff at the company's office
- The RN/Administrator/Owner's husband usually brought the staffs' personnel records to the company's office when they were requested, but the RN/Administrator/Owner's husband wasn't available either

Interviews on 3/31/25, 4/1/25 and 4/2/25 the RN/Administrator/Owner reported:
- Was out of town visiting her family and she returned on 3/21/25
- "I was gone for two days. The rest of the time I was busy"
- The QP was in charge during her absence and she emailed the QP the staff's information

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-C 04/25/2025

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 105	Continued From page 4 from their personnel records - Wanted to know why the hard copy of the staffs' personnel records were requested - Wasn't available to provide the staffs' personnel records until 4/2/25 - The QP "may not have access to the (staff) records because they are locked at home (RN/Administrator/Owner's personal address)" - Used to leave the staffs' personnel records in the company's office - She "knew the State (DHSR) would be here (in the facility surveying) a while, so I knew I would be able to get the records to you (DHSR Surveyor)" This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 105		
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	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-C 04/25/2025

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 108	Continued From page 5 .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. (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 observation, record review and interview, the facility failed to ensure 1 of 2 audited paraprofessional staff (#2) had Cardiopulmonary Resuscitation (CPR) and First Aid (FA) training and failed to ensure 2 of 2 paraprofessional staff (#1, #2) and 2 of 3 audited former paraprofessional staff (FS #3, FS #4) had trainings to meet MH/DD/SA needs of the clients served. The findings are: Finding A: Review on 3/19/25 of staff #2's personnel record revealed: - Hired 9/21/24 - No documentation of a CPR/FA certificate Review on 3/20/25 of an email sent from the Qualified Professional (QP) to the Division of	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-C 04/25/2025

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 108	Continued From page 6	V 108		

Health Service Regulation Surveyor on 3/20/25 revealed:
- "I decided to check my email for [staff #2]'s information. This is some information I sent you previously. I am trying to locate her...CPR first aid...I'm also checking my email for supervision, social pop (population), mental health and other trainings"

Review on 3/27/25 of a text message sent from the QP to the Division of Health Service Regulation Surveyor on 3/27/25 revealed:
- A picture of staff #2's CPR/FA certificate dated 3/26/25

Interview on 3/18/25 staff #2 reported:
- Was a fill-in staff and worked alone in the facility
- Worked for two weeks in October, November and December 2024
- Didn't know about the clients when she started working in the facility in October 2024
- Received CPR/FA training with previous employer, but she didn't have the training certificate
- Knew the procedure for giving chest compressions and rescue breaths

Finding B:
Reviews on 3/13/25 and 4/25/25 of client #4's record revealed:
- Admitted 9/13/24 and discharged 4/17/25
- Diagnoses of Altered Mental Status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency
- A treatment plan dated 10/9/24 revealed client #4 had suicidal ideations

Review on 4/1/25 of staff #1's personnel record revealed:

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-C 04/25/2025

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 108	Continued From page 7 - Hired 1/24/25 - No documentation of substance abuse awareness and prevention training - No documentation of special populations training - No documentation of suicide awareness and prevention training - No documentation of treatment goal and implementation training Interviews on 3/12/25 and 3/14/25 staff #1 reported: - Started working in the facility as a live-in staff on 2/1/25 and she worked in the facility alone - Knew the facility served mental health clients - Knew about mental health from previous jobs, but she never worked in a group home - The RN/Administrator/Owner instructed her to stay with the clients, showed her how to administer the clients' medication and "made sure I knew how to talk to mental health patients (clients)" - Didn't know the clients' diagnoses, but she knew the clients' diagnoses were in their records - The Registered Nurse (RN)/Administrator/Owner "didn't tell me how everybody (clients) was or their issues (behaviors)" - Didn't know what a treatment plan was and no one trained her on the clients' treatment plans - Was trained in suicide awareness and prevention - Knew to look for signs of sadness or depression Interview on 3/20/25 staff #1 reported: - Was currently training on substance abuse awareness and prevention - Knew to look for slurred speech and the smell of alcohol for someone suspected of alcohol use	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-C 04/25/2025

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 108	Continued From page 8 - Knew the client's information was in their records Interview on 4/11/25 staff #1 reported: - Started working in the facility on 2/1/25 - The RN/Administrator/Owner came to the facility "sometime that week" to train her - Recalled her first day was on a Friday & "I think" the RN/Administrator/Owner came to the facility to train her on that next "Monday or Tuesday" - She provided the police with the client's record whenever they came to the facility Review on 4/1/25 of staff #2's personnel record revealed: - No documentation of suicide awareness and prevention training Interview on 3/18/25 staff #2 reported: - Was trained in suicide awareness and prevention and she knew the signs of suicidal ideation were depression, crying, lack of motivation or interest - Was trained in substance abuse awareness and prevention and she knew the signs of alcohol use were being inebriated, the smell of alcohol or being lethargic - Previously saw the clients' treatment plans in the clients' records, but no one reviewed the treatment plans with her - The RN/Administrator/Owner contacted her on 2/21/25 to work in the facility on 3/14/25, but the RN/Administrator/Owner didn't inform her about client #4's elopements, behavioral outbursts, 911 calls or alcohol use in the facility Interview and observation at 2:04pm on 3/24/25 staff #2 reported: - Previously worked in a group home and had	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-C 04/25/2025

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 108	Continued From page 9	V 108		

experience working with mental health clients
- The QP trained her on the clients' goals
- The QP trained her on client #4's Wernicke Encephalopathy diagnosis, the cause of client #4's diagnosis and the "general information about meeting [client #4]'s needs"
- Staff #2 was given a copy of client #4's treatment plan. She flipped through the pages of the treatment plan and began shaking her head
- Didn't know what a treatment plan was
- Hadn't seen the treatment plan or the goals and strategies in the treatment plan

Interview on 3/28/25 staff #2 reported:
- Knew the client's information was in their records
- Only had to call the police to the facility once on 3/16/25
- Knew to provide the Police Officers with client's information when they arrived at the facility

Review on 3/14/25 and 4/1/25 of FS #3's personnel record revealed:
- Hired 11/6/24
- No documentation of substance abuse awareness and prevention training
- No documentation of supervision of needs training
- No documentation of special population training
- No documentation of suicide awareness and prevention training
- No documentation of treatment goals and implementation training

Review on 3/21/25 of a text message received from the Qualified Professional (QP) on 3/21/25 revealed:
- FS # 3 "...last worked Jan. (January) 31st

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-C 04/25/2025

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 108	Continued From page 10 (2025)..." Review on 4/1/25 of FS #4's personnel record revealed: - Hired 5/1/24 - No documentation of substance abuse awareness and prevention training - No documentation of supervision of needs training - No documentation of special population training - No documentation of treatment goals and implementation training Interviews on 3/27/25 and 3/28/25 FS #4 reported: - Started working in the facility in 2024, but she hadn't worked in the facility since December 2024 - Knew client #4 had a history of alcoholism and suicidal ideation - Was trained on substance abuse awareness and prevention, client's supervision needs and suicide awareness and prevention - The QP trained her on the goals and strategies of all of the clients' treatment plans and the clients' behaviors - The QP was "very adamant about that (staff trainings)" - Knew the client's information was kept in their records and she gave the client's information to the police when they arrived at the facility Interview on 3/13/25 the Crisis Intervention Team with the local Police Department (PD) reported: - Concerned the staff weren't trained on the clients - "Workers (staff) don't know enough information about the clients" and the staff "don't know where the information is" - "Workers are not equipped to know where	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-C 04/25/2025

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 108	Continued From page 11	V 108		

the stuff (client information) is"
- The police "had to dig through the book (client record) to get to the legal guardian and medication...it held up time to find the information...all information wasn't easily accessible"

Interview on 4/8/25 a Police Officer from the local PD reported:
- Received several calls to the facility
- "Biggest concern" when responding to the facility was the staff's inability to provide the client's information
- Client #4 was "under guardianship and had cognitive impairments...I had to investigate that out of them!"
- His "experience" was the "house manager doesn't have the (client) information...the staff was new and didn't know anything. I had to ask her if she had experience (working in a group home)"
- Experienced multiple staff that couldn't provide the client's information when it was requested, but he couldn't recall the staffs' names

Interview on 4/17/25 a local Paramedic reported:
- Responded to several calls at the facility and he experienced issues with getting the clients' information from staff when requested
- Needed the client's guardian information on 11/18/24 and the staff couldn't provide it
- Other times he needed the client's medication and diagnoses information, but the staff couldn't provide it
- Didn't recall the names of the staff

Interview on 3/18/24 the QP reported:
- She and the RN/Administrator/Owner were responsible for coordinating the staffs' trainings
- Conducted training on clients' admission

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-C 04/25/2025

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 108	Continued From page 12	V 108		

assessments and supervision of needs, substance abuse awareness and prevention, special population and the clients' treatment plans
- Didn't have a curriculum for the supervision of needs training, but the training consisted of reviewing the clients' admission assessments and training the staff on each clients' diagnoses, behaviors, needs and level of supervision
- Knew she trained staff #1, #2 and FS #3 on the clients' admission assessments and supervision of needs, but she didn't have FS #3's training certificates

Interview on 3/26/25 the QP reported:
- All the staff received treatment goals and implementation training
- The treatment goals and implementation training was the third training she conducted with staff
- Talked to the staff about what goals were and provided the example of a client's goal being independent living
- Had the certificates for the treatment goal and implementation training for some of the staff
- Trained the fill-in staff whenever she could, but "I don't do the schedule so I may not know when a new staff is coming in (the facility)"
- Would provide the certificates for any staff trainings she completed
- Staff #2 was certified in CPR/FA prior to working in the facility, but staff #2's previous employer "wouldn't give [staff #2] the certificates (CPR/FA)"
- Staff #2 was scheduled to receive CPR/FA training on 3/28/25

Interviews on 4/2/25 the RN/Administrator/Owner reported:
- She and the QP were responsible for coordinating staff's trainings

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-C 04/25/2025

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 108	Continued From page 13 - She gave staff #2 the CPR/FA instructor's number so she could schedule her training in October 2024, but she didn't follow up to see if staff #2 completed the training - Hadn't received any reports of the staff not knowing the clients' information when it's requested by the police - She instructed staff to contact her and she provided the Police Officers the client's information when they arrived at the facility Interview on 4/17/25 the RN/Administrator/Owner reported: - The QP was responsible for training staff on suicide awareness and prevention, supervision of needs, treatment goals and implementation and substance abuse awareness and prevention - The QP conducted the trainings and put the staffs' certificates in their personnel records - Was unaware some staff were not trained in special population, suicide awareness and prevention, supervision of needs, treatment goals and implementation and substance abuse awareness and prevention This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals.	V 109		

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-C 04/25/2025

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 109	Continued From page 14 (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 Qualified Professionals (QP and Registered Nurse	V 109		

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-C 04/25/2025

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 109	Continued From page 15 (RN)/Administrator/Owner) demonstrated the knowledge, skills and abilities required by the population served. The findings are: A. Cross reference: 10A NCAC 27G .0201 Governing Body Policies (V105). Based on record review and interview, the facility failed to implement their policy on delegating management authority for the operation of services. B. Cross reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on observation, record review and interview, the facility failed to ensure 1 of 2 audited paraprofessional staff (#2) had Cardiopulmonary Resuscitation (CPR) and First Aid (FA) training, and failed to ensure 2 of 2 paraprofessional staff (#1, #2) and 3 of 3 audited former paraprofessional staff (FS #3, FS #4) had trainings to meet mh/dd/sa needs of the clients served. C. Cross reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on observation, record review and interview, the facility failed to develop and implement goals and strategies to meet the needs of 1 of 5 clients (#4). D. Cross reference: 10A NCAC 27G .0206 Client Records (V113). Based on record review and interview, the facility failed to maintain a complete record for 5 of 5 clients (#1, #2, #3, #4, #5). E. Cross reference: 10A NCAC 27G .0209 Medication Requirements (V123). Based on record review and interview, the facility failed to immediately report medication errors and refusals to the physician for 2 of 5 clients (#1 and #4).	V 109		

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-C 04/25/2025

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 109	Continued From page 16 F. Cross reference: G.S. §131E-256 Health Care Personnel Registry (V132). Based on record review and interview, the facility failed to ensure an allegation of neglect was investigated and failed to report the allegation of neglect to the Health Care Personnel Registry (HCPR) within 5 days of being notified. G. Cross reference: 10A NCAC 27G .5603 Supervised Living for Adults with Mental Illness -Operations (V291). Based on observation, record review and interview, the facility failed to ensure service coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation for 1 of 3 audited clients (#4). H. Cross reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on observation, record reviews, and interviews, the facility failed to implement policies governing their response to incidents as required. I. Cross reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on observation, record reviews and interviews, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 and 24 hours as required. J. Cross reference: 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (V500). Based on record review and interview, the facility failed to report all incidents of alleged neglect to the County Department of Social Services (DSS) for 5 of 5 clients (#1, #2, #3, #4, #5).	V 109		

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-C 04/25/2025

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 109	Continued From page 17 K. Cross reference: 10A NCAC 27E .0107 Training in Alternatives to Restrictive Interventions (V536). Based on record review and interview, the facility failed to ensure 2 of 2 audited paraprofessional staff (#1, #2) received initial training in Alternatives to Restrictive Interventions prior to providing services. Review on 3/26/25 of the QP's personnel record revealed: - Hired 11/27/2013 - Signed job description dated 11/27/13 revealed the following QP responsibilities: - "Supervise paraprofessionals and associate professionals at least one time monthly ..." - "Ensure all Service Plans (treatment plan) reflect consumers' (client) current state, interventions and goals." - "Coordination and oversight of initial and ongoing assessment activities." - "Initial development and ongoing revisions to Service Plan." - "Monitoring of implementation of Service Plan." - "Additional Case management functions of linking, arranging for services and referrals." - "Follow up on any complaints/grievances filed by consumers or guardians. Administration also notified. Complete investigation conducted regarding complaint, possible resolution and consumers' solicited input towards a solution." - "Provide opportunities for training to staff as needed." - "Continually assess needs, service availability and appropriateness." - "Engage in therapeutic interventions to enhance functioning and interactions." - "Provide the appropriate documentation for service delivery, including service plan and	V 109		

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-C 04/25/2025

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 109	Continued From page 18 services notes as specified by [Government Agency] standards and any other funding service." Review on 4/1/25 of the RN/Administrator/Owner's personnel record revealed: - Hired 11/13/09 - A signed job description dated 12/10/18 revealed the following Administrator responsibilities: - "Maintains an open line of communication with all staff, residents and families." - "Provides clinical oversight for homes under his/her supervision." - "Schedules and participates in team meetings as needed with treatment..." - "Reports incidents as required by state guidelines." - "Provides clinical supervision to ensure acquisition, retention or improvement in skills related to activities of daily living and social and adaptive skills." - "Provides clinical supervision to ensure that habilitation, training and instruction are coupled with elements of support, supervision and engaging participation to reflect the natural flow of training, and other activities as they occur during the course of the person's day and that support and supervision of the person's activities to sustain skills gained is provided." - "Provides clinical supervision to ensure the interactions with the person are designed to achieve outcomes identified in the plan of care." - "Provides clinical supervision to ensure provision of treatment interventions to ensure that the resident acquires skills necessary to compensate for or remediate functional problems as outlined in the person-centered plan (treatment plan)."	V 109		

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-C 04/25/2025

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 109	Continued From page 19 - "Provides clinical supervision to ensure that support and supervision in a home environment will enable the resident to participate in a supportive, therapeutic relationship where the primary purpose of care, habilitation, or rehabilitation is provided." - "Reviews documentation in resident records and personnel records and assures accurate and thorough documentation." - "Supervises and schedules staff for proper coverage." - "Functions as Administrator for homes under his/her supervision:" - "Reviews resident records and assures accurate and thorough documentation." - "Completes monthly progress notes for each resident and makes a part of resident record." - "Will have regular contact with residents, families, counselors, supervisors, subordinates and/or other departments as well as individuals and groups ..." Interview on 3/13/25 the Crisis Intervention Team (CIT) with the local Police Department (PD) reported: - Client #4 "ran away" from the facility and was located in a neighboring city - "[RN/Administrator/Owner] waited 4 days to call (police) back to say [client #4] was still missing" - The RN/Administrator/Owner made the "initial report on Thursday (2/20/25), but waited several days to say they (staff) still hadn't found her (client #4)" - The police department received a call on Monday (2/24/25) reporting client #4 still missing Interview on 4/2/25 the Detective from the local PD reported: - Responded to the missing person's call on	V 109		

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-C 04/25/2025

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 109	Continued From page 20 2/20/25 and he spoke with the RN/Administrator/Owner at the facility - He wrote the 2/20/25 police report, but he paraphrased the conversation he had with the RN/Administrator/Owner - Had to review his body camera footage to determine if the RN/Administrator/Owner used the word "regularly" when she spoke about client #4's previous elopements from the facility - Could tell "no one (staff #1 or RN/Administrator/Owner) was surprised she (client #4) was gone" - "It didn't seem like they (staff #1 or RN/Administrator/Owner) cared, but I can't say for sure" - Didn't know client #4 "was taking mind altering medicine" or client #4's diagnosis on 2/20/25 because the RN/Administrator/Owner didn't give him client #4's information - Attempted to call client #4's private agency guardian to get client #4's information, but client #4's guardian didn't answer - The RN/Administrator/Owner stated that she spoke to client #4's private agency guardian, but she still didn't provide him with client #4's information - "Didn't know [client #4]'s mental status...If I knew then [client #4] would have been put in the system (entered into the National Crime Information Center (NCIC) as a missing person) that night (2/20/25)" - Didn't know client #4 was taking "mind altering medicine" or her diagnoses until 2/24/25 when the RN/Administrator/Owner called and reported client #4 still missing - Client #4 was entered into the NCIC system as a missing person on 2/24/25 - Instructed the RN/Administrator/Owner to contact the police in 48 hours if client #4 was located or not	V 109		

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-C 04/25/2025

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 109	Continued From page 21 - Verified the RN/Administrator/Owner contacted the police 1 day, 14 hours and 29 minutes past the instructed 48-hour time limit - Was "really concerned" with the lack of supervision of the clients in the facility because of the elopements and he was concerned about the "lack of care" the staff showed towards the clients Interview on 4/8/25 a Police Officer from the local PD reported: - Received several calls to the facility - Was informed of an incident on 2/20/25 where the "house manager (staff #1) didn't have the (client #4) information" after a client went missing - Was informed a Police Officer spoke to the RN/Administrator/Owner and the RN/Administrator/Owner didn't have the client's information either - "She (RN/Administrator/Owner) refers them (Police Officers) to the book (client record)" - He spoke with the RN/Administrator/Owner on 2/24/25 and he "had to drag out the (client's) information" - He needed "specific information about the residents (clients), current meds (medications), medical conditions and who's the guardian?" - The RN/Administrator/Owner provided him with client #4's information after she received it from staff #1, who had to look in client #4's record - Police Officers don't return to the facility after a client was reported missing - Police Officers relied on the "competent staff" to inform the police if the client returned to the facility or not - During a missing person's investigation, the police focused their efforts to other areas in the community that needed to be searched in order to locate the client	V 109		

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-C 04/25/2025

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 109	Continued From page 22 Interview on 4/25/25 the QP reported: - The RN/Administrator/Owner knew client #4's information - The RN/Administrator/Owner was at the facility on 2/20/25 and RN/Administrator/Owner had to give the police client #4's information Interview on 4/1/25 the RN/Administrator/Owner reported: - Staff #1 called her and said client #4 left the facility on 2/20/25 - She called 911 to the facility - She came to the facility to help search for client #4 - She spoke with the Police Officers, but she didn't tell the Police Officers client #4 left the facility "regularly" - Recalled telling the Police Officer that client #4 went missing, but "[staff #1] did mention she (client #4) left the house...1 or 2 times before" - Was unaware client #4 had previously eloped from the facility - She gave the Police Officers client #4's medication and diagnoses, but "the police said they don't feel she's (client #4) in immediate danger and they won't going to make a report unless she didn't return in 48 hours...If she comes back before 48 hours let them know" - "Thought" the police said to wait 72 hours before reporting client #4 missing and she "thought" the police were going to come back to the facility to see if client #4 had returned - "After a few days, I asked staff (staff #1) if the police showed up. When she said 'no,' I called the police" to report client #4 missing on 2/24/25 Interview on 4/25/25 the RN/Administrator/Owner reported: - The Police Officers from the PD were "lying" - She was at the facility on 2/20/25 and she	V 109		

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-C 04/25/2025

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 109	Continued From page 23 provided the Police Officers with client #4's information - "How did they (Police Officer) call her (client #4's) guardian if I didn't give him her (client #4's) information?" - The PD would always come back to the facility to check to see if a client returned after elopements - Recalled telling staff #1 to expect the police to arrive at the facility unexpectedly to see if client #4 returned or not Review on 4/25/25 of a Plan of Protection written and signed by the QP on 4/25/25 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? 105-Delegation of Authority. The implementation of the Plan of Protection will be implemented and monitored by another contracted QP. The facility will contract with a QP to oversee the clinical and administrative functions of the group home. This will be completed today, April 25, 2025. The administrator will make sure that employee files are available in the office at all times. Including during administrator's absence. - Describe your plans to make sure the above happens. The contracted QP will ensure implementation of the trainings on substance awareness, education and prevention, special population, suicide awareness and prevention. The QP will also ensure that any new hires receive EBPI (Evidence Based Protective Interventions) training prior to starting at the group home. Trainings will be completed by 5/7/25. - What immediate action will the facility take to ensure the safety of the consumers in your care? V112 The QP will ensure that the treatment plans are implemented as written and developed by the team. Any and all client goals on the PCP will	V 109		

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-C 04/25/2025

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 109	Continued From page 24	V 109		

contain strategies and interventions that meet the client needs. These goals and progress on goals will be addressed in a monthly progress note. The facility will not admit any person with a known history of substance abuse and/or elopement.
- Describe your plans to make sure the above happens. Contracted QP will monitor no less than monthly and document in a progress note on a monthly basis. QP will begin today, April 25, 2025.
- What immediate action will the facility take to ensure the safety of the consumers in your care? 112 & 113 123 Newly contracted QP will ensure that documentation of medical appointments, monthly progress notes, any interim notes that address for behaviors requiring a report will be included in the monthly notes. This information will be entered in the client record as needed. All medication refusals by any client will be documented on the MAR (Medication Administration Review) and reported to the QP and administrator immediately. One of the two will ensure that guardians, drs (doctors) and other practitioners are made aware during next business or oncall services advised.
- Describe your plans to make sure the above happens. The newly contracted QP will monitor all services (clinical and administrative) will be monitored by the newly contracted QP. QP will ensure the documentation is placed in the record immediately. QA (Quality Assurance) team will review monthly for the next 90 days and quarterly thereafter. QP or Administrative will contact providers or guardians as needed and as immediate as possible. Effective 4/29/25 trainings implementation will be completed.
- What immediate action will the facility take to ensure the safety of the consumers in your care? 123 The newly contracted QP will be advised of all medication refusals. This will be

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-C 04/25/2025

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 109	Continued From page 25	V 109		

reported/recorded on the MAR as appropriate. Staff will be reinserviced on medication administration, refusing meds, reporting protocols, procedures to follow when a client refuses. Training will be done by 4/29/25. The physicians and other practitioners will be made aware of refusals.
- Describe your plans to make sure the above happens. Contracted QP will provide the above training on 4/29/25. This will be monitored by the QP. Staff will be retrained by a registered nurse. QP will coordinate training.
- What immediate action will the facility take to ensure the safety of the consumers in your care? 132 Newly contracted QP will ensure that all allegations of neglect, abuse and/or exploitation are reported to the HCPR within 24 hrs. The staff will be inserviced on reporting procedures/protocols, QP will be hired immediately.
- Describe your plans to make sure the above happens. The QP will provide an immediate inservice training to direct care staff by 4/29/25 to ensure comprehension and the ability to execute. QP will make contact with facility staff and residents daily for the next 30 days to ensure accurate reporting.
- What immediate action will the facility take to ensure the safety of the consumers in your care? 291-supervised Living A new hired QP will be contracted today. The QP will ensure the trainings are completed within 23 days. QP will monitor operations of the facility, including clinical and administrative operations. The contracted QP and administrator will be retrained by the contracted QP or other appropriate personnel within 23 days.
- Describe your plans to make sure the above happens. New QP will be hired today. Staff will report directly to the QP.
- What immediate action will the facility take to

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-C 04/25/2025

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 109	Continued From page 26	V 109		

ensure the safety of the consumers in your care? 366 367 The QP will make daily contact with the group home to inquire about incidents, behaviors, etc ...This will be documented on the daily communication log beginning 4/29/25 and will continue for no less than 90 days. QP will follow guidelines to make reports in IRIS as appropriate, and to HCPR, and DSS (Department of Social Services) as required.
- Describe your plans to make sure the above happens. QP will monitor daily and follow up as needed. QP will complete incident reports per regulations.
- What immediate action will the facility take to ensure the safety of the consumers in your care? V500 & V536 Staff will be retrained on restrictive interventions/EBPI and specifically on de-escalation techniques/strategies. Any level 2 or 3 incidents will be reported in IRIS, to DSS, HCPR, DHSR (Division of Health Service Regulation), etc...DSS will be notified by QP on any incidents/allegations of abuse, neglect, or exploitation.
- Describe your plans to make sure the above happens. QP (contracted) will complete trainings on interventions and strategies to deescalate behaviors by 4/30/25. Additionally, the QP will schedule trainings on restrictive interventions and de-escalation."

The facility served clients with Schizophrenia, Intellectual Developmental Disability, Posttraumatic Stress Disorder, Schizoaffective Disorder Paranoid and Bipolar Type, Wernicke Encephalopathy, Alcohol Use Disorder and Anxiety Disorder. Staff #1 was hired on 1/24/25, but she wasn't trained in EBPI until 3/5/25. Staff #2 was hired on 9/21/24, but she wasn't trained in CPR/FA or EBPI until 3/26/25. The QP did not train staff #1, staff #2, former staff (FS) #3 and

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-C 04/25/2025

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 109	Continued From page 27 FS #4 on either supervision of needs, substance abuse prevention and awareness, treatment goals and implementation, special population, clients' admission assessments or suicidal awareness and prevention trainings. Client #4 was diagnosed with Wernicke's Encephalopathy, a form of dementia that was caused by excessive alcohol use. The QP developed clients #4's treatment plan that detailed goals and strategies to address client #4's behaviors of alcohol use, behavioral outbursts, suicidal and homicidal ideations and excessive use of emergency services. The staff weren't trained on client #4's treatment plan and there was no documentation showing client #4's treatment plan was implemented. Between November 2024 and April 2025, client #4 made excessive calls to the police reporting allegations of neglect or client #1 yelling in the facility on 11/17/24, 11/3/24, 1/10/25, twice on 1/14/25, 1/15/25, 2/20/25 and 3/12/25. Client #4's treatment plan did not include goals or strategies to address her elopement behaviors. Client #4 had frequent elopements from the facility between November 2024 and April 2025. Client #4 used the exit door that was inside her bedroom leave the facility and walk approximately a mile away from the facility to a grocery store to purchase alcohol without the staff's knowledge. On 11/8/24, 11/11/24, 2/20/25, and 3/15/25, client #4 eloped and the staff called the police to assist in returning client #4 to the facility. During the 2/20/25 elopement, client #4 left the facility with an unknown male. When the Police Officers responded to the missing person's call at the facility, the staff and the RN/Administrator/Owner were unable to provide client #4's diagnoses, medications or	V 109		

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-C 04/25/2025

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 109	Continued From page 28	V 109		

guardianship information when it was requested. The RN/Administrator/Owner was instructed to notify the police in 48 hours if client #4 returned to the facility or not, but the RN/Administrator/Owner waited over 24 hours past the instructed time limit to contact the police to say client #4 hadn't returned and client #4 was not entered into the NCIC as a missing person until 2/24/25. Client #4 was located by the police at a hotel in a neighboring city and returned to the facility on 2/26/25. Client #4 missed her medications from 2/20/25 to 2/26/25, but the RN/Administrator/Owner didn't notify client #4's physicians about the missed medications. Staff reported client #4's elopements and suspected alcohol use to the RN/Administrator/Owner, but the RN/Administrator/Owner did not implement any changes in the facility until 3/15/25 and did not notify client #4's physicians about her alcohol use. The RN/Administrator/Owner also did not notify client #1's physician after client #1 refused 44 doses of medication from 3/7/25 to 3/12/25.

Client #4 was intoxicated on 3/13/25 and displayed aggressive behaviors towards client #1. Clients #1 and #4 engaged in a verbal altercation which led to a physical fight. The police were called to the facility and client #4 was voluntarily committed. Her blood alcohol level was .242% which was high enough to cause physical and mental impairments.

Clients #1, #3 and #4 did not have approved unsupervised time in the facility. On 1/12/25, FS #3 left the clients alone in the facility for an hour and she was not present in the facility to deescalate an altercation between clients #1 and #4. Clients #1 and #4 got into a verbal altercation and client #4 called the police on client #1. The Police and Emergency Medical Service arrived at

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-C 04/25/2025

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 109	Continued From page 29 the facility, called the RN/Administrator/Owner and the QP to report there was no staff at the facility and they were transporting client #1 to the hospital for an involuntary commitment. The LME/MCO, HCPR and DSS were not notified of the level II incidents and IRIS reports were not submitted within 24 hours. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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-C 04/25/2025

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 112	Continued From page 30	V 112		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to develop and implement goals and strategies to meet the needs of 1 of 5 clients (#4). The findings are:

Reviews on 3/13/25 and 4/25/25 of client #4's record revealed:
- Admitted 9/13/24 and discharged 4/17/25
- Diagnoses of Altered Mental Status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency
- A treatment plan dated 10/9/24 was signed by the Qualified Professional after the following statement: "The following signature confirms the responsibility of the Qualified Professional/Licensed Professional (QP/LP) for the development of this PCP (Person Centered Plan). This signature indicates agreement with the services/supports to be provided."
- The treatment plan contained the goals and strategies to decrease client #4's alcohol use, aggressive behaviors, suicidal ideations (SI), homicidal ideations (HI) and excessive use of emergency services:
- Goal #1:
- The goal listed the following strategies:
  - "[Client #4] will meet with professional supports regularly in order to facilitate honest discussion of needs and communicate progress... [Client #4] will participate in treatment as agreed and will receive recommendations from the team and act on those recommendations...[Client #4]

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-C 04/25/2025

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 112	Continued From page 31	V 112		

will consider attending AA (Alcohol Anonymous) meetings when approved for unsupervised time."

- "Staff will document all psychotic behaviors, behavioral outbursts, verbal aggression and noncompliance ...Staff will report any and all concerns about medical issues or psychiatric status to the QP as they occur."
- "Residential QP will provide the following interventions: Supportive counseling, identification of barriers to skill development, referral linkage and identification to resources that can assist in learning more about her medications, including medication evaluations. QP will provide ongoing assessment of activities as well as development, implementation and monitoring of the PCP, assessing progress and needs, provide guidance to other Residential staff and professionals and consultation with other healthcare providers and inform [client #4] and providers of services, needs and progress."

- Goal # 2:
- "Symptom Management. Agitation, angry, outbursts, yelling or talking negatively about others in an effort to hurt their feelings. History of suicidal ideation. History of self medicating to manage symptoms...[Client #4] will continue to utilize effective coping strategies to manage her symptoms in order to decrease the occurrence of symptoms as evidenced by absence of crisis contacts, decreased hospitalizations, confrontations with housemates or family members and 0 attempts to self injurious behaviors. [Client #4] will process with staff any negative feelings or thoughts of self harm. [Client #4] will not harm herself in any way and will process positive alternatives to self injurious behaviors, negative thoughts and feelings of inadequacy as they occur...[Client #4] will minimize the use of ED (Emergency Department) services to manage behaviors or utilize EMS

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-C 04/25/2025

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 112	Continued From page 32	V 112		

(Emergency Medical Services) in order to leave the facility when she is angry or wants to self medicate."

- The goal listed the following strategies:
  - "[Client #4] will meet with professional supports regularly in order to facilitate honest discussion of needs and communicate progress. [Client #4] will talk with providers as needed when she feels an increase in her symptoms or is experiencing new symptoms. [Client #4] will be open to researching information on diagnoses, illnesses and medical conditions. She will participate in the treatment process and consciously exert effort to gain insight into her illnesses through discussion, research, evaluations, etc."
  - "Residential QP will provide the following interventions: Supportive counseling, identification of barriers to skill development, referral linkage and identification to resources that can assist Client including medication evaluation. QP will provide coordination and oversight of initial and ongoing assessment activities, ongoing development, implementation and monitoring of the PCP, assessing progress and needs, provide guidance to other Residential staff and professionals and consultation with other healthcare providers, facilitate planning meetings as well as frequently inform [client #4] and providers of services, needs and progress. QP will meet with client no less than monthly for general discussion of mental health needs and progress. QP will inquire about symptoms and work with client on developing strategies to manage symptoms."
  - "Residential staff will administer medications as prescribed by client's medical provider ...Staff will document all psychotic behaviors, behavioral outbursts, verbal aggression and noncompliance...Will alert

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-C 04/25/2025

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 112	Continued From page 33	V 112		

administrator, house manager or QP when there is an increase in symptoms, the present of SI or HI or depression that results in loss of interest in activities."
- Goal #3:
- "History of poor decision making. Does not process consequences (positive or negative) before making life affecting choices. Has difficulty maintaining stable housing...[Client #4] will follow group home rules, follow rules regarding her supervised time in the community, complete activities of daily living and avoid use of alcohol or use of non-prescribed medications unless prescribed by her medical provider...[Client #4] will engage in educational, social and/or recreational activities at least two times per week in order to develop behaviors that will support the acquisition of skills that assist her in developing healthy coping mechanisms and manage symptoms...[Client #4] will maintain safe, stable housing as evidenced by following rules, not drinking alcohol and the absence of abusive behaviors to others..."
- The goal listed the following strategies:
    - "...[Client #4] will meet with professional supports regularly in order to facilitate honest discussion of needs and communicate progress. [Client #4] will develop a plan of what she needs to do in order to move towards working on something to improve her educational, social or independent living skills. She will do this as independently as possible by using the internet, asking for assistant to get to a computer or making telephone calls to obtain information. She will request assistance from providers as needed. She will keep staff abreast of her efforts towards her desires and efforts with engaging in programming, skills groups, volunteering or referral to Vocational Rehabilitation."
    - "Residential QP will provide the following

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-C 04/25/2025

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 112	Continued From page 34	V 112		

interventions: Supportive counseling, identification of barriers to skill development, referral linkage and identification to resources that can assist Client including medication evaluation. QP will provide coordination and oversight of initial and ongoing assessment activities, ongoing development, implementation and monitoring of the PCP, assessing progress and needs, provide guidance to other Residential staff and professionals and consult with other healthcare providers, facility planning meetings as well as frequently inform [client #4] and providers of services, needs and progress."

- "...Staff will document all behavioral outbursts, verbal aggression and noncompliance (making poor choices) ...Staff will provide necessary support to ...enroll in social or educational program. Provide prompting and encouragement to begin registration process. Staff will encourage [client #4] to make choices that provide 'happiness and calm' to her life ...Residential Support Staff will provide the following interventions: Will assist client in finding activities she enjoys. Staff will provide client with options to choose from as well as encourage, verbal prompting and redirection in assisting client in preparing her scheduled preferred activities. Staff will assist and encourage client to participate in activities during the course of the year. Staff will accompany client to activities and support her as needed. Staff will provide necessary support and encouragement as client begins the process of getting involved in vocational rehabilitation, volunteerism or pursuing education, improving social or independent living skills or perhaps she might want to focus on parenting skills training (given that she will soon be a grandmother)."
- Goal 4:
- "Improve Independent Living Skills. Limited

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-C 04/25/2025

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 112	Continued From page 35 involvement in activities of daily living, has limited or loss of independent living skills. [Client #4] is not approved for unsupervised time in the community, due to history of alcohol use, making poor choices and treatment noncompliance... [Client #4] will improve independent living and life skills over the next 12 months, as evidenced by: A) Outline and implement weekly routine that is structured and includes leisure and recreational activities. B) [Client #4] will budget her money in order to meet her basic needs by utilizing her monthly allotment to purchase personal necessities. She will maintain her personal finances adequately. C) [Client #4] will utilize supervised time in the community to familiarize herself with the neighborhood and local resource. She will have zero reports of trying to purchase/consume alcohol or the demonstration of negative behaviors in the community. She will preplan and utilize supervised time to engage in preferred activities, shop, visit with family, go out with her children, etc.." - The goal listed the following strategies: - "Residential staff will provide necessary level of support to engage client in community integration. Staff will encourage [client #4] to select activities of preference and facilitate participation as needed. Staff will...Staff will document all psychotic behaviors, behavioral outbursts, verbal aggression and noncompliance." - "[Client #4] will meet with professional supports regularly in order to facilitate honest discussion of needs and communicate progress. [Client #4] will engage in activities with minimal prompting. She will identify her preferences. She will assist with making snacks and participate in light meal prep (preparation) whenever possible. [Client #4] will develop a budget at the beginning of the month which includes purchases of	V 112		

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-C 04/25/2025

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 112	Continued From page 36	V 112		

necessary items. She will complete housekeeping responsibilities with minimum prompting. She will be supervised at all times when beyond the mailbox at the group home. She will not be approved for unsupervised time in the community at this time."

- "Residential QP will provide the following interventions: Supportive counseling, identification of barriers to skill development, referral linkage and identification to resources that can assist client. QP will provide coordination and oversight of initial and ongoing assessment activities, ongoing development, implementation and monitoring of the PCP, arranging services, assessing progress and needs, ensuring services are continuous and matched to level of need, provide guidance to other Residential staff and professionals and consultation with other healthcare providers, facilitate planning meetings as well as frequently inform [client #4] and providers of services, needs and progress."

- A Crisis Prevention and Intervention plan included in the treatment plan revealed the following:

- "Significant event(s) that may create increased stress and trigger the onset of a crisis...[Client #4] will demonstrate loud, threatening and offensive language. She is confrontation. Will should racial slurs in an effort to engage the person in an argument. Make false statements when she wants to avoid situations."

- "Crisis prevention and early intervention strategies that were effective...Talk to her in a calm manner. Validate her thoughts or ideas if that's appropriate. Encourage involvement in activities. Encourage her to practice coping skills (deep breathing, talking). Monitor closely when she reports being depressed or seems to becomes more active. You don't have to agree with her but don't disagree when she is angry or

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-C 04/25/2025

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 112	Continued From page 37 upset." - "Strategies for crisis response and stabilization...Encourage client to call her family member, friend or talk with staff. If this is not successful in de-escalating the behaviors, then ask client if she would like to call QP or other staff members. If client continues to escalate it might be necessary to call the QP, house manager or Facility Administrator for further direction. If this is a life threatening situation or one that could bring harm to [client #4] or anyone else then staff should call 911, BEFORE CALLING ANYONE! Be very careful not to over validate her issues. Aligning yourself with her could result in confrontational behaviors when at some point you no longer agree with her." - "Specific recommendations for interacting with the person receiving a Crisis Service: Remain calm when interacting with client. Offer her options (call guardian, talk with staff, contact team member or go to crisis)...Rule out alcohol use." - The facility failed to implement the treatment plan and failed to provide documented evidence of the following: - Client #4's goals being reviewed, progress towards goals and justification for the continuation or discontinuation of goals - Client #4 researching information on her diagnoses, illnesses and medical conditions - Client #4's involvement in vocational rehabilitation, volunteerism, improving social and independent living skills or parenting skills training - The team's recommendations for client #4's treatment - Supportive counseling, assessment of activities, implementation and monitoring of the PCP, or assessing client #4's progress and needs - The QP providing guidance to staff,	V 112		

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-C 04/25/2025

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 112	Continued From page 38 professionals and consultation with other healthcare providers informing them of client #4's needs and progress - Scheduled monthly meetings with the QP discussing her needs and progress - Client #4's increased symptoms of depression, suicidal ideation and threats of self-harm - Client #4's behavioral outbursts, verbal aggressions and noncompliance - Client #4's excessive use of emergency services - Strategies developed to manage symptoms - Staff encouraging client #4 to participate in making snacks, light meal preparation, preplanned activities or schedules and monthly budgeting - The treatment plan did not have goals or strategies to address client #4's elopement behavior Finding A: Examples of how the facility failed to implement client #4's treatment plan Observations between 11:29am and 3:00pm on 3/12/25 revealed: - Client #4 was observed either in her bedroom or outside smoking on the front porch - Client #4 wasn't engaged in any structured activities Interview on 3/12/25 client #4 reported: - Didn't do any educational, recreational or social activities - She didn't do anything but sit around in the facility - Most staff that worked in the facility didn't have a car to transport the clients anywhere, but staff #1 had a car and she would take her to the store	V 112		

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-C 04/25/2025

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 112	Continued From page 39 - Didn't need to go to AA because she didn't drink alcohol - Never saw alcohol in the facility and she never consumed alcohol in the facility Interview on 3/24/25 client #4 reported: - "I'm dying, but I did it to myself" - Had a "terminal ...slow progressive ...degenerative disease" that was caused by alcoholism - Was diagnosed with Wernicke Encephalopathy in September 2024 - Treatment was taking Vitamin B and not drinking alcohol - Her bedroom was changed and she was "very happy that I have my own room now" - Client #3 snored and "it was very difficult to be in the room with people snoring" - "I can get sleep now so I can think better" - "I kept leaving to go to [grocery store] because I just wanted to get out" - "I haven't had to self-medicate (drink alcohol) or want to sneak out since I switched my room...and I don't have the door sitting right there tempting me to sneak out" - Was experiencing "sleep deprivation," and the lack of sleep made her "go coo-coo" - "Sleep deprivation can decrease your cognizance" - "Just told [RN/Administrator/Owner] about not getting any sleep and see it fixed the problem" - Didn't report her lack of sleep to the QP or the RN/Administrator/Owner prior to her experiencing increased symptoms - It was "hard to do activities here, because look where we are (living in a facility)" - Didn't have any planned or structured activities, but she enjoyed doing crossword puzzles, writing in her notebook and watching television	V 112		

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-C 04/25/2025

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 112	Continued From page 40 - She started becoming more organized by writing things down and researching activities to do on her cellphone - Liked to go to the local grocery store to purchase her favorite diet soda and snacks - Staff #2 was supportive and she spoke with staff #2 "several times a day" about chores, creating shopping lists and finding things to do - Didn't like going to the mall because she liked shopping online - Didn't want to participate in "geriatric programs" or attend day programs - Was interested in going bowling, to the movies, restaurants or attending parenting classes - Earned money by completing online surveys, but she didn't know how to manage her finances - "I would like to budget, but I don't" - Used her money to purchase cigarettes from the store - Used to volunteer, but she's "not really interested...I don't want to do it" - The "type of people volunteering is a mixture of people...people doing community service for probation or people who are doing it as a requirement" and she wanted to be careful with the type of people she was around - She later reported that she's "capable of volunteering," but she hadn't researched any vocational or volunteering opportunities - Used to volunteer at two well-known volunteer agencies and participated in sororities and junior leagues groups prior to living in the facility - "I would love to get a (part-time) job" because she wanted the "interaction with other human beings" - "I think it (employment) would be very beneficial ...I think I would be part of society...Feeling like I accomplished something	V 112		

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-C 04/25/2025

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 112	Continued From page 41 and feel that I did something in life...Feel like it would be something I can be proud of. I want to use my cognitive skills. If you don't use it you'll lose it" - Didn't talk to the QP or the RN/Administrator/Owner when she felt down - Hadn't spoken to the QP or the RN/Administrator/Owner about vocational or volunteering opportunities - Hadn't spoken to the QP or the RN/Administrator/Owner about social or educational opportunities - The RN/Administrator/Owner "never calls me" - Had "no connection" with the QP - Couldn't recall the last time she saw the QP or the RN/Administrator/Owner in the facility Interviews on 3/12/25 and 3/14/25 staff #1 reported: - Started working in the facility on 2/1/25 and she worked alone - The RN/Administrator/Owner "told me to stay with them (clients)" - The RN/Administrator/Owner "didn't tell me how everybody (clients) was or their issues (behaviors)" - Client #4 hadn't shown any signs of suicidal ideations & she hadn't suspected client #4 of consuming alcohol - No one trained her on the clients' treatment plans - Didn't know what a treatment plan was and never seen a client's treatment plan - Hadn't seen any of client #4's goals and didn't know what client #4's goals were - "I don't know their goals (clients), but [QP] and [RN/Administrator/Owner] does" - Clients #1 and #4 "argue sometimes," but she didn't document client #4's behavioral	V 112		

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-C 04/25/2025

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 112	Continued From page 42 outbursts - Didn't write progress notes or document anything about services provided for client #4 - Didn't assist client #4 with monthly budgeting - Didn't preplan activities or play games with client #4 - Didn't have preplanned activities, but she and the clients had "dance parties" in the facility and client #4 participated sometimes Interview on 3/24/25 staff #2 reported: - The QP trained her on client #4's diagnosis and the cause of client #4's diagnosis and what she needed to do in the facility - The QP spoke to her about client #4's goals and encouraging client #4 to participate in activities and programs when she arrived on 3/15/25 - She tried to speak with client #4 about her goals, but "[client #4] didn't want to discuss the goals with me" - Haven't seen client #4's treatment plan or the goals and strategies in client #4's treatment plan - Didn't know what she was supposed to do for client #4's goals - Didn't know she was supposed to assist client #4 with budgeting her money - "I thought it was [RN/Administrator/Owner] or [QP] that did the budget" - Didn't know she was supposed encourage client #4 to prep meals, "but [client #4] will sometimes come down (downstairs) and ask if there is something she can help with (in the kitchen)...she usually has her own snacks" - Didn't know she was supposed to assist client #4 with educational, social or independent living skills - She spoke with client #4 about going out in the community, "but she (client #4) refuses" - "Even [client #4] didn't want to participate in	V 112		

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-C 04/25/2025

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 112	Continued From page 43 any activities, all she wants to do is go to the grocery store" - Didn't know she was supposed to assist client #4 with finding social skill groups, volunteering or vocational rehabilitation opportunities - She didn't talk to client #4 about social skill groups, volunteering or vocational rehabilitation - Just spoke to the QP about the clients refusing to go out in the community on 3/18/25 Interview on 3/27/25 FS #4 reported: - The QP trained her on the goals and strategies of all of the clients' treatment plans and the clients' behaviors - Knew client #4 had a history of alcoholism and suicidal ideation - Didn't plan structured activities, but she encouraged the clients and client #4 to come downstairs and interact with her - "I didn't want them (clients) sitting in their rooms all day...that's not good for them" - It was up to client #4 if she wanted to participate in her goals, but she didn't know that she was supposed to help client #4 with budgeting her money - "No one ever told me about having to budget, but [client #4] didn't spend money" because client #4's friend bought her things - Didn't know client #4 was supposed to help with meal prep, but client #4 helped wash the dishes - She didn't assist client #4 with researching vocational or volunteer opportunities because she didn't know she was supposed to, but client #4 previously told her that she wanted to volunteer at a hospital - She then recalled that she spoke with client #4 about volunteering in October 2024 or November 2024 - Didn't document client #4's behavioral	V 112		

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-C 04/25/2025

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 112	Continued From page 44 outbursts - Didn't document on any of client #4's goals Interview on 3/13/25 the Crisis Intervention Team with the local Police Department (PD) reported: - Worked with the PD to help reduce police response to mental health calls - Was called out to the facility weekly and some of the calls were from client #4 reporting that staff weren't administering her medication or not having food in the facility Interview on 3/26/25 the QP reported: - Was on medical leave from October 11, 2024 until the last week of January 2025 and the RN/Administrator/Owner assumed some of her duties while she was gone - Was still able to perform some QP duties by phone during her medical leave - Was "still trying to catch up from being out" - The RN/Administrator/Owner oversaw the operations at the facility - The RN/Administrator/Owner went to the facility "every two weeks" - "I thought to myself, she sure goes over there a lot. Especially after staff #1 started" - Was responsible for developing the clients' treatment plans and she developed client #4's treatment plan - Was responsible for training staff on the clients' treatment plans - "I don't read the entire plan to the staff, but I go over the clients' goals and highlighted points" in the treatment plans - Trained the staff on client #4's needs and client #4's "confusion due to her diagnosis" - "I don't know why staff say they don't know about [client #4's] treatment plan" - Staff were supposed to engage the clients in various activities and social groups	V 112		

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-C 04/25/2025

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 112	Continued From page 45 - Group activities consisted of hygiene, women's issues, environmental, social skills and coping skills - "Most staff just don't get that (group activities) and they stopped doing it" - Spoken with staff about engaging the clients in activities, "but they don't do it" - "She's (client #4) not interested" in day programs or group activities - "She's (client #4) expressed it's (day programs and group activities) beneath her" - Was implementing client #4's treatment plan by completing the following: - Provided supportive counseling by offering client #4 with "different ways to do things, giving examples of how to do things different, support anything she say that's negative and explore and provide a more positive replacement" - Identified barriers by client #4's identifying "issues with her memory" - Referral linkage and identification to resources was established to encourage community participation, but "[Client #4]'s not interested" - Provided coordination and oversight of initial and ongoing assessment activities by "constantly talking with staff about coordinating activities and structured groups, but they don't follow through" - Assessed client #4's progress and needs by meeting with client #4 and her private agency guardian, but the meetings weren't documented - Would have provided guidance to staff and professionals and coordinated with other providers if she knew client #4 was having issues in the facility - Facilitated meetings with client #4, but the meetings "weren't exactly planned" - During the meetings, she spoke with client #4 and client #4's private agency guardian and "nothing bad was ever reported"	V 112		

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-C 04/25/2025

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 112	Continued From page 46 - Conducted monthly meetings with client #4 when she visited the facility in October 2024, January 2025 and February 2025 - Spoke with client #4 and "inquired about symptoms" she was experiencing, but client #4 didn't report any issues and said "she was doing good" - Didn't document the meetings with client #4 - Didn't meet with client #4 in November 2024 or December 2024 due to her being on medical leave and "[RN/Administrator/Owner] was taking over for me when I was out" - "[RN/Administrator/Owner] was out there (facility) frequently...[RN/Administrator/Owner] told me that she spoke with [client #4] about how things was going in the facility" - Client #4 didn't budget her money because "[client #4] doesn't share money information with staff...she's independent with her money" - She recently learned that client #4 was completing online surveys to earn income - She spoke with client #4 about vocational rehabilitation in January 2025 and client #4 said she didn't want to - Don't know if the RN/Administrator/Owner spoke with client #4 about vocational rehabilitation or volunteering - Was responsible for writing clients' progress notes, but didn't do them - Her job description required her to document progress notes for "clients that get enhanced services," but clients didn't receive "enhanced services" in the facility - The RN/Administrator/Owner hadn't spoken with her about her not writing progress notes - Used to write clients' progress notes, but she stopped because "no one ever asks for the progress notes or documentation" - Didn't have documentation for client #4's behavioral outbursts	V 112		

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-C 04/25/2025

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 112	Continued From page 47 - Was her responsibility to review documentation on client #4's behavioral outbursts because she had to contact client #4's private agency guardian when the outbursts occurred - "Staff should be documenting her (client #4) outbursts and aggressions in her file (record)" - Didn't check client #4's record for documentation on the behavioral outbursts because she didn't know about client #4's increased behaviors - Didn't know client #4's treatment plan wasn't addressing her needs because she was unaware of client #4's behaviors, the drinking or elopements until February 2025 Interview on 4/2/25 the RN/Administrator/Owner reported: - The QP developed client #4's treatment plan and she knew the plan - "[QP] meets with [client #4]...[QP] would call (client #4) on the phone" - Clients "handle their money and staff don't document when they help (clients) with budgeting" - The QP helped client #4 with vocational rehabilitation and volunteering opportunities by talking to client #4 about vocational and volunteer opportunities - Wanted the clients involved in day programs, but client #4 "refuses" to attend the programs - Staff didn't have planned outings, but she knew the staff took the clients and client #4 on outings - "Sometimes they (staff and clients) go out more than once a week" - "She's (client #4) lazy...she don't want to do meal prep or prepare snacks...she say she knows how to cook, but she doesn't want to" - The QP reassessed client #4's goals monthly and the assessments were supposed to be	V 112		

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-C 04/25/2025

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 112	Continued From page 48 documented - She previously spoke to the QP about writing progress notes, but "she (QP) struggling to catch up" with her work since she returned from medical leave Finding B: Examples of how the facility's failure to develop and implement to address client #4's excessive use of emergency services. Example 1: Review on 3/26/25 of a police report dated 11/17/24 revealed: - Client #4 called 911 and reported FS #4 refused to administer her medication unless she completed her chores and she threatened to attempt suicide. Client #4 also reported the staff would retaliate if they knew she called 911. Client #4 was involuntarily committed (IVC) Review on 4/10/25 of client #4's EMS report dated 11/18/24 revealed: - "The PT (patient) (client #4) C/O (complained of) of worries and believes she is been bullied by the group home staff. The PT reported her medicine is being withheld from her if fails to complete her chores. The PT believes if she goes back into the group home she will be hurt or killed by the staff. EMS notes the PT has erratic speech, along with repetitive and purposeless movements ..." Review on 3/14/25 of client #4's ED Provider Note dated 11/18/24 revealed: - "[Client #4]...resides in a group home presenting to emergency department for a group home altercation. Patient (client #4) noting her medications are currently being withheld from her unless she performs chores. She notes the staff member (former staff (FS) #4) and other group	V 112		

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-C 04/25/2025

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 112	Continued From page 49	V 112		

home members are calling her 'Whitey' based on her skin color and she states they force her to do all of the chores...Screening labs showing...Patient's alcohol level is 88. At this time she is clinically sober...Chief Complaint in Triage...Suicidal thoughts. From group home...pt feels hopeless...She notes feeling of frustration with living at the group home however is not suicidal. Not homicidal. No hallucinations."

Example 2:
Review on 3/26/25 of a police report dated 11/30/24 revealed:
- "verbal argument with staff member earlier today...caller (client #4) is special needs...caller is a patient...parties are separate...caller is afraid that the employee will be very upset with her for calling the police...[Client #4] has advised in the past that she has short term memory loss. Same believes that she did not get her medication this afternoon. Leo (law enforcement officer) spoke with care giver [FS #4]...She (client #4) was given her medication this afternoon approx (approximately) 1400 (2:00pm) hrs (hours), same as every day...Both parties agreed to keep their distance this evening and keep the peace."

Example 3:
Review on 3/12/25 of a police report dated 1/10/25 revealed:
- "On going issue...advising subj (subject) has been threatening to withhold her meds...caller (client #4) was not allowed to have her meds all today and had to go out to buy her own food today from a nearby gas station...caller has lived here (facility) a few months, advised that the woman who is supposed to take care of them never feeds them-hasn't fed them (clients) in 3 days...subj name - '[FS #3]'...caller advised she fears retaliation for her calling 911..."

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-C 04/25/2025

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 112	Continued From page 50 Example 4: Review on 3/12/25 of a police report dated 1/14/25 at 3:47pm revealed: - "Erratic resident...caller (client #4) is a resident. Caller states she does not know where the caregiver (staff)...Caller in upstairs bedroom , Caller saying the residents name is [Client #1]... [Client #1] last known to be down stairs...caller says [client #1] is 'crazy'...Now caller states caregiver is there but does not come out of her room. Caregivers room is right by the door downstairs...no threats made, talked to roommates there nothing was heard, [client #1] and Ms. [client #4] separated..." Example 5: Review on 3/12/25 of a police report dated 1/14/25 at 7:01pm revealed: - "B/F (black female) (Former Staff #3) light skin- can hear her yelling...caller (client #4) states that caregive (staff) hasn't fed them in 3 days - female is arguing in the background...caller states the female said if she wanted food all she has to do was come down stairs and ask for it...wants OFC (officer) to look inside the refrigerator and see that's there is nothing to eat there...Female is in the background stating that caller is 'R******d'...states the worker (staff) is a monster and doesn't feed them. Caller states that she is concerned that she will get in trouble for calling the police...[RN/Administrator/Owner] has control of funds for the residence, buys the food once a month...[FS #3]...(Police Officers) spoke with caller and checked fridge, food is in there and in freezer..." Example 6: Review on 3/12/25 of a police report dated 1/15/25 revealed:	V 112		

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-C 04/25/2025

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 112	Continued From page 51	V 112		

- "One member (client #1) who is erratic...yelling for 2 hours...caller (client #4) is another resident...[Client #1]. She's upstairs in her room ...Care giver (staff) is ignoring the issue...I (Police Officer) spoke with [FS #3] who is the residential staff at the group home and she informed me that [client #1] and [client #4] don't get along but neither are violent to each other. [Client #4] stated that she just wanted [client #1] to stop talking..."

Example 7:
Review on 3/26/25 of a police report dated 3/12/25 revealed:
- "Caller (client #4) states one of the care givers (staff) came in her room yelling at her...States that she is 'R******d'...States the caregiver calls her dumb and she states she is but they don't have to be mean and assaulting her with words...caller doesn't know the caregivers name...caller is hysterical and crying...caller wants PD to speak with the workers because they lie when they come...States she gets punish when PD leaves states she doesn't get food...I spoke to the temporary caregiver [RN/Administrator/Owner] and she stated they will be having a meeting in the morning and can discuss [client #4]'s meds...[Client #4] stated she didn't get her meds for anxiety but the book (Medication Administration Review) shows she got it at 20:00 (8:00pm) hrs., [Client #4] doesn't seem to like [RN/Administrator/Owner] but has had this reaction to most caregivers. [RN/Administrator/Owner] was confused why we (Police Officers) were even there as [client #4] will just call us before anyone knows she has a problem...I (Police Officer) told her to please only call when she needs help in the future..."

Interview on 3/27/25 FS #4 reported:

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-C 04/25/2025

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 112	Continued From page 52 - Didn't have a suspicion of client #4 consuming alcohol until 11/17/24 - Client #4 became aggressive with her when she refused to give client #4 her medication outside of the scheduled time - Client #4 "threatened me and got up in my face, I reassured her that she had her meds, but she said 'you better give me my meds' and she called 911" - Client #4 kept saying "I'm supposed to give it (medication) to her four times a day" - The police arrived and "they had to say something about her (client #4) being aggressive" - The EMS came and advised that client #4's medication could "makes her breath smell like alcohol" Interview on 3/13/25 the QP reported: - Was unaware client #4 had made multiple calls to the police until last night - The officer that responded to the facility on 3/12/25 talked to client #4 about "being a nuisance with the repeated (911) calls" Interview on 3/26/25 the QP reported: - Was unaware of the 911 calls that were placed between October 2024 and January 2025 - Was unaware client #4 was hospitalized on 11/18/24 - Found out about client #4's hospitalization when the facility's pharmacy needed clarification about physician orders in January 2025 - The RN/Administrator/Owner "hadn't reported any problems" with any of the clients in the facility - There were "no major incidents in the home (facility) that I'm aware of until the (client #4) elopement (2/20/25)" Interviews on 4/1/25 and 4/2/25 the RN/Administrator/Owner reported:	V 112		

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-C 04/25/2025

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 112	Continued From page 53 - Was responsible for supervising staff, assisting the QP with client intakes and discharges, scheduling appointments and following up with the physicians, and grocery shopping - She "talk to clients while there (in the facility) to see who's doing what and address whatever comes" - She visited the facility frequently - She spoke with the clients and staff during her monthly visits to the facility - Staff called her and the QP to address issues in the facility - She handled issues that didn't involve client behaviors because the QP dealt with the client's behaviors - She and the QP "text a lot...if I know something then she (QP) knows about it too" - The QP was out on medical leave in October 2024, but she did most of her QP duties over the phone - "She (QP) still fulfilled her duties as a QP," but she filled in more while the QP was on medical leave - The QP was responsible for the following: - Developing the clients' treatment plans - Ensuring staff were working with clients on their goals - Monitor the progress of the clients' goals - Didn't recall the 11/17/24 incident, but "she (client #4) makes allegations...she believes that she's supposed to get the medications" - "If she (client #4) goes to the hospital then I'll know...I don't remember anyone saying she went (to the hospital) for staff withholding medications" - "I don't know if I can remember if anything was said about alcohol...maybe [QP] would know if the hospital spoke about (client #4's) alcohol use" - "Maybe they (hospital physicians) did I don't	V 112		

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-C 04/25/2025

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 112	Continued From page 54	V 112		

know, I don't remember"
- Was unaware of the 11/30/24 and 1/10/25 incidents
- Didn't know client #4 was calling the police to the facility
- Recalled the police contacting her on 1/14/25 about client #4's allegation of not having food in the facility
- She spoke with FS #3 and FS #3 said "what they (clients) had for breakfast, lunch and dinner"
- "She (client #4) chose not to eat because she had eaten earlier, and she wasn't hungry"
- She spoke with client #4 and client #4 said "you can come and see," so she went to the facility and there was food in the house
- Didn't have any issues with the facility not having enough food because she bought groceries every two weeks, so the facility didn't run out of food
- The second 911 call on 1/14/25 incident was due to client #4 and client #1 arguing
- Previously received calls "about [client #4] and [client #1] yelling back and forth"
- She's "heard the way [client #4] was yelling," in February 2025, but she couldn't recall the exact date

Finding C: Examples of how the facility's failed to develop goals and strategies to address client #4 eloping from the facility.

Example 1:
Review on 3/26/25 of a police report dated 11/8/24 revealed:
- "Missing person // [client #4], W/F (white female)...L/S (last seen) 30 min (minutes) ago, cognitive impairments...caller has spoken to her (client #4) on the phone and she's upset...caller (staff #2) sees her walking up the street now, will stay with her until officer gets on scene...no

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-C 04/25/2025

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 112	Continued From page 55 missing, [client #4] was going to the store to get cigarettes then come back..." Example 2: Review on 3/26/25 of a police report dated 11/11/24 revealed: - "...caller (FS #3) got to work and resident (client #4) is missing...caller was not there when resident left. [Client #4]...left group home at 0800 (8:00am)...at 1140 (11:40am)...is enroute to pick her up from [street names]. Contact made by phone...@ (at) 1147 (11:47am)...back to 109 Evening Star Ct. (court)...we (police) were able to make contact with [client #4] vie phone. She stated her location was [street name] and [street name], she went for a walk this morning and got lost. She was given a ride back to 109 Evening Star by leo (law enforcement officer)...missing person located" Example 3: Review on 3/12/25 of a police report dated 2/20/25 revealed: - "Reporting a resident (client #4) left-unkn (unknown) where they went have been gone for 3 hours...Last time she was found at [grocery store] Likes to drink alcohol ...Caller is not very informative with info (information)...Made contact with owner of group home [RN/Administrator/Owner]...stated caregiver, [staff #1], went to give [client #4] medicine around 2000 (8:00pm) and [client #4] was not there. [Client #4] left all her belongings there including her phone...[RN/Administrator/Owner] advised [client #4] is in their program for depression and alcoholism...[Client #4] has been leaving the residence (facility) regularly starting since last month, despite it being against the rules of the program...other roommate stated [client #4] possibly left around dinnertime, between 1700	V 112		

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-C 04/25/2025

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 112	Continued From page 56 (5:00pm) and 1800 (6:00pm)...K-9 attempted to track but were met with negative results ..." Review on 3/12/25 of a police report dated 2/26/25 revealed: - "Female (client #4) was located with [unknown male]...located at [hotel] in [neighboring city]...Have been drunk for the past 4 days-large amount of alcohol covering the room...male picked her up from Evening Star on Thursday (2/20/25)..." Example 4: Review on 4/2/25 of a police report dated 3/15/25 revealed: - "[Client #4]. Walked out...to get alcohol, left approx (approximately) 20 minutes ago...Poss (possibly) near [local grocery store]...multi (multiple) call hx (history) in ref (reference) missing subj (client #4)...on foot...[local grocery store] cleared...lightly at loc (location) 20-30 mins ago to purchase alcohol, left on foot...subj should be walking back from [local grocery store] stated that she was 'going out to get a soda', adv units to check area enroute back from [local grocery store]...poss subj walking near daycare...bringing subj back to resd (residence)(facility)..." Example 5: Review on 4/10/25 of an Incident Response Improvement System dated 4/6/25 revealed: - "Date of Incident 4/3/25 ...At approximately 10:30 - 10:40 p.m. client (client #4) left the facility without notification. The administrator (RN/Administrator/Owner) was contacted and made the report to [local PD]...Client returned the next morning at approximately 11:30 a.m. and informed the staff and administrator that she had been out with her male friend..."	V 112		

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-C 04/25/2025

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 112	Continued From page 57 Observations between 11:29am and 11:50am on 3/12/25 revealed: - Staff #1 was the only staff in the facility - Client #3 and #4's shared bedroom had an exit door that led to a balcony located in the backyard - The balcony had stairs leading to the ground - The staff's bedroom was located on the ground floor near the facility's front door - The facility's exit doors didn't have alarms Interview on 3/12/25 client #3 reported: - Client #4 walked to the store to purchase alcohol and "lately" client #4's been walking to the store "every day" - Client #4 left the facility for a few days in February 2025 - Client #4 "said she was going with her ex-boyfriend" - Client #4 left the facility through the "back (exit) door in our room (client #1 and #4's shared bedroom)" - Recalled client #4 "left (the facility) around 3 or 4 (pm)" - Staff #1 was in the facility when client #4 eloped, but staff #1 didn't notice client #4 wasn't in the facility until "around 8pm when [client #4] was supposed to get her meds" Interview on 3/12/25 client #4 reported: - Didn't have unsupervised time in the facility or community - "Of course" she left the facility and walked to the store to buy her and client #3 sodas - Didn't purchase alcohol from the store because she used a government assistance benefits card to make purchases and the card didn't approve alcohol purchases - In February 2025 she "took off with a man...I wanted some d**k and I can't get that around	V 112		

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-C 04/25/2025

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 112	Continued From page 58	V 112		

here (facility)"
- Left the facility around 11pm on 2/20/25 and she returned at 5am on 2/21/25
- "Walked out the back door (exit door located in client #1 and #4 shared bedroom), walked to the store and he picked me up"
- Staff #1 was in the facility when she left, but "I don't think she (staff #1) know I left out"
- Her and the man went to a hotel in a neighboring city, and she consumed alcohol while she was gone

Interview on 4/11/25 client #4 reported:
- Met up with an "old boyfriend (4/3/25)," but she couldn't recall when
- "I just wanted to hook up (have sex)"
- Couldn't recall what time she left the facility
- Recalled she "snuck away at night...after med (medication) pass"
- Couldn't recall which door she used to leave the facility, but all the facility's exit doors had functioning alarms
- Staff #1 was in the facility when she left, and she had to sneak around her
- Walked to the local grocery store and the man picked her up
- She and the man went to a hotel, but she couldn't recall where the hotel was located
- She "probably" had wine while she was gone
- The man dropped her back off at the local grocery store the next morning (4/4/25) and she walked back to facility
- Believed she made it back to the facility before her morning medications were administered
- Don't recall the RN/Administrator/Owner in the facility when she arrived the next morning

Interview on 3/13/25 client #5 reported:
- Client #4 "leaves without permission...leaves

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-C 04/25/2025

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 112	Continued From page 59	V 112		

out back door (exit door located in client #1 and #4's shared bedroom) and goes down Evening Star" road
- Client #4 walked to a grocery store to purchase alcohol "not every day, but if she has money"
- Client #4 "went to go see her ex-boyfriend a few weeks ago (February 2025)" and was gone for 4 days
- Couldn't recall what time client #4 left the facility
- She heard client #4 leave the facility through the exit door in client #4 and #1's shared bedroom, but didn't see her leaving
- She and client #2 saw client #4 leave the facility around 1:30pm on 3/13/25
- Staff #1 was sitting on the front porch, but she went back inside the facility and didn't see client #4 leave
- Didn't report client #4 when she left the facility on 3/13/25

Interview on 4/11/25 client #5 reported:
- Client #4 left the facility 4/3/25
- Didn't see client #4 leave the facility because she was asleep
- Didn't know what time client #4 left, but she knew it was that night
- Client #4 could have left the facility after receiving her evening medication
- Staff #1 was in the facility when client #4 left
- Client #4 came back "around 10am or 11am" on 4/4/25
- Client #4 "looked like she had been drinking"
- The RN/Administrator/Owner was at the facility when client #4 returned

Interview on 3/12/25 staff #1 reported:
- Didn't have to perform scheduled supervision checks because she saw the clients when they

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-C 04/25/2025

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 112	Continued From page 60	V 112		

came downstairs from their bedrooms "all the time"
- Was working when client #4 left the facility on 2/20/25
- Recalled seeing client #4 on the balcony smoking that day, but she couldn't recall the time
- She called client #4 for dinner around 4pm or 5pm and client #3 told her that client #4 didn't want to eat
- Knew client #4 had a snack earlier and "she (client #4) doesn't like to eat a lot"
- Went upstairs to client #3 and #4's shared bedroom to see why client #4 didn't want to eat and she realized client #4 wasn't there
- She later reported that she didn't immediately go upstairs to client #3 and #4's shared bedroom to check on client #4
- "I thought she (client #4) was sleeping because the roommate (client #3) said she was sleep"
- She called client #4 down for her 8pm medications and client #4 didn't come downstairs from her bedroom
- She called the RN/Administrator/Owner when she realized that client #4 wasn't in the facility
- The RN/Administrator/Owner called 911 and came to the facility to search for client #4
- Never saw alcohol in the facility
- The "lady (FS #3) who left said she smelled alcohol" on client #4 before
- "Smelled alcohol once when she (client #4) came back from leaving the facility...the police brought her back (to the facility)"

Interview on 3/14/25 staff #1 reported:
- Knew client #4 was leaving the facility to go to the store, but she never witnessed client #4 leave the facility
- "The clients don't tell me when [client #4] leaves for the store"

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-C 04/25/2025

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 112	Continued From page 61 - She and FS #3 saw client #4 walking back to the facility "on day one (first day working in the facility)" - FS #3 told her that client #4 was a resident of the facility and she liked to leave to go to the store without staff's permission - FS #3 told her that she reported client #4 to the RN/Administrator/Owner when she found alcohol in client #4 and #3's shared bedroom Interview on 4/11/24 staff #1 reported: - "[Client #4] called the police for nothing about a week ago" - The Police Officers "just looked at her (client #4) and then left" - Provided the Police Officers the client's record whenever they came to the facility - Didn't know client #4 guardian's contact information - "Not sure where to find that. [RN/Administrator/Owner] didn't tell me to give them (Police Officers) that information ...they (police) can ask [RN/Administrator/Owner]" - Client #4 eloped on 4/3/25 - Discovered client #4 wasn't in the facility around 10pm when she went upstairs to client #4's bedroom and she wasn't there - She called the RN/Administrator/Owner and the police - The police didn't go around the house to look for client #4 - The police said "'she (client #4) might come back' ...if she comes back let the police know" - Client #4 came back to the facility the next morning (4/4/25) and the RN/Administrator/Owner was at the facility - "The whole house smelled like alcohol and [client #4] smelled like it" - Client #4 was "sneaky and watches staff" - Clients frequently went outside to smoke and	V 112		

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-C 04/25/2025

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 112	Continued From page 62	V 112		

she didn't know which client "trips the alarm"
- Clients stopped smoking around 10pm every night
- Believed client #4 left the facility prior to the last smoke break
- Believed client #4 went out the facility's front door, but she didn't see client #4 leave

Interview on 4/16/25 staff #1 reported:
- She checked client #4 every 2 to 3 hours
- "Most of the time they say downstairs or outside"
- Didn't know about the hourly checks on client #4 between 8am and 9am

Interview on 3/18/25 staff #2 reported:
- The RN/Administrator/Owner contacted her on 2/21/25 to work in the facility on 3/14/25, but she didn't arrive until 3/15/25
- Was informed about client #4 when she arrived to the facility on 3/15/25
- The RN/Administrator/Owner didn't inform her about client #4's increased behaviors when they spoke on 2/21/25
- "That's the first time I heard about [client #4] drinking and acting out"
- Client #4 left the facility through the front door on 3/16/25
- "The alarm went off, so she (client #4) didn't go out the back (the exit door in client #3 and #4's shared bedroom)...I tried to stop her, and she said she was going to buy a beer"
- She called the RN/Administrator/Owner and the RN/Administrator/Owner instructed her to call 911
- The local police came to the facility and client #4 was "disruptive with the police"

Interview on 4/12/25 staff #2 reported:
- Checked on client #4 all the time

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-C 04/25/2025

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 112	Continued From page 63 - "You (staff) have to keep an eye on her (client #4) or she will leave" - Checked client #4 hourly - She took it upon herself to check client #4 hourly, she wasn't instructed by the QP or the RN/Administrator/Owner Interview on 3/27/25 FS #4 reported: - On 11/11/24, she came to work and discovered that client #4 had eloped and she called the RN/Administrator/Owner - The RN/Administrator/Owner instructed her to call 911 - "I had to call the police; they found her (client #4) down the street. She was wandering around..." - The police told her that "'she (client #4) was going to the store to get cigarettes' and police found her coming up the block" - Didn't have a suspicion of client #4 consuming alcohol until 11/17/24 - Client #4 became aggressive with her when she refused to give client #4 her medication outside of the scheduled time - Client #4 "threatened me and got up in my face, I reassured her that she had her meds, but she said 'you better give me my meds' and she called 911" - Client #4 kept saying "I'm supposed to give it (medication) to her four times a day" - The police arrived and "they had to say something about her (client #4) being aggressive" - The EMS came and advised that client #4's medication could "make her breath smell like alcohol" Interview on 3/19/25 FS #5 reported: - Worked as a fill-in staff "on and off" for 5 to 6 years - Worked in the facility for "a couple of days" in	V 112		

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-C 04/25/2025

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 112	Continued From page 64 January 2025 - Never worked in the facility prior to 1/22/25 - Hadn't seen alcohol or anyone intoxicated in the facility - No one eloped from the facility Interview on 3/17/25 client #4's private agency guardian reported: - Client #4 was "brilliant and college educated," but she had "alcohol induced dementia...Wernicke Korsakoff" - Client #4 used to "live independently" until she was hospitalized because she "couldn't even think for months" - Client #4 "sneaks alcohol" and she "doesn't know how to fix it" - Client #4 eloped from the facility and "went with a man" on 2/20/25 - "She (client #4) was returned by the time I was about to do a missing person's report" - Client #4 didn't sustain any injuries during the elopement on 2/20/25 - Was aware of the exit door in client #4's bedroom, but she wasn't concerned with her (client #4) eloping through the exit door because eloping wasn't a problem - "[Client #4] wasn't that type to leave out and purchase alcohol...Every time I talked to her she was doing good" Interview on 3/19/25 client #4's private agency guardian reported: - Client #4's alcohol use in the facility "just started around January (2025)" - FS #3 called her on 1/27/25 - FS #3 reported client #4 had been "walking off (from the facility)" and she found alcohol in client #4 and client #3's shared bedroom - FS #3 reported "it (client #4 eloping on 1/27/25) wasn't the first time" and client #4's "first	V 112		

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-C 04/25/2025

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 112	Continued From page 65	V 112		

time was a few weeks ago"
- She called and spoke with client #4 about the alcohol found in her bedroom, but client #4 denied it

Interview on 3/13/25 the QP reported:
- The facility planned to implement hourly supervision checks between 8am and 9pm for client #4 once she was discharged from the hospital

Interview on 3/26/25 the QP reported:
- She contacted client #4's private agency guardian and revised client #4's level of supervision assessment to include elopement behavior after the 2/20/25 incident
- Didn't develop goals or strategies in client #4's treatment plan to address client #4's elopement behavior because she "didn't think it was a need...[client #4] never eloped before" and she "didn't know client #4 was leaving (the facility) to go to the store"
- "[RN/Administrator/Owner] didn't tell me that [client #4] was leaving the house (facility)"
- "Everything (client #4's behaviors) just started in the past month (February 2025)"

Interview on 4/17/25 the QP reported:
- Staff #1 and #2 were informed of client #4's increased supervision checks, but she didn't instruct the staff do document the supervision checks
- Was unaware of staff #1 was not conducting the hourly checks on client #4

Interview on 4/2/25 the RN/Administrator/Owner reported:
- "I think I remember" the 11/8/24 incident, but she was unable to recall the staff that was working in the facility at the time of the incident

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-C 04/25/2025

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 112	Continued From page 66 - Recalled instructing the staff to call 911, but she couldn't recall if the staff spoke about seeing client #4 walking down the street - Recalled on 11/11/24 client #4 "said she was taking a walk," but client #4 didn't have approved unsupervised time - Recalled that she went to the facility around 11/11/24 because she "pay them (clients) on the 10th" of every month - "I don't know which staff was just letting her (client #4) leave the house" - Then later reported "staff was unaware [client #4] was leaving the house" - Didn't know client #4 was leaving the facility "like that" and "if I did, I told them (staff) to call the police" - "Every time the police came (to the facility) I told staff to call me so I can talk to the police" - "I talk to [client #4] all the time and [client #4] always expressed her issues is around [client #1]" - She spoke with client #4 on the phone and in person "anytime the staff reported issues with [client #1] and [client #4]" - She "told [client #4] to have patience" because she was "thinking [client #1] was really getting to [client #4]" - "Thought" when client #4 "walked away (from the facility) it was because of [client #1]" and "she (client #4) wasn't able to handle [client #1]" - On 2/20/25, staff #1 called her and reported client #4 missing - She went to the facility and drove around the area looking for client #4 - She called and spoke to the police, but she didn't tell the police that client #4 left the facility "regularly" - Recalled telling the police that client #4 eloped from the facility, but "[staff #1] did mention she (client #4) left out the house before...one or two times before"	V 112		

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-C 04/25/2025

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 112	Continued From page 67 - She didn't know client #4 was leaving the facility - She gave the police information about client #4's medications and diagnoses - "The police said they don't feel she's (client #4) in immediate danger, they won't going to make a report unless she didn't return in 48 hours" - Spoke with client #4 when she was returned to the facility on 2/26/25 - The police didn't inform her about client #4's alcohol use when client #4 was returned to the facility on 2/26/25 - "[Client #4] made me believe that she made a mistake, described it (eloping) as an unpleasant experience and she didn't want to go into detail" about her experience - "When I first talked to her about it (eloping) she lied and said she didn't go anywhere...she denied ever leaving and blamed not remembering (her eloping from the facility) on her diagnosis" - She "thought she (client #4) didn't remember being picked up by the police or even eloping, and I thought her diagnosis was making her forget" Interview on 4/17/25 the RN/Administrator/Owner reported: - Staff was supposed to check client #4 every hour - She and the QP spoke with the staff about client #4's increased supervision checks, but they didn't talk with the staff about documenting the supervision checks - Was unaware staff #1 wasn't conducting the increased supervision checks on client #4 Finding D: Example of how the facility's failure to implement client #4's goals and strategies resulted in client #4's increased alcohol use and	V 112		

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-C 04/25/2025

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 112	Continued From page 68 client #4 being voluntarily committed. Observations between 11:29am and 3:00pm on 3/12/25 revealed: - Client #4 was sitting on her and client #3's shared bedroom floor scrubbing a brown stain with a brush - Client #4 was observed either in her bedroom or outside smoking on the front porch - Client #4 wasn't engaged in any structured activities - A small green carton located on the railing of the balcony Observation at 11:34am on 3/14/25 revealed: - A small green carton still on the railing of the balcony - Identified the small green carton located on the balcony railing as boxed wine Review on 3/13/25 of client #4's ED provider note dated 3/13/25 revealed: - "Patient (client #4) with a past medical history of alcoholism...Warnicke's encephalopathy presents escorted by [local town] to PD with concerns of altercation with group home staff...She (client #4) states that she is scared. This seems to be surrounding around alcohol abuse and her not receiving her medications...Will obtain screening blood work...Patient with alcohol level of 242. At times has become agitated with staff ...Mental health and wellbeing has evaluated the patient and also spoke with the...group home individual. States that patient has been drinking more becoming more agitated and irritable and causing more issues with staff. Today (3/13/25) had a physical altercation with another individual (client) with the state auditor (Division of Health Service Regulation (DHSR)) there...At this time we	V 112		

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-C 04/25/2025

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 112	Continued From page 69	V 112		

(physician) understand that some of her behavior could be from alcohol use in addition to Warnicke's. At this time mental health and wellbeing believes IVC should stand...Patient states that she was drinking alcohol yesterday (3/12/25) and had a 'sip' today (3/13/25)...She (client #4) reports current alcohol use of about 34.0 standard drinks of alcohol per week...(Client #4)...smelling of alcohol and slurring speech..."

Interview on 3/17/25 a nurse from client #4's Primary Care Physician reported:
- A blood alcohol level of 242 was equivalent to 0.242% which caused mental and physical impairments and a high risk of the person passing out

Interview and observation at 11:12am on 3/13/25 client #3 reported:
- Client #4 "walked to the store (grocery store) yesterday (3/12/25)" and she "walked to the store earlier this morning"
- Client #4 purchased alcohol when she walked to the grocery store, but she didn't know if client #4 purchased more alcohol when she went to the store this morning
- Didn't know how many bottles of alcohol client #4 consumed on a regular basis
- "It depends on how many bottles she purchase...if she don't have money she'll only buy 1 bottle...usually drinks 1 bottle a night"
- "She's (client #4) drunk every day!" and on 3/12/25 client #4 was "sounding drunk ...slurring speech"
- "That's why she (client #4) was cleaning the floor yesterday (3/12/25) when you (DHSR Surveyor) came up there (client #3 and #4's shared bedroom), you remember her cleaning the floor? She got drunk and peed and pooped on the floor. She had to clean it up. But it was

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-C 04/25/2025

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 112	Continued From page 70 because she was drunk" - "Last night (3/12/25)" client #4 was "drinking wine" and "[Client #4] got drunk" - Last night she woke up to client #4 cussing at her and calling her derogatory names - The RN/Administrator/Owner came to the facility that night to bring groceries and so she walked downstairs to the kitchen to help the RN/Administrator/Owner put the groceries up - Client #4 threw her bed linen and fan off of the balcony - There was a white blanket and white circular floor fan outside on the ground in the back yard - Client #4 broke her fan and she was upset that client #4 damaged her property - The "police came saying they had call from [client #4] about not having meds" - Client #4 "always say she suppose to get her meds four times a day, but that's false" - Last night the "[RN/Administrator/Owner] went up there (clients #3 and #4 shared bedroom) to look under the bed and she (client #4) pushed [RN/Administrator/Owner] and called her the N-word" - "She's (client #4) just wild" and "it's frustrating because she loves drinking wine" - "She (client #4) act like she want to fight but she don't fight me ...She act like she a thug and want to fight ...She's come close (fighting someone) but haven't followed through" - The RN/Administrator/Owner knew about client #4 drinking alcohol in the facility - FS #3 found bottles of alcohol behind client #4's bed in their shared bedroom a few months ago and reported it to the RN/Administrator/Owner - Witnessed FS #3 call the RN/Administrator/Owner and "asked her why she didn't tell her about [client #4] leaving to buy alcohol"	V 112		

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-C 04/25/2025

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 112	Continued From page 71 Interview on 3/13/25 client #5 reported: - Knew client #4 was intoxicated on 3/13/25 - "You can tell she's (client #4) drunk (intoxicated) because she keeps talking and cusses people (client and staff) out" - "She (client #4) gets drunk and calls the police" - Client #4 "gets drunk and upset...she'll say she'll punch [client #1] in the face" - The RN/Administrator/Owner knew client #4 was drinking alcohol in the facility - Recalled when FS #3 found an empty wine bottle in client #1 and #4's shared bedroom around January 2025 - FS #3 "immediately" called the RN/Administrator/Owner and told the RN/Administrator/Owner that she found the empty bottle of alcohol - "Yesterday (3/12/25) she (client #4) went and banged on the (client #1's bedroom) door because she didn't want [client #1] playing her music" - "She (client #4) got drunk the night before (3/11/25) and she peed and pooped on the floor" - "Yesterday (3/12/25) [client #3] told me that was why she (client #4) was cleaning up" - Client #4 "got into it with her roommate (client #3)...threw her roommate's stuff off the balcony" - The RN/Administrator/Owner came to the facility on 3/12/25 and saw client #4 intoxicated - The RN/Administrator/Owner went into client #1 and #4's shared bedroom and found alcohol in their room - The police arrived at the facility on 3/12/25 and told client #4 "she was calling (911) a lot" - "I wish there was more peace (in the facility)" because she was "a little threatened" by client #4 - "Staff (Staff #1) sees her (client #4) drunk and don't do nothing"	V 112		

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-C 04/25/2025

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 112	Continued From page 72	V 112		

- Client #4 was "mostly' upstairs and staff #1 was "mostly" downstairs in the staff's bedroom
- Later reported she felt safe when client #4 was intoxicated, but "she (client #4) just shouldn't do it (drink alcohol)"

Interview and observation at 11:48am of client #4 on 3/13/24 revealed:
- Client #4's hair was disheveled, her speech was slurred and she smelled of alcohol
- Client #4's eyes were glossed over and her eyelids were half shut
- Client #4 sat down and immediately started crying
- She denied drinking alcohol and calling the police to the facility
- Never called the police because she didn't have a reason to call them
- Client #1 entered the dining room, apologized for interrupting the interview and client #4 smiled at her and said "oh, she's (client #1) fine"
- Soon afterwards, the front door to the facility opened and client #4 yelled "get the f**k out"
- The QP entered through the front door and when client #4 saw the QP she started apologizing
- Then immediately, client #4 started yelling at the QP
- The QP exited the dining room and client #4 stopped crying and continued with the interview
- Client #4 then stated she would get in trouble for participating in the interview and refused to answer the questions asked
- Client #4 started raising her voice while she expressed her fear of retaliation from staff for participating in the interview
- Client #4 made threats and derogatory statements towards DHSR Surveyor
- The DHSR Surveyor attempted to redirect client #4 away from the dining room table, but

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-C 04/25/2025

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 112	Continued From page 73	V 112		

client #4 refused to leave
- The QP redirected client #4 away from the dining room table and client #4 continued to yell at the DHSR Surveyor while she walked upstairs

Observations between 12:09pm and 2:08pm on 3/13/25 revealed:
- Client #3 came downstairs to the dining room and gave the QP an empty white wine carton
- Client #3 stated the carton of wine came from their shared bedroom and she saw client #4 drink the wine this morning (3/13/25), then she walked back upstairs
- Client #4 came back downstairs to the dining room and greeted the QP again with a smile
- Client #4 requested her anxiety medication because client #3 was in their shared bedroom masturbating and it caused her to feel anxious
- The QP asked if she had consumed alcohol today and client #4 replied "no"
- The QP showed client #4 the empty white wine carton and client #4 stated "that (empty white wine carton) was from yesterday (3/12/25)"
- The QP informed client #4 that she couldn't administer the medicine due to her suspicion of client #4's "alcohol use"
- Client #4 became upset and started yelling the following statements at the QP:
- "I need my medicine!"
- "Do you think it's okay for me to just watch someone masturbate!"
- "I have a right to get my meds!"
- "I'm supposed to get it four times a day! And you won't give it to me!"
- Client #4 walked back upstairs
- The QP followed client #4 upstairs to assess the situation
- The QP returned to the dining room and stated client #3 wasn't in the bedroom masturbating

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-C 04/25/2025

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 112	Continued From page 74 - The QP stated she was going to the magistrate office to file an IVC for client #4 because she "never seen her (client #4) like this" - At 12:47pm, the QP instructed staff #1 to call 911 if anything happened and left the facility - At 12:58pm clients #1 and #4 were upstairs and they started yelling at each other - Client #4 yelled "I'll k**l you!" - Music began playing - Client #4 told client #1 to "shut the f**k up!," and the music stopped - Staff #1 went upstairs to intervene and client #4 started yelling at staff #1 because she didn't get her medication - Staff #1 told client #4 that she was going to call the RN/Administrator/Owner and came back downstairs - Client #4 told staff #1 to go look at the instructions on the medication and then started yelling at client #1 again - Clients #1 and #4 were yelling at each other again - Staff #1 came back downstairs after saying she was going to call the RN/Administrator/Owner - Client #4 made the following threats: - "I will f*****g hurt you!" - "You shut up or you will die and I f*****g mean that!" - "I will beat you to g*****n death!" - The music started playing again - The music abruptly stopped and was followed by loud, fast stomping noises heard on the downstairs ceiling - Client #1 yelled and then there were more loud bangs on the downstairs ceiling - Client #5 ran downstairs and told the DHSR Surveyor "they (clients #1 and #4) actually fighting" - Staff #1 ran back upstairs and client #4 yelled "she (client #1) hit me in the face"	V 112		

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-C 04/25/2025

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 112	Continued From page 75 - At 1:22pm the police arrived at the facility - At 2:08pm the police asked client #4 if she was "going voluntarily," client #4 stated "yes" and she was assisted into the police car Interview and observation at 1:12pm on 3/13/25 client #5 reported: - Client #5 was sitting on the facility's front porch with client #2 - Client #5's hands were trembling, but she wasn't cold - She wasn't okay because "this the first time they (clients #1 and #4) fought" - She was very uncomfortable, and she didn't feel safe because she saw the fight - Client #4 took client #1's radio and ran to her bedroom and when client #1 ran after client #4 to take her radio back the clients fought - "It (clients #1 and #4 altercations) never got physical until today" Interview and observation at 1:15pm on 3/13/25 client #2 reported: - Client #2 pointed at a window on the second floor of the facility - The window was in the same location of client #1's bedroom - Heard screaming and yelling coming from the direction client #2 was pointing - "[Client #1] still yelling now" - Didn't feel safe because of clients #1 and #4's fight Interview and observation at 1:35pm on 3/13/25 staff #1 reported: - Heard the "first round" of clients #1 and #4 argument - She sat downstairs and listened until the clients "got loud" and then she went upstairs to calm the clients down	V 112		

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-C 04/25/2025

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 112	Continued From page 76 - The clients went into their bedrooms and client #1 closed her bedroom door - She came back downstairs and then she heard "a boom" and the clients yelling - She went back upstairs and saw client #4 coming from her bedroom - Client #4 said client #1 kicked her in the lip and she saw a small cut on the top right corner of client #4's mouth - Client #4 went to the balcony outside of her and client #3's shared bedroom and called 911 - She was going to call 911, but client #4 called 911 faster than she could - A Police Officer approached and asked to speak with staff #1 about the incident Interview and observation at 1:46pm on 3/13/25 client #3 reported: - Client #3 was sitting in the foyer near the facility's front door - "[Client #1] and [Client #4] never got physical until today" - She felt safe because "I can handle myself, it's (client #4's intoxicated behavior) just frustrating" Interview and observation at 1:51pm on 3/13/25 the local Police Officer reported: - Could smell alcohol on client #4 - Saw a "light orange area" on client #4's face, but she wasn't sure if the discoloration was a bruise - The Police Officer placed her hand over the lower right side of her lip and chin area to show the area of the discoloration - She spoke with the RN/Administrator/Owner - Client #4 went to the local hospital for voluntary commitment - Didn't arrest client #4 or #1 for assault because she was unable to identify who initiated	V 112		

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-C 04/25/2025

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 112	Continued From page 77 first contact Interview on 3/14/25 staff #1 reported: - Knew client #4 was intoxicated when she saw her yesterday (3/13/25) - Knew when client #4 was intoxicated in the facility because "she's arguing a lot, talks a lot and slurred speech" - "I can smell alcohol on her (client #4) when she comes downstairs" - Would call client #4 to come get her medicine and she could tell client #4 was intoxicated when she arrived - Client #4 took her medicine and went back upstairs to her and client #4's shared bedroom to "sleep it (alcohol) off" - Client #4 "looks drunk almost every day, if not every day" - Didn't document when she suspected client #4 was intoxicated - She called the RN/Administrator/Owner whenever she suspected client #4 was intoxicated in the facility - "[RN/Administrator/Owner] say she will call [client #4]" - The RN/Administrator/Owner called client #4 to talk to her about alcohol use, but she didn't witness the conversation between the RN/Administrator/Owner and client #4 - "No one told me what to do when she's (client #4) drunk...just told to call [RN/Administrator/Owner]" Interview on 3/14/25 the QP reported: - The RN/Administrator/Owner found alcohol in client #4's bedroom on 3/12/25 Interviews on 4/1/25 and 4/2/25 the RN/Administrator/Owner reported: - Hadn't received any reports, witnessed or	V 112		

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-C 04/25/2025

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 112	Continued From page 78	V 112		

suspected client #4 of drinking alcohol in the facility
- Didn't know client #4 was walking to the local grocery store
- Didn't recall FS #3 reporting client #4's alcohol use on 1/27/25
- Staff #1 "never reported" her suspicion of client #4's alcohol use
- Staff hadn't reported client #4 was drinking alcohol daily or every other day
- "Staff are supposed to tell us when clients are drinking alcohol"
- "Normally they (staff) would tell [QP]" about level I incidents
- "Staff know what [QP] handles...staff know to call [QP] when it's client behaviors"
- The QP then informed her of the reported incidents
- "I don't know why they (staff) would not say anything" about client #4's alcohol use
- Recalled the 3/12/25 incident because she was at the facility
- Recalled going upstairs to the clients' bedrooms to "say hi"
- She heard a knock on the facility's front door and the police were at the door
- Client #4 called 911 and alleged she "didn't get her medicine"
- Client #4 became verbally aggressive and started "cussing at me...screaming in my face"
- "She (client #4) got in my face, but I don't think she pushed me that night (3/12/25)"
- She "looked in the room (client #1 and #4's shared bedroom) and saw empty bottles (alcohol)...about 3 bottles, located on a bag next to the (client #4's) bed"
- Was on the phone with the QP and she told the QP what she found in client #3 and #4's shared bedroom
- Didn't cross her mind that client #4's

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-C 04/25/2025

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 112	Continued From page 79 behaviors were due to her being intoxicated because client #4's speech wasn't slurred, and she didn't smell like alcohol - "Its normal for her (client #4) to get aggressive, but not that aggressive" - She investigated the alcohol she found in client #3 and #4's shared bedroom, but she didn't document it - She "spoke to [client #3] and [client #3] said she saw her (client #4) drinking...she (client #3) said she (client #4) was leaving the facility to go to the store to get it (alcohol)...I think she said she went to the store a few times" - Didn't do anything about client #4's alcohol use and elopements after the 3/12/25 incident because "well the State (DHSR) is already here (surveying the facility) so..." - She spoke with staff #1 and "told them to make sure she (client #4) didn't go out the facility anymore" - She installed alarms on the facility's exit doors after the 3/12/25 incident - Client #4 was taken to the hospital on 3/13/25, but "they (hospital) didn't keep her, they just said she was there for acute detox" - Didn't implement any changes in the facility after client #4 eloped on 2/20/25 because she believed client #4's elopement "was due to connecting with an old boyfriend and she (client #4) ran off...didn't think it was due to [client #1]" This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 112		
V 113	27G .0206 Client Records	V 113		

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-C 04/25/2025

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 113	Continued From page 80 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each 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	V 113		

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-C 04/25/2025

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 113	Continued From page 81 disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a complete record for 5 of 5 clients (#1, #2, #3, #4, #5). The findings are: Review on 3/12/25 of client #1's record revealed: - Admitted 8/30/07 - No documentation of progress towards goal outcomes Review on 3/12/25 of client #2's record revealed: - Admitted 11/2/20 - No documentation of progress towards goal outcomes Review on 3/12/25 of client #3's record revealed: - No documentation of progress towards goal outcomes - No face sheet containing admission date or diagnoses Review on 3/21/25 of a text message sent to the Division of Health Service Regulation Surveyor from the Qualified Professional (QP) on 3/21/25 revealed: - Client #3 was admitted 5/24/23 Attempted review on 3/12/25 of client #4's record was unsuccessful because client #4's record was not in the facility. Observation at 11:55am on 3/13/25 revealed:	V 113		

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-C 04/25/2025

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 113	Continued From page 82 - The QP arrived at the facility with a white three-ring binder and stated the binder was client #4's client record Review on 3/13/25 and 4/25/25 of client #4's record revealed: - Admitted 9/13/24 and discharged 4/17/25 - No documentation of progress towards goal outcomes - No documentation of client #4 attending medical appointments Review on 3/12/25 of client #5's record revealed: - Admitted 6/22/23 - No documentation of progress towards goal outcomes Interview on 3/12/25 and 3/14/25 staff #1 reported: - Didn't write progress notes or document anything for any of the clients Interview on 3/31/25 staff #1 reported: - The client records were kept in the facility's closet and she didn't move them - The RN/Administrator/Owner didn't tell her about maintaining the clients' records or what to do with the clients' after-visit summaries from their medical appointments Interview on 3/24/25 staff #2 reported: - "I don't document nothing" Interview on 3/28/25 staff #2 reported: - Was responsible for maintaining the clients' records by completing the clients' face sheets and ensuring the clients' after-visit summaries were filed in their records - Hadn't completed a face sheet because she "hadn't had a client to be admitted"	V 113		

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-C 04/25/2025

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 113	Continued From page 83 Interview on 3/27/25 Former Staff (FS) #4 reported: - "Don't document anything" and didn't write progress notes - Didn't document on any of client #4's goals - Didn't document client #4's behavioral outbursts Interview on 3/28/25 FS #4 reported: - Was responsible for maintaining the clients' records by ensuring the client record had the client's face sheet and the clients' after-visit summaries from medical appointments Interview on 3/13/25 the QP reported: - Couldn't find client #4's record so she created a new one by printing off documents she had stored on her computer - Wasn't sure where client #4's record was - Client records were supposed to be kept locked in the facility's medicine closet Interview on 3/18/25 and 3/26/25 the QP reported: - Wasn't responsible for maintaining the clients' records - "I'm not doing anything clerical...I told [RN/Administrator/Owner] that is not my responsibility" - Didn't know where client #3 and #4's face sheets were - Staff were supposed to maintain the clients' records, but she and the RN/Administrator/Owner were responsible for ensuring staff maintained the client records by conducting quarterly record reviews - The last record review was completed in September 2024, and it was now time to do another review	V 113		

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-C 04/25/2025

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 113	Continued From page 84 - Client #4's record could have been transported with her during a hospital visit and the record was never returned - Printed off some of client #4's documents that she had saved on her computer and made client #4 a new record - Didn't have any documentation for client #4's medical appointments - The RN/Administrator/Owner was responsible for overseeing the clients' medical appointments - Client #4's psychiatric appointments were virtual, and it was "difficult to get (after visit) summaries for the virtual appointments" - Didn't know why there weren't after-visit summaries from client #4's Primary Care Physician - Wasn't the staff's responsibility to write progress notes because the staff weren't paid enough money to write progress notes and she "don't ask staff to do extra stuff" - Was responsible for writing clients' progress notes, but she "don't do it (write progress notes)" - "Used to" write clients' progress notes, but she stopped because "no one ever asks for the progress notes or documentation" - The RN/Administrator/Owner hadn't spoken with her about writing progress notes or documentation - Tracked the client's progress by interviewing the clients and staff - Expected staff to tell her where the client's ability was on goals and the clients "demonstrated their ability" when she visited the facilities Interview on 4/2/25 the RN/Administrator/Owner reported: - She and the QP were responsible for maintaining client records	V 113		

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-C 04/25/2025

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 113	Continued From page 85 - "A lot of them (clients) don't have face sheets" because "all of the information is on the FL2" - "We will have to get back to doing that (face sheets)" - She and the QP were responsible for completing record reviews - Checked the client records and looked over the clients' documentation for the last three months - The QP brought her documentation and filed it in the client records - She and the QP were supposed to review the clients' records on 10/30/24, but they were "interrupted" by client #1's behavior and they couldn't complete the review - Didn't know where client #4's original record was, but she recalled client #4's record in the facility during the annual survey in October 2024 - Staff were supposed to document the clients' behavioral outburst because the behavioral outbursts were level I incidents - Progress on clients' goals were supposed to be documented - Didn't have documentation for client #4's behavioral outbursts - Was unaware clients didn't have progress notes in their records - "Talk to [QP] about the progress notes" - The QP assessed the clients' goals every month, but she's "struggling to catch up" with her work since she returned from medical leave This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 113		

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-C 04/25/2025

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 118	Continued From page 86	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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-C 04/25/2025

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 118	Continued From page 87 This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MAR current for 5 of 5 clients (#1, #2, #3, #4, #5). The findings are: Finding A: Review on 3/12/25 of client #1's record revealed: - Admitted 8/30/07 - Diagnoses of Schizoaffective Disorder-Paranoid Bipolar Type and Gastroesophageal Reflux Disease - Physician orders dated for the following medications: - 3/20/24: - ClearLax Powder mix 17 grams (gm) in 4-8 ounces (oz) of liquid and drink as needed (PRN) (Constipation) - 12/8/24: - Amlodipine Besylate 10 milligrams (mg) take 1 tablet (tab) by mouth (PO) every day (Hypertension) - 12/19/24: - Oxybutynin 5mg take 1 tab PO twice a day (BID) (Bladder Control) - 1/16/25: - Melatonin 3mg take 1 tab PO at bedtime (Insomnia) - Divalproex Sodium (Sod) 500mg take 1 tab PO BID (Mood) - Benztropine Mesylate (Mes) 0.5mg take 1 tab PO BID (Mood) - Trazodone 100mg take 1 tab PO at bedtime PRN (Sleep) - 2/25/25: - Olanzapine 10mg dissolve 1 tab under tongue at bedtime (Schizophrenia) Review on 3/12/25 of client #1's January and	V 118		

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-C 04/25/2025

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 118	Continued From page 88 February 2025 MARs revealed: - There were two January 2025 MARs - The first January 2025 MAR revealed the following medications were not documented as administered: - Amlodipine Besylate 1/12/25-1/27/25 - Melatonin 1/11/25-1/27/25 and 1/31/25 - Olanzapine 1/11/25-1/27/25 - Oxybutynin 1/11/25-1/27/25 (am and pm) - Benztropine Mes 1/11/25-1/27/25 (am and pm) - Divalproex Sod 1/11/25 (pm), 1/12/25-1/27/25 (am and pm) - The second January 2025 MAR revealed the following dates the medications were not documented as administered and the box for the staff's initials were crossed out with a diagonal line: - Amlodipine Besylate 1/29/25-1/31/25 - Melatonin 1/12/25-1/17/25 (crossed out), 1/23/25-1/24/25 (crossed out) and 1/28/25-1/31/25 - Olanzapine 1/12/25-1/17/25 (crossed out), 1/23/25-1/24/25 (crossed out) and 1/28/25-1/31/25 - Benztropine Mes 1/1/25-1/17/25, 1/22/25-1/24/25 (pm) (crossed out), 1/25/25 (crossed out), 1/26/25-1/31/25 (am) and 1/28/25-1/31/25 (pm) - Divalproex Sod 1/25/25-1/31/25 (am), 1/12/25 (pm), 1/23/25-1/24/25 (pm) (crossed out) and 1/28/25-1/31/25 (pm) - Oxybutynin 1/25/25-1/31/25 (am), 1/12/25 (pm), 1/23/25-1/24/25 (pm) and 1/28/25-1/31/25 (pm) - The February 2025 revealed the following medications were not documented as administered: - Melatonin 2/28/25 - Olanzapine 2/28/25	V 118		

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-C 04/25/2025

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 118	Continued From page 89 - Oxybutynin 2/28/25 (pm) - Benztropine Mes 2/28/25 (pm) - Divalproex Sod 2/28/25 (pm) Interview on 4/16/25 client #1 reported: - Was administered her medications - Her medications were always in the facility Finding B: Review on 3/12/25 of client #2's record revealed: - Admitted 11/2/20 - Diagnosis of Schizoaffective Disorder-Paranoid Type - Physician orders dated for the following medications: - 3/22/24: - Vitamin B12 1000 microgram (mcg) take 1 tab PO every day (Supplement) - Vitamin D3 1000 units (U) take 1 capsule (cap) PO every day (Supplement) - 7/1/24: - Atorvastatin 40mg take 1 tab PO at bedtime (Cholesterol) - 10/14/24: - Haldol 2mg take 1 tab PO at bedtime (Schizophrenia) - Risperidone .05 mg take 1 tab PO at bedtime (Schizophrenia) - 10/21/24: - ClearLax Powder mix 17gm in 4-8 oz of fluid and drink every day Review on 3/12/25 of client #2's January and February 2025 MARs revealed: - The January 2025 MAR revealed the following dates the medications were not documented as administered and the box for the staff's initials were crossed out with a diagonal line or covered with white out: - ClearLax Powder 1/1/25 and 1/2/25	V 118		

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-C 04/25/2025

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 118	Continued From page 90 (whited out), 1/4/25, 1/10/25 (whited out), 1/13/25 (whited out), 1/15/25 (whited out)-1/16/25 and 1/19/25-1/20/25, 1/22/25-1/30/25 (crossed out) and 1/31/25 - Vitamin B12 1/24/25 and 1/25/25 (crossed out) - Vitamin D3 1/24/25 and 1/25/25 (crossed out) - Atorvastatin 1/23/25 and 1/24/25 (crossed out) - Haldol 1/23/25 and 1/24/25 (crossed out) - Risperidone 1/23/25 and 1/24/25 (crossed out) - The February 2025 MAR revealed the following medications were not documented as administered: - Atorvastatin 2/28/25 - Haldol 2/28/25 - Risperidone 2/28/25 Interviews on 3/12/25 and 4/16/25 with client #2 provided limited information because client #2's speech pattern was difficult to understand. Client #2 reported: - Wasn't left alone in the facility overnight - The RN/Administrator/Owner would come to the facility and administer medicine to help - Was administered her medicine - Hadn't missed getting her medications - Her medications were always in the facility Interview on 3/13/25 client #2 verified that she and the clients were left alone overnight. The interview was unsuccessful because client #2 was difficult to understand due to her speech pattern and lack of pronunciation of her words. Finding C: Interview on 3/17/25 client #3's Department of Social Services guardian revealed:	V 118		

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-C 04/25/2025

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 118	Continued From page 91 - Client #3 was diagnosed with Schizophrenia, Intellectual Developmental Disability, Depression, Posttraumatic Stress Disorder and Severe Anxiety Review on 3/21/25 of a text message sent from the Qualified Professional (QP) to the Division of Health Service Regulation Surveyor on 3/21/25 revealed: - Client #3's admission date was 5/24/23 Review on 3/12/25 of client #3's record revealed: - Physician order's dated for the following medications: - 10/15/24: - Metformin 500mg take 2 tabs PO BID (Diabetes) - 11/4/24: - Daily-Vite take 1 tab PO every day (Supplement) - 11/26/24: - Vitamin B12 take 1 tab PO every day - 12/8/24: - Clozapine 100mg take 1 tab PO three times a day (TID) (Schizophrenia) - Sertraline 50mg take 1 tab PO every day (PTSD) - Divalproex Sod 250mg take 1 tab PO BID - Olanzapine 10mg take 1 tab PO at bedtime (Schizophrenia) - Clonazepam 1mg take 1 tab PO at bedtime (Anxiety) Review on 3/12/25 of client #3's January, February and March 2025 MARs revealed: - The January 2025 MAR revealed the following dates the medications were not documented as administered and the box for the staff's initials were crossed out with a diagonal line or covered with white out:	V 118		

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-C 04/25/2025

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 118	Continued From page 92 - Metformin 1/23/25 (pm) (crossed out), 1/24/25 (crossed out) and 1/25/25 (am)(crossed out) - Daily-Vite 1/24/25 and 1/25/25 (crossed out) - Vitamin B12 1/24/25 and 1/25/25 (crossed out) - Clozapine 1/24/25 and 1/25/25 (am) (crossed out), 1/10/25-1/31/25 (2pm) and 1/23/25 -1/24/25 (crossed out) - Sertraline 1/24/25 and 1/25/25 (crossed out) - Divalproex Sod 1/23/25 (pm) (crossed out), 1/24/25 (crossed out) and 1/25/25 (am) (crossed out) - Olanzapine 1/24/25 (crossed out) - Clonazepam 1/24/25 (crossed out) - The February 2025 MAR revealed the following medications were not documented as administered: - Metformin 2/28/25 - Olanzapine 2/28/25 - Clonazepam 2/28/25 Interview on 3/12/25 client #3 reported: - Was administered her medicine daily - Only missed her medicine the night of 1/23/25 - FS #5 left the clients in the facility overnight on 1/23/25 - Didn't know when FS #5 left the facility - Didn't get her evening medicine on 1/23/25 - Client #4 and #5 retrieved the key to the locked medicine closet from the staff's bedroom - "She (client #4) said she wasn't going to miss her meds (medicine)" - Clients #4 and #5 administered their own medicine on 1/23/25 - The RN/Administrator/Owner came to the facility around 9am or 10am the morning of	V 118		

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-C 04/25/2025

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 118	Continued From page 93 1/24/25 and administered the clients' medications Interview on 4/16/25 client #3 reported: - Her medicine was always in the facility Finding D: Reviews on 3/13/25 and 4/25/25 of client #4's record revealed: - Admitted 9/13/24 and Discharged 4/17/25 - Diagnoses of Altered mental status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency - Physician's order dated for the following medications: - 2/3/25: - Certavite-Antioxidant take 1 tab PO every day (Supplement) - Gabapentin 100mg take 1 cap during the day PRN and take 1/2 cap PO at bedtime PRN (Anxiety) - Sertraline 50mg take 1 1/2 tabs PO every day - 2/28/25: - Atorvastatin 10mg take 1 tab PO every day - 3/7/25 - Montelukast Sod 10mg take 1 tab PO at bedtime (Allergies) - Vitamin B1 100mg take 1 tab PO every day (Supplement) - Folic Acid 1mg take 1 tab PO every day (Supplement) Review on 4/16/25 of client #4's record revealed: - A physician's order dated 3/21/25 for Gabapentin 100mg take 1 cap PO three times a day Reviews on 3/12/25 and 4/15/25 of client #4's January, February and March 2025 MARs revealed: - The January 2025 MAR revealed the	V 118		

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-C 04/25/2025

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 118	Continued From page 94 following dates the medications were not documented as administered and the box for the staff's initials were crossed out with a diagonal line or covered with white out: - Certavite-Antioxidant 1/23/25-1/25/25 (crossed out) - Gabapentin 1/22/25 (pm) (crossed out), 1/23/25-1/24/25 (crossed out) and 1/25/25 (am) (crossed out) - Sertraline 1/23/25-1/25/25 (crossed out) - Atorvastatin 1/23/25-1/25/25 (crossed out) and 1/31/25 - Montelukast Sod 1/22/25-1/24/25 (crossed out) - Vitamin B1 1/23/25-1/25/25 (crossed out), 1/26/25 and 1/27/25 (whited out), 1/28-1/31/25 (crossed out) - Folic Acid 1/1/25 and 1/2/25 (whited out) and 1/3/25-1/31/25 - The February 2025 MAR revealed the following medications were not documented as administered: - Montelukast Sod 2/28/25 - Gabapentin 2/28/25 - The March MAR revealed the following medication was initialed indicating the medication was administered on 4/15/25: - Gabapentin 8am, 2pm and 8pm Interview on 3/12/25 client #4 reported: - Didn't know if clients were left alone in the facility overnight - "Staff won't give me (administer) my anxiety medicine...supposed to get my anxiety medicine 4 times a day" - Was administered her medicine daily - "Never gone a night without staff giving me my medicine" Interview on 4/16/25 client #4 reported:	V 118		

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-C 04/25/2025

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 118	Continued From page 95 - Knew she went to the hospital on 4/15/25, but she didn't remember the details - She "freaked out" because she didn't have her Gabapentin in the facility - Wasn't administered her Gabapentin because the "Gabapentin wasn't here (in the facility)" - Experienced "rapid withdrawal from Gabapentin...it's very dangerous," but "not life threatening" - Missing her medication caused "confusion and erratic behavior...that's why I flipped out (behavioral outburst)" Finding E: Review on 3/12/25 of client #5's record revealed: - Admitted 6/22/23 - Diagnoses of Schizophrenia, Anxiety disorder and Anemia - Physician's order dated 1/8/25 for the following medications: - Docusate Sodium 100mg take 1 cap PO every day (Constipation) - Trazodone 50mg take 1 tab PO at bedtime (Sleep) - Olanzapine 20mg take 1 tab PO at bedtime (Schizophrenia) - Olanzapine 10mg take 1 tab PO at bedtime with 20mg Review on 3/12/25 of client #5's January and February 2025 MARs revealed: - The January 2025 MAR revealed the following dates the medications were not documented as administered and the box for the staff's initials were crossed out with a diagonal line: - Docusate Sodium 1/23/25 and 1/24/25 (crossed out) - Trazodone 1/23/25 and 1/24/25 (crossed	V 118		

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-C 04/25/2025

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 118	Continued From page 96 out) - Olanzapine 1/23/25 and 1/24/25 (crossed out) - Olanzapine 1/23/25 and 1/24/25 (crossed out) - The February 2025 MAR revealed the following medications were not documented as administered: - Docusate Sodium 2/28/25 - Trazodone 2/28/25 - Olanzapine 2/28/25 - Olanzapine 2/28/25 Interview on 3/12/25 client #5 reported: - Never administered her own medicine - Was administered her medicine daily - "Don't think that (clients left alone overnight) has happened" - She later reported the RN/Administrator/Owner came to the facility the morning of 1/24/25 and administered the clients' medications - There wasn't a staff in the facility when the RN/Administrator/Owner arrived on 1/24/25 - FS #5 left the clients alone in the facility overnight Interview on 3/13/25 client #5 reported: - FS #5 left the clients alone in the facility 1/23/25 - FS #5 didn't administer the medicine to the clients before she left - She missed her evening dose of medicine - "No one (clients) got meds that night (1/23/25)" - Didn't have a negative consequence from not receiving her medications - She contacted the RN/Administrator/Owner the morning of 1/24/25 - "She (RN/Administrator/Owner) asked if the	V 118		

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-C 04/25/2025

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 118	Continued From page 97 staff came, I said 'no' and then [RN/Administrator/Owner] showed up around 10am or 11am (1/24/25)" and administered the client's medications - The RN/Administrator/Owner left the clients alone in the facility on 1/24/25 - Couldn't recall if she received her medicine the evening of 1/24/25 - "They (staff) always jot it (medication administration) down in the book (MAR)" Interview on 4/16/25 client #5 reported: - Client #4 called the police because she didn't get her medication on 4/15/25 - Client #4's medication wasn't in the facility - "The pharmacy said it was their fault ...they didn't bring it until yesterday evening (4/15/25)" - Client #4 became "aggressive and disrespectful" to staff #1, the clients and the police officers - Received her medications - Her medications were always in the facility Interviews on 3/12/25 and 3/14/25 staff #1 reported: - Started working in the facility on 2/1/25 - She started working in the facility on a Friday and the RN/Administrator/Owner arrived to the facility to train her on the following Monday - Was responsible for administering the clients' medications - The RN/Administrator/Owner "showed me how to give medication" when she started working in the facility - She's never missed administering the clients' their medications - She signed her initials on client #1's first January 2025 MAR - Was supposed to document on client #1's February 2025 instead of the January 2025 MAR	V 118		

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-C 04/25/2025

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 118	Continued From page 98 - The RN/Administrator/Owner corrected her documentation error, but she couldn't recall when - Administered the clients' medications on 2/28/25, but she forgot to sign the clients' MARs - FS #3 was at the facility when she arrived on 2/1/25, not the RN/Administrator/Owner Interview on 4/16/25 staff #1 reported: - Client #4 missed "one dose" of her Gabapentin on 4/15/25 because the medication wasn't in the facility - Was "waiting on the pharmacy" to deliver client #4's medication - She called the pharmacy for refills "last week," and she called the pharmacy on Thursday (4/10/25) Friday (4/11/25) and Monday (4/14/25) to check on the refill - The pharmacy was supposed to deliver client #4's medicine on 4/14/25, "but they didn't" - Instructed to contact the pharmacy a week prior to the clients' medications running out to have them refilled - She "accidentally signed" client #4's March MAR on 4/15/25 because she "forgot she (client #4) wasn't here (in the facility)" and was at the hospital - Knew she was supposed to sign the clients' MARs after she administered the clients' medications Interview on 3/19/25 and record review of clients #1, #2, #3, #4, & #5's January 2025 MARs with FS #5, FS #5 reported: - Was a fill-in staff and she filled in to work at the facility on 1/22/25 - Filled in to work at the facility on 1/22/25 - Was the first time she worked at the facility - Couldn't recall how long she worked, but she "just did it (worked) for a couple of days" - Her initials were written on the clients' MARs	V 118		

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-C 04/25/2025

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 118	Continued From page 99 on 1/22/25 and the am dose on 1/23/25 indicating she administered the clients' medications - No one came to the facility before she left at 2pm on 1/23/25 and the clients were left in the facility alone Interviews on 3/13/25 and 3/18/25 the QP reported: - She and the RN/Administrator/Owner were responsible for checking the clients' MARs quarterly - She last checked the clients' MARs in September 2024 and the clients were "due one now" - Checked the MARs for "manually added meds, physician orders and ensure meds were given" - Was unaware of the documentation errors on the clients' MARs - Was unaware a staff used white out on the MARs - "Looked like [staff #1] started using an extra MAR (January 2025) for [client #1]...looked like both MARs were used" - Didn't know why FS #3 didn't document on the clients' MARs in January 2025 - FS #5 left the facility on 1/23/25 - She called the fill-in staff and informed them to contact the RN/Administrator/Owner - The RN/Administrator/Owner later informed her that "[Unverified staff] was supposed to come (to the facility)" - Was unaware the clients were left alone overnight and didn't receive their medications - "I thought someone came in that night (1/23/25)" - Client #3 told her the RN/Administrator/Owner was at the facility on 1/24/25, administered the clients' medications and cooked lunch	V 118		

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-C 04/25/2025

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 118	Continued From page 100 Interview on 4/16/25 the QP reported: - Client #4 didn't receive her morning dose of Gabapentin on 4/15/25 because the pharmacy was late delivering the medicine to the facility - Client #4 called 911 when she didn't receive her medication - Staff #1 "failed to tell me that [client #4] ran out of medicine" - The pharmacy delivered client #4's medication the evening of 4/15/25 - She contacted client #4's private agency guardian and they both agreed for client #4 to go to the hospital to receive her medication Interviews on 4/1/25 and 4/2/25 the RN/Administrator/Owner reported: - Staff were responsible for administering the clients' medications and documenting the clients' MARs - Was responsible for checking the clients' medications and MARs - She's been checking the clients' medications and MARs "every week since [staff #1] started working (1/24/25)" - Her checking the clients' medications and MARs "depends on who's working...some staff are good at not making errors...[staff #1] is still training and needs coaching" - Would also check the clients' medications and MARs "if someone complained about their medication" - Client #2 wasn't administered her Docusate Sodium because "she had loose stool" - Couldn't recall if she or staff contacted client #2's doctor about her having loose bowels - FS #3 put the dashes on the clients' MARs and "she wasn't supposed to" - "The only time they (clients) didn't have meds was the night of the 23rd (1/23/25)"	V 118		

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-C 04/25/2025

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 118	Continued From page 101 - "Someone (unverified staff) was scheduled to work and they (clients) reported that she didn't show (up to the facility)" - Didn't find out the unverified staff didn't work in the facility until the morning of 1/24/25 when she called the facility to speak with her at 8am and the clients reported there wasn't a staff in the facility - She arrived at the facility at 9am on 1/24/25 to administer the clients' medications and "tried to find someone to come in and work (in the facility)" - She "stayed (in the facility) until that evening, gave the pm (night) meds and then [staff #1] arrived...worked with [staff #1] until late, late that night, maybe around 1am" - She later reported that staff #1 arrived at the facility at 3pm to start training with her in medication administration - She returned to the facility the morning of 1/25/25 and administered the clients' medications - "They (clients) got their medications that morning and night (1/24/25)" - "I had so much going on (with staffing the facility) that I must have forgotten to sign the MARs" - "I was training [staff #1] and the stress of trying to find staff, I must have signed one day and overlooked the others" - Knew she was supposed to "make sure you sign the MAR as soon as its (medicine) administered" - "You can ask the residents that I was there, I gave them their medicine" - "I saw the documentation errors for January (2025)" - "[FS #3] drew the lines (on the MARs) and she shouldn't have done so" - FS #3 used white out on the clients' MARs - She spoke with FS #3 about not using white out on the clients' MARs because it was "legal	V 118		

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-C 04/25/2025

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 118	Continued From page 102 document ...just draw one line across" to document an error Interview on 4/17/25 the RN/Administrator/Owner reported: - The pharmacy didn't fill and deliver client #4's medication to the facility - Staff #1 contacted the pharmacy a week prior to client #4's medication running out - Staff were supposed to contact the pharmacy a week prior to their medications running out	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately report medication errors and refusals to the physician for 2 of 5 clients (#1, #4). The findings are: Finding A: Review on 3/12/25 of client #1's record revealed: - Admitted 8/30/07	V 123		

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-C 04/25/2025

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 123	Continued From page 103 - Diagnoses of Schizoaffective Disorder-Paranoid Bipolar Type and Gastroesophageal Reflux Disease - Physician orders dated for the following medications: - 3/20/24: - ClearLax Powder mix 17 grams (gm) in 4-8 ounces (oz) of liquid and drink as needed (PRN) (Constipation) - 12/8/24: - Amlodipine Besylate (Bes) 10 milligram (mg) take 1 tablet (tab) by mouth (PO) every day (Hypertension) - 12/19/24: - Oxybutynin 5mg take 1 tab PO twice a day (BID) (Bladder Control) - 1/16/25: - Melatonin 3mg take 1 tab PO at bedtime (Insomnia) - Divalproex Sodium (Sod) 500mg take 1 tab PO BID (Mood) - Benztropine Mesylate (Mes)0.5mg take 1 tab PO BID (Mood) - Trazodone 100mg take 1 tab PO at bedtime as needed (PRN) (Sleep) - 2/25/25: - Olanzapine 10mg dissolve 1 tab under tongue at bedtime (Schizophrenia) Review on 4/11/25 of client #1's March MAR revealed the following medications had staff initials crossed out with a single line on the following days: - Amlodipine Bes. 3/7/25-3/11/25 - Melatonin 3/8/25-3/11/25 - Olanzapine 3/8/25-3/12/25 - Oxybutynin 3/8/25-3/12/25 (am) and 3/7/25-3/12/25 (pm) - Divalproex Sod 3/9/25-3/11/25 (am) and 3/8/25-3/12/25 (pm)	V 123		

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-C 04/25/2025

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 123	Continued From page 104 - Benztropine Mes 3/8/25-3/12/25 (am and pm) Interview on 3/12/25 client #1 reported: - Missed her medication "lately" - Didn't want to take her medicine today because she "don't need it" Interview on 4/11/25 the pharmacist reported: - Was unaware of client #1's medication refusals in March 2025 - Called the facility on 4/10/25 and the facility "verified that they failed to contact me regarding her med (medication) refusals" Interview on 4/11/25 client #1's former Primary Care Physician (PCP) assistant reported: - Was unaware of client #1's medication refusals in March 2025 - Client #1 "suffers from a chronic condition of hypertension" - Amlodipine treats client #1's high blood pressure (BP) - Was concerned with client #1 refusing the Amlodipine because of the risks of her BP increasing Interview on 4/11/25 client #1's guardian reported: - The RN/Administrator/Owner called her and informed her of client #1's medication refusals in March 2025 - Client #1 had a history of refusing medications Interview on 4/11/25 staff #1 reported: - Verified her initials on client #1's March 2025 MAR - She crossed out her initials on client #1's March MAR because she made an error - Accidentally signed client #1's MAR when client #1 refused her medications	V 123		

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-C 04/25/2025

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 123	Continued From page 105 - "She (client #1) refused (medication) for 6 days!" - Made several attempts to administer client #1 her medications, but she refused - She notified the Registered Nurse (RN)/Administrator/Owner when client #1 refused her medications Finding B: Reviews on 3/13/25 and 4/25/25 of client #4's record revealed: - Admitted 9/13/24 and discharged 4/17/25 - Diagnoses of Altered mental status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency - Physician's order dated for the following medications: - 2/3/25: - Certavite-Antioxidant take 1 tab PO every day (Supplement) - Gabapentin 100mg take 1 cap during the day PRN and take 1/2 cap PO at bedtime PRN (Anxiety) - Sertraline 50mg take 1 1/2 tabs PO every day - 2/28/25: - Atorvastatin 10mg take 1 tab PO every day - 3/7/25 - Montelukast Sod 10mg take 1 tab PO at bedtime (Allergies) - Vitamin B1 100mg take 1 tab PO every day (Supplement) - Folic Acid 1mg take 1 tab PO every day (Supplement) Review on 3/12/25 of client #4's February 2025 MARs revealed: - Staff #1's initials were crossed out with a single line from 2/18/25-2/20/25 - No documentation indicating the medications were administered from 2/21/25-2/25/25	V 123		

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-C 04/25/2025

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 123	Continued From page 106 Interview on 3/12/25 client #4 reported: - On 2/20/25 she "took off with a man... " - Left that night and came back the next morning - Didn't take her medications with her when she left the facility on 2/20/25 - "I left out around 11pm (2/20/25) and came back at 5am (2/21/25)" Interview on 3/14/25 staff #1 reported: - Transported client #4 to her 2/28/25 medical appointment Interview on 3/17/25 a nurse at client #4's Primary Care Provider revealed: - Was unaware client #4 eloped and missed her medication from 2/20/25-2/25/25 Interviews on 3/19/25 and 3/25/25 client #4's pharmacist reported: - Was unaware client #4 missed her medication from 2/20/25-2/25/25 - Client #4 shouldn't experience any negative consequences from missing her medication for 5 days Interview on 3/18/25 the Qualified Professional (QP) reported: - Client #4 eloped on 2/20/25 - Client #4 "declined medical treatment" when she returned to the facility on 2/26/25 - The RN/Administrator/Owner was responsible for coordinating the clients' appointments, but she would have contacted client #4's physicians if she knew client #4 was consuming alcohol Interview on 4/11/25 the QP reported: - Was unaware of client #1's medication	V 123		

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-C 04/25/2025

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 123	Continued From page 107	V 123		

refusals
- Staff should have reported client #1's medication refusals to her and the RN/Administrator/Owner
- She was responsible for completing an incident report for the medication refusals
- Didn't know if client #1's physician was informed of her medication refusals

Interviews on 4/2/25 and 4/17/25 the RN/Administrator/Owner reported:
- Was responsible for coordinating with the clients' physicians
- Was aware of client #1 medication refusal
- Client #1 didn't refuse her medications for 6 days, she only missed 3 days
- "[Staff #1] said she made a mistake about that many days"
- Didn't find out about client #1's medication refusals until the evening client #1 took her medication on 3/10/25
- "[Staff #1] said she didn't take it for the weekend"
- Staff #1 didn't inform her of client #1's medication refusals until Monday 3/10/25
- Client #4 eloped from the facility on 2/20/25 and returned 2/26/25
- Client #4 had an appointment with her PCP the first week of March, but the appointment was "pushed forward after the elopement"
- Staff #1 transported client #4 to the appointment and client #4's PCP knew about the client #4 not receiving her medication during the elopement

This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.

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-C 04/25/2025

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 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an allegation of neglect was investigated and failed to report the allegation of	V 132		

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-C 04/25/2025

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 132	Continued From page 109	V 132		

neglect to the Health Care Personnel Registry (HCPR) within 5 days of being notified. The findings are:

Reviews on 3/14/25 and 4/1/25 of staff #1's personnel record revealed:
- Hired 1/24/25

Reviews on 3/19/25 and 4/1/25 of staff #2's personnel record revealed:
- Hired 9/21/24

Reviews on 3/14/25 and 4/1/25 of former staff (FS) #3's personnel record revealed:
- Hired 11/6/24

Review on 3/21/25 of a text message sent from the QP to the Division of Health Service Regulation Surveyor on 3/21/25 revealed:
- FS # 3 "...last worked Jan. (January) 31st (2025)..."

Review on 4/1/25 of FS #4's record revealed:
- Hired 5/1/24

Interview on 3/27/25 FS #4 reported:
- Hadn't worked in the facility since December 2024

Review on 4/1/25 of FS #5's record revealed:
- Hired 5/2/16

Interview on 3/19/25 FS #5 reported:
- Last worked on 1/23/25

Review on 3/26/25 of a police report dated 11/17/24 revealed:
- Client #4 called 911 and reported Former Staff #4 (FS #4) refused to administer her medication unless she completed her chores, and

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-C 04/25/2025

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 132	Continued From page 110	V 132		

she threatened to attempt suicide. Client #4 also reported the staff would retaliate if they knew she called 911. Client #4 was involuntarily committed (IVC)

Review on 4/10/25 of client #4's Emergency Medical Services (EMS) report dated 11/18/24 revealed:
- Client #4 reported to EMS she would be hurt or killed by the staff if she went back into the facility and wanted to be transported to the hospital for her safety.

Review on 3/26/25 of a police report dated 11/30/24 revealed:
- Client #4 called 911 because she and FS #4 had a "verbal argument" because FS #4 refused to administer her medications

Review on 3/12/25 of a police report dated 1/10/25 revealed:
- Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and had threatened to withhold medication from her

Review on 3/12/25 of a police report dated 1/12/25 revealed:
- Clients #1, #3 and #4 weren't approved unsupervised time and FS #3 left them in the facility alone. Client #4 called 911 on client #1 and there were no staff in the facility when the police and EMS arrived. Client #1 was involuntarily committed (IVC).

Review on 3/12/25 of a police report dated 1/14/25 revealed:
- Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and she was "concerned" FS #3 would retaliate for her calling 911

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-C 04/25/2025

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 132	Continued From page 111 Interview on 4/1/25 the Registered Nurse (RN)/Administrator/Owner reported: - The clients were left in the facility alone overnight on 1/23/25 Review on 3/12/25 of a police report dated 2/20/25 revealed: - Client #4 called 911 and reported staff #1 hadn't fed the clients in 7 days and they were undernourished. Client #4 expressed fear of retaliation from staff #1 for calling the police. Review on 3/26/25 of a police report dated 3/12/25 revealed: - Client #4 called 911 and reported the staff was yelling at her and called her "r******d" and "dumb." Client #4 also reported the staff retaliated for her calling 911 by withholding food and her medications. Client #4 couldn't recall the staff's name. Review on 4/16/25 of a police report dated 4/15/25 revealed: - Client #4 called 911 and reported staff #1 was "acting erratic and yelling" and requested an Police Officer's assistance. Reviews from 3/12/25 - 4/17/25 of the facility's records revealed: - No documentation for an investigation for any of the incidents Interview on 3/25/25 the HCPR representative reported: - Haven't received any reports from the facility from November 2024 to present date Interview on 3/26/25 the QP reported: - Was responsible for reporting allegations of	V 132		

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-C 04/25/2025

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 132	Continued From page 112	V 132		

neglect to the HCPR
- Knew she was supposed to report allegations of neglect to the HCPR
- Was on medical leave from October 11, 2024 to around the last week of January 2025
- The RN/Administrator/Owner assumed some of her duties while she was on medical leave
- Clients #1, #3 and #4 didn't have approved unsupervised time in the facility
- Was made aware of FS #3 leaving the clients alone on 1/12/25 when the EMS contacted her on 1/12/25
- Knew the police arrived but she was unaware client #1 was escorted to the hospital by the EMS
- Spoke with the RN/Administrator/Owner on 1/12/25 about the incident and she "gave it (level II incident) to [RN/Administrator/Owner] to handle"
- Was unaware FS #3 left clients #1, #3 and #4 alone for at least an hour
- Didn't believe FS #3 leaving clients #1, #3 and #4 alone was neglect because "[FS #3] was only gone for a few minutes ...but I can see that (FS #3 leaving clients alone for an hour) as neglect"
- Was unaware of the 911 calls that were placed between October 2024 and January 2025
- Was unaware client #4 was hospitalized on 11/18/24
- Found out about client #4's hospitalization when the facility's pharmacy needed clarification about physician orders in January 2025
- The RN/Administrator "hadn't reported any problems" with any of the clients in the facility
- There were "no major incidents in the home (facility) that I'm aware of until the (client #4's) elopement (2/20/25)"
- FS #5 contacted her on 1/23/25 saying she had to leave the facility
- She called the unverified fill-in staff and

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-C 04/25/2025

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 132	Continued From page 113	V 132		

informed her to contact the RN/Administrator/Owner
- The RN/Administrator/Owner later informed her that "[unverified fill-in staff] was supposed to come (to the facility)" to replace FS #5
- Didn't follow up with the RN/Administrator/Owner after she was informed the unverified fill-in staff was going to work in the facility
- "I put it (responsibility) back in her (RN/Administrator/Owner) court"
- Was unaware the clients were left alone overnight
- "I thought someone came in that night (1/23/25)"

Interview on 4/1/25 the RN/Administrator/Owner reported:
- The QP was supposed to report the incidents to the HCPR and she didn't know the QP hadn't reported the incidents
- "You have to talk to [QP] about that"
- Couldn't recall the 11/17/24 incident
- "She (client #4) makes allegations...she believes that she's supposed to get the medications"
- "If she (client #4) goes to the hospital then I'll know...I don't remember anyone saying she went for staff withholding medication"
- Was unaware of the 11/30/24 and 1/10/25 incidents
- Didn't know client #4 was calling the police to the facility
- Didn't have any issues with the facility not having enough food
- She bought the facility groceries every two weeks, so the facility didn't run out of food
- Clients #1, #3 and #4 didn't have approved unsupervised time
- Was contacted by the police on 1/12/25

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-C 04/25/2025

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 132	Continued From page 114 - The police reported "they were at the house (facility) and staff was not there" - She called FS #3 and FS #3 "said she was taking a walk, and she had just left (the facility)" - "I told her (FS #3) that she couldn't do that (leave the clients alone in the facility)" - "That was the first time she left the house (facility)" and left the clients alone - Was informed by the EMS that client #1 was going to be transported to the hospital - She investigated the incident, but she "didn't document it" - The investigation included her speaking with FS #3 and the clients - She retrained FS #3 on the clients' supervision levels the next day (1/13/25), but she didn't document the training - "I just went to the house (facility) and talked to her (FS #3) about not leaving the clients alone. She said didn't mean to, she just stepped out (the facility)" - FS #3 neglected clients #1, #3 and #4 by leaving them alone in the facility - Recalled the police contacting her on 1/14/25 about client #4's allegation of not having food in the facility - She spoke with FS #3 and FS #3 said "what they (clients) had for breakfast, lunch and dinner" and client #4 "didn't come down to eat" - She spoke with client #4 and client #4 said "you can come and see (the amount of food that was in the facility)" - Went to the facility that day and there was food in the house - "She (client #4) chose not to eat because she had eaten earlier and she wasn't hungry" - She scheduled FS #5 to work in the facility for two weeks starting 1/21/25, but "she (FS #5) abruptly left" on 1/23/25 - FS #5 "never said anything about having to	V 132		

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-C 04/25/2025

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 132	Continued From page 115 leave on the 23rd (1/23/25)" - FS #5 came to the facility to work on 1/21/25 and complained the facility was cold - Recalled speaking with FS #5 "earlier in the day" on 1/23/25 and FS #5 reported that she was planning to leave the facility, but she couldn't recall the time FS #5 called her - Couldn't recall if FS #5 texted or called her to say she was leaving the facility - She started looking for a staff to replace FS #5 when FS #5 told her that she was leaving - FS #5 left the clients alone in the facility on 1/23/25, but she couldn't recall what time she left - She later reported FS #5 leaving the facility "must have been in the evening time" - Didn't contact FS #5 after she left the clients alone in the facility because "my primary concern was to get staff" to work in the facility - Recalled the 3/12/25 incident because she was at the facility - Recalled going upstairs to the clients' bedrooms to "say hi" - She heard a knock on the facility's front door and the police was at the door - Client #4 called 911 and alleged she "didn't get her medicine" - "It wasn't even 30 minutes after I said 'hey' that she called the police" - Client #4 became verbally aggressive and started "cussing at me...screaming in my face" This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 132		
V 291	27G .5603 Supervised Living - Operations	V 291		

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-C 04/25/2025

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 291	Continued From page 116 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure service coordination was maintained between the facility operator and the Qualified Professionals (QP) responsible for treatment/habilitation for 1 of 3	V 291		

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-C 04/25/2025

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 291	Continued From page 117 audited clients (#4). The findings are: Reviews on 3/13/25 and 4/25/25 of client #4's record revealed: - Admitted 9/13/24 and discharged 4/17/25 - Diagnoses of Altered Mental Status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency - No documentation of the facility coordinating with client #4's medical providers about her alcohol use Review on 3/12/25 of a police report dated 2/20/25 revealed: - Client #4 eloped from the facility on 2/20/25 Review on 3/12/25 of a police report dated 2/26/25 revealed: - "Female (client #4) was located with [unknown male]...located at [hotel] in [neighboring city]...Have been drunk for the past 4 days-large amount of alcohol covering the room...male picked her up from [facility's address] on Thursday (2/20/25)..." Review on 4/2/25 of a police report dated 3/15/25 revealed: - Client #4 eloped from the facility to go purchase alcohol. The Police Officers located client #4 walking back to the facility 20-30 minutes after purchasing alcohol. Observations between at 12:09pm on 3/13/25 revealed: - Client #3 came downstairs to the dining room and gave the QP an empty, small white carton of wine - Client #3 stated the carton of wine came from their shared bedroom, she saw client #4 drink the wine this morning (3/13/25) and client #3 walked	V 291		

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-C 04/25/2025

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 291	Continued From page 118 back upstairs Interview on 3/12/25 client #3 reported: - Client #4 walked to the store to purchase alcohol - "Lately" client #4's been walking to the store "every day" Interview on 3/13/25 client #3 reported: - The RN/Administrator/Owner knew about client #4 drinking alcohol in the facility - Former Staff #3 (FS #3) found bottles of alcohol behind client #4's bed in their shared bedroom a few months ago and reported it to the RN/Administrator/Owner - Witnessed FS #3 call the RN/Administrator/Owner and "asked her why she didn't tell her about [client #4] leaving to buy alcohol" Interviews on 3/13/25 client #5 reported: - "You can tell she's (client #4) drunk (intoxicated) because she keep talking and cusses people (client and staff) out" - The RN/Administrator/Owner knew client #4 was drinking alcohol in the facility - Recalled when FS #3 found an empty wine bottle in client #1 and #4's shared bedroom around January 2025 - FS #3 "immediately" called the RN/Administrator/Owner and told the RN/Administrator/Owner that she found the empty bottle of alcohol - The RN/Administrator/Owner came to the facility on 3/12/25 and saw client #4 intoxicated - The RN/Administrator/Owner went into client #1 and #4's shared bedroom and found alcohol in their room Interviews on 3/12/25 client #4 reported:	V 291		

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-C 04/25/2025

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 291	Continued From page 119 - Walked to the store to buy her and client #3 sodas - Didn't purchase alcohol from the store - Wasn't able to purchase alcohol because she used a government assistance benefits card that wouldn't approve alcohol purchases - On 2/20/25 she "took off with a man" - Admitted to drinking alcohol while she was with the man - Never drunk alcohol in the facility Interview and observation at 11:48am of client #4 on 3/13/24 revealed: - Client #4's hair was disheveled, her speech was slurred and she smelled of alcohol - Client #4's eyes were glossed over and her eyelids were half shut - Client #4 sat down and immediately began crying - She denied drinking alcohol Interview on 3/24/25 client #4 reported: - Went to all her scheduled doctor appointments - Saw her Primary Care Provider (PCP) twice a year for prescription refills - Saw her psychiatrist every three months - Many of her appointments were virtual - Hadn't spoken to her PCP or Psychiatrist about increased alcohol use Interview on 4/11/25 client #4 reported: - Met up with an "old boyfriend, (4/3/25)" but she couldn't recall when - She and the man went to a hotel, but she couldn't recall where the hotel was located - She "probably" had wine while she was out with the man Interviews on 3/13/25 and 4/11/25 client #5	V 291		

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-C 04/25/2025

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 291	Continued From page 120 reported: - Client #4 walked to a local grocery store to purchase alcohol "not everyday, but if she has money" - Client #4 left the facility 4/3/25 - Client #4 "looked like she had been drinking" when she returned to the facility on 4/4/25 Interviews on 3/12/25 and 3/14/25 staff #1 reported: - Client #4 eloped on 2/20/25 and returned 2/26/25 - Transported client #4 to her medical appointment with her Primary Care Provider (PCP) on 2/28/25 - Didn't inform client #4's PCP about her alcohol use - Knew client #4 was leaving the facility to go to the store, but she never witnessed client #4 leave the facility - She and FS #3 saw client #4 walking back to the facility "on day one (first day working in the facility)" - FS #3 told her that client #4 was a client in the facility and she liked to leave to go to the store without staff's permission - FS #3 told her that she reported client #4 to the RN/Administrator/Owner when she found alcohol in client #4 and #3's shared bedroom - "Smelled alcohol once when she (client #4) came back from leaving the facility...the police brought her back (to the facility)" - Knew client #4 was intoxicated when she saw her yesterday (3/13/25) - Knew when client #4 was intoxicated in the facility because "she's arguing a lot, talks a lot and slurred speech" - "I can smell alcohol on her (client #4) when she comes downstairs" - Would call client #4 to come get her medicine	V 291		

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-C 04/25/2025

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 291	Continued From page 121	V 291		

and she could tell client #4 was intoxicated when she arrived
- Client #4 took her medicine and went back upstairs to her and client #4's shared bedroom to "sleep it (alcohol) off"
- Client #4 "looked drunk almost every day, if not every day"
- Called the RN/Administrator/Owner whenever she suspected client #4 was intoxicated in the facility and "[RN/Administrator/Owner] say she will call [client #4]"

Interview on 3/19/25 client #4's private agency guardian assistant reported:
- Client #4's alcohol use in the facility "just started around January (2025)"
- FS #3 called her on 1/27/25 and reported client #4 had been "walking off (from the facility)" and she found alcohol in client #4 and client #3's shared bedroom
- FS #3 reported "it (client #4 eloping on 1/27/25) wasn't the first time" and client #4's "first time was a few weeks ago"
- She called and spoke with client #4 about the alcohol found in her bedroom, but client #4 denied it

Interview on 3/17/25 a Nurse at client #4's PCP revealed:
- Client #4 was last seen on 2/28/25
- The appointment was for medication refills
- Was unaware client #4 eloped on 2/20/25
- Was unaware client #4 was consuming alcohol
- Was concerned with client #4 mixing her antidepressant medication with alcohol
- Didn't have any clinical notes stating the PCP spoke with group home staff

Interview on 4/23/25 a medical record

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-C 04/25/2025

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 291	Continued From page 122	V 291		

representative at client #4's psychiatric clinic reported:
- Client #4 received medication (med) management services at the clinic
- Client #4's had virtual med management appointments on 2/3/25, 3/21/25 and 4/12/25
- Was notified of client #4's 3/13/25 hospitalization and alcohol use on 3/14/25 when they received a report from the hospital
- Wasn't notified of client #4's alcohol use prior to 3/14/25

Interview on 4/2/25 the RN/Administrator/Owner reported:
- Was responsible for coordinating and scheduling the clients' medical appointments
- Hadn't received any reports from staff suspecting client #4 of consuming alcohol
- Didn't have a suspicion of client #4 consuming alcohol
- Didn't know client #4 was eloping from the facility to walk to the store to purchase alcohol
- On 3/12/25 she found three empty bottles of alcohol sitting on top of client #4's belongings in her and client #3's shared bedroom
- Client #4 was "aggressive" but her speech wasn't slurred and she didn't smell like alcohol
- It didn't cross her mind that client #4 could've been intoxicated on 3/12/25
- Client #4 had an appointment with her PCP "the first week of March (2025)," but the appointment was "pushed forward after the elopement (2/20/25)"
- She informed client #4's physician about the elopement on 2/20/25
- Didn't know if staff reported client #4's suspected alcohol use to the physician
- Police didn't tell her about the large amount of alcohol they found in client #4's hotel room on 2/26/25

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-C 04/25/2025

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 291	Continued From page 123 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 291		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	V 366		

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-C 04/25/2025

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 366	Continued From page 124 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the	V 366		

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-C 04/25/2025

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 366	Continued From page 125 LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to implement policies governing their response to incidents as required. The findings are: Reviews from 3/12/25-4/15/25 of police reports from the local Police Department revealed the following incidents:	V 366		

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-C 04/25/2025

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 366	Continued From page 126 - 10/30/24-Disturbance resulting in the hospitalization of client #1 - 11/8/24-Client #4 eloped and required the police presence in the facility - 11/11/24-Client #4 eloped and required the police presence in the facility - 11/17/24-Suicide threat that resulted in the hospitalization of client #4 - 11/18/24-Suicide threat that resulted in the hospitalization of client #3 - 11/30/24-Disturbance that resulted in the police presence in the facility - 1/10/25-Client #4's allegation of neglect - 1/12/25-FS #3 neglected client #1, #3, and 4 - 1/14/25-Client #1's allegation of neglect - 1/14/25-Client #4's allegation of neglect - 1/15/25-Disturbance that resulted in the police presence in the facility - 2/20/25-Client #4's allegation of neglect Interview on 4/1/25 the Registered Nurse (RN)/Administrator/Owner reported: - The clients were left in the facility alone overnight on 1/23/25 Reviews from 3/12/25-4/22/25 of the facility's records revealed: - No documentation of an internal review meetings, preliminary findings of fact or final reports signed by the RN/Administrator/Owner (if applicable) submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) for the above level II and II Incidents Interviews on 3/16/25 and 3/28/25 the Qualified Professional (QP) reported: - Knew she was responsible and she was supposed to complete the following: - Internal review meetings within 24 hours of level II and III incidents	V 366		

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-C 04/25/2025

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 366	Continued From page 127 - Write and submit the preliminary findings of fact to the LME/MCO within 5 days of the incident - Submitting the final report to the LME/MCO within 3 months of the incident - Was on medical leave from October 11, 2024 to around the last week of January 2025 - Was still able to perform some QP duties by phone during her medical leave - The RN/Administrator/Owner assumed some of her duties while she was on medical leave - Was unaware of the 911 calls from October 2024 to January 2025 - Was unaware of client #3 or #4's hospitalizations until she was contacted in January 2025 by the facility's local pharmacy needing clarification about physician orders - She hadn't asked the RN/Administrator/Owner to notify the LME/MCO of level II incidents, but reporting to the LME/MCO was "something [RN/Administrator/Owner] had to handle because I was out of work" - "Can't do something that I don't know about" - "I believe [RN/Administrator/Owner] doesn't tell me about some incidents because she don't want to bother me, but that's when you need to bother me" - "It's not fair to the clients or me if I'm not aware of what's going on" - Was aware of the incident regarding FS #3 leaving client #1, #3 and #4 alone in the facility on 1/12/25 - Spoke with the RN/Administrator/Owner on 1/12/25 about the incident and she "gave it (level II incident) to [RN/Administrator/Owner] to handle" Interview on 4/2/25 the RN/Administrator/Owner reported: - The QP was responsible for submitting all	V 366		

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-C 04/25/2025

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 366	Continued From page 128 incident reports to the LME/MCO because the QP was still working from home while she was on medical leave - The QP was aware of all of the incidents because she spoke with the QP about the incidents - Also met with the staff and clients to talk about the incidents, but the meetings weren't documented - "Not sure" if the QP submitted the preliminary and final reports to the LME/MCO This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 366		
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	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-C 04/25/2025

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 367	Continued From page 129	V 367		

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 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).

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-C 04/25/2025

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 367	Continued From page 130 (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 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 observation, record reviews and interviews, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 and 24 hours as required. The findings are: Review on 3/26/25 of a police report dated 10/30/24 revealed: - Police responded to the facility for client #1's	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-C 04/25/2025

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 367	Continued From page 131 behavioral outburst Review on 3/26/25 of a police report dated 11/8/24 revealed: - Client #4 eloped from the facility and the police were contacted to assist in locating client #4 Review on 3/26/25 of a police report dated 11/11/24 revealed: - Client #4 eloped from the facility and the police were contacted to assist in locating client #4 Review on 3/26/25 of a police report dated 11/17/24 revealed: - Client #4 called 911 and reported FS #4 refused to administer her medication unless she completed her chores and she threatened to attempt suicide. Client #4 also reported the staff would retaliate if they knew she called 911. Client #4 was involuntarily committed (IVC) Review on 3/26/25 of a police report dated 11/18/24 revealed: - Client #3 called 911 and expressed suicidal ideations. Client #3 transported by Emergency Medical Services and IVC'd Review on 3/26/25 of a police report dated 11/30/24 revealed: - Client #4 called 911 because she and FS #4 had a "verbal argument" because FS #4 refused to administer her medications Review on 3/12/25 of a police report dated 1/10/25 revealed: - Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and had threatened to withhold medication from her	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-C 04/25/2025

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 367	Continued From page 132 Review on 3/12/25 of a police report dated 1/12/25 revealed: - FS #3 left them in the facility alone. Client #4 called 911 on client #1 and there were no staff in the facility when the police and EMS arrived. Client #1 was IVC'd. Review on 3/12/25 of a police report dated 1/14/25 at 3:47pm revealed: - Client #4 called 911 on client #1 because client #1 was acting "erratic" and requested the police presence. Review on 3/12/25 of a police report dated 1/14/25 at 7:01pm revealed: - Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and she was "concerned" FS #3 would retaliate for her calling 911. Police Officers arrived and confirmed there was food present in the facility Review on 3/12/25 of a police report dated 1/15/25 revealed: - Client #4 called 911 on client #1 for "yelling for 2 hours." Police arrived at the facility to assess the situation Interview on 4/1/25 the Registered Nurse (RN)/Administrator/Owner reported: - The clients were left in the facility alone overnight on 1/23/25 Review on 3/12/25 of a police report dated 2/20/25 revealed: - Client #4 called 911 and reported staff #1 hadn't fed the clients in 7 days and they were undernourished. Client #4 expressed fear of retaliation from staff #1 for calling the police.	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-C 04/25/2025

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 367	Continued From page 133 Review on 3/26/25 of a police report dated 3/12/25 revealed: - Client #4 called 911 and reported the staff was yelling at her and called her "r******d" and "dumb." Client #4 also reported the staff retaliated for her calling 911 by withholding food and her medications. Client #4 couldn't recall the staff's name. Review on 3/12/25 of the Incident Response Improvement System (IRIS) revealed: - No IRIS reports submitted for the level II and III incidents Interview on 3/18/25 the Qualified Professional (QP) reported: - Didn't know the police were being called to the facility - Was unaware of the 10/30/24 incident with client #1 - Didn't know who filed the IVC order for client #1, but it could have been the RN/Administrator/Owner - Knew she didn't file the IVC because the courthouse was located on a hill and she wouldn't have been able to climb the hill because she was using a wheelchair due to her injury Interview on 3/26/25 the QP reported: - Was responsible for submitting IRIS reports for level II and III incidents - Knew she was supposed to submit IRIS reports for level II and III incidents - Was on medical leave from October 11, 2024 to around the last week of January 2025, but she was still able to perform some of her duties by phone - The RN/Administrator/Owner assumed some of her duties while she was on medical leave - She hadn't asked the	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-C 04/25/2025

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 367	Continued From page 134 RN/Administrator/Owner to complete IRIS reports and notify the LME/MCO of level II incidents, but reporting to the LME/MCO was "something [RN/Administrator/Owner] had to handle because I was out of work" - "I believe [RN/Administrator/Owner] doesn't tell me about some incidents because she don't want to bother me, but that's when you need to bother me" - "It's not fair to the clients or me if I'm not aware of what's going on" - Was aware of the incident regarding FS #3 leaving client #1, #3 and #4 alone in the facility on 1/12/25 - Spoke with the RN/Administrator/Owner on 1/12/25 about the incident and she "gave it (level II incident) to [RN/Administrator/Owner] to handle" Interview on 3/28/25 the QP reported: - Was unaware of the police calls that were placed from October 2024 to January 2025 - Was unaware of client #3 and #4's hospitalizations - Found out about the hospitalizations when the facility's pharmacy needed clarification about physician orders in January 2025 Interview on 4/1/25 the RN/Administrator/Owner reported: - Clients #1, #3 and #4 didn't have approved unsupervised time - Was contacted by the police on 1/12/25 and the police reported "they were at the house (facility) and staff was not there" - Was informed by the EMS that client #1 was going to be transported to the hospital - She called FS #3 and FS #3 "said she was taking a walk and she had just left (the facility)" - She investigated the incident by speaking	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-C 04/25/2025

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 367	Continued From page 135	V 367		

with FS #3 and the clients, but she "didn't document it"
- FS #3 neglected clients #1, #3 and #4 by leaving them alone in the facility

Interview on 4/2/25 the RN/Administrator/Owner reported:
- "[QP] is the one that does IRIS (reports)"
- She "hadn't talked to [QP] about what to do with her job...she does IRIS (reports) without being told"
- Don't know if IRIS reports were completed for any of the incidents
- "She's (QP) struggling to catch up...she used to be on top of everything including the IRIS (reports)"
- She and the QP visited the facility on 10/30/24 to complete a medication review and client #1 was "delusional...acting unlike herself"
- The police were called to the facility, but "they wouldn't take her (IVC)"
- "[QP] said she would go do a commitment (IVC)"
- "I think I remember" the 11/8/24 incident, but she was unable to recall the staff that was working
- Recalled instructing the staff to call 911, but she couldn't recall if the staff mentioned seeing client #4 walking down the street
- "Every time the police came (to the facility) I told staff to call me so I can talk to the police"
- Recalled the 11/11/24 incident
- Client #4 "said she was taking a walk," but client #4 didn't have approved unsupervised time
- Didn't know client #4 was leaving the facility "like that, if I did, I told them (staff) to call the police"
- "I thought when [client #4] walked away (from the facility) it was because of [client #1] and "she (client #4) wasn't able to handle [client #1]"

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-C 04/25/2025

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 367	Continued From page 136 - Couldn't recall the 11/17/24 incident - "She (client #4) makes allegations...she believes that she's supposed to get the medications" - "If she (client #4) goes to the hospital then I'll know...I don't remember anyone saying she went for staff withholding medication" - Was unaware of the 11/30/24 and 1/10/25 incidents - Didn't know client #4 was calling the police to the facility - She bought the facility groceries every two weeks, so the facility didn't run out of food - Couldn't recall the first 1/14/25 incident, but she "believed they (clients #1 and #4) were arguing" - Received previous calls "about [client #4] and [client #4] yelling back and forth" and she had "heard the way [client #4] was yelling" in February 2025, but she couldn't recall the exact date - Recalled the police contacting her on 1/14/25 about client #4's allegation of the facility not having food - She spoke with FS #3 and FS #3 said "what they (clients) had for breakfast, lunch and dinner" and client #4 "didn't come down to eat" - Went to the facility and there was food - Recalled the 3/12/25 incident because she was at the facility - Recalled going upstairs to the clients' bedrooms to "say hi" - She heard a knock on the facility's front door and the police were at the door - Client #4 called 911 and alleged she "didn't get her medicine" - "It wasn't even 30 minutes after I said 'hey' that she called the police" This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A	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-C 04/25/2025

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 367	Continued From page 137 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:	V 500		

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-C 04/25/2025

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 500	Continued From page 138 (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all incidents of alleged neglect to the County Department of Social Services (DSS) for 5 of 5 clients (#1, #2, #3, #4, #5). The findings are: Review on 3/12/25 of client #1's record revealed: - Admitted 8/30/07 - Diagnoses of Schizoaffective	V 500		

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-C 04/25/2025

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 500	Continued From page 139	V 500		

Disorder-Paranoid Bipolar Type and Gastroesophageal reflux disease

Review on 3/12/25 of client #2's record revealed:
- Admitted 11/2/20
- Diagnosis of Schizoaffective Disorder-Paranoid Type

Review on 3/12/25 of client #3's record revealed:
- No face sheet containing admission date and diagnoses

Review on 3/21/25 of a text message sent from the Qualified Professional (QP) to the Division of Health Service Regulation Surveyor on 3/21/25 revealed:
- Client #3 was admitted 5/24/23

Interview on 3/17/25 client #3's DSS guardian revealed:
- Client #3 was diagnosed with Schizophrenia, Intellectual Developmental Disability, Depression, Posttraumatic Stress Disorder and Severe Anxiety

Reviews on 3/13/25 and 4/25/25 of client #4's record revealed:
- Admitted 9/13/24 and discharged 4/17/25
- Diagnoses of Altered mental status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency

Review on 3/12/25 of client #5's record revealed:
- Admitted 6/22/23
- Diagnoses of Schizophrenia, Anxiety Disorder and Anemia

Review on 3/26/25 of a police report dated 11/17/24 revealed:
- Client #4 called 911 and reported Former

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-C 04/25/2025

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 500	Continued From page 140	V 500		

Staff #4 (FS #4) refused to administer her medication unless she completed her chores, and she threatened to attempt suicide. Client #4 also reported the staff would retaliate if they knew she called 911. Client #4 was involuntarily committed (IVC)

Review on 4/10/25 of client #4's Emergency Medical Services (EMS) report dated 11/18/24 revealed:
- Client #4 reported to EMS she would be hurt or killed by the staff if she went back into the facility and wanted to be transported to the hospital for her safety.

Review on 3/26/25 of a police report dated 11/30/24 revealed:
- Client #4 called 911 because she and FS #4 had a "verbal argument" because FS #4 refused to administer her medications

Review on 3/12/25 of a police report dated 1/10/25 revealed:
- Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and had threatened to withhold medication from her

Review on 3/12/25 of a police report dated 1/12/25 revealed:
- Clients #1, #3 and #4 weren't approved unsupervised time and FS #3 left them in the facility alone. Client #4 called 911 on client #1 and there were no staff in the facility when the police and EMS arrived. Client #1 was involuntarily committed (IVC).

Review on 3/12/25 of a police report dated 1/14/25 revealed:
- Client #4 called 911 and reported FS #3 hadn't fed the clients in 3 days and she was

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-C 04/25/2025

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 500	Continued From page 141 "concerned" FS #3 would retaliate for her calling 911 Interview on 4/1/25 the Registered Nurse (RN)/Administrator/Owner reported: - The clients were left in the facility alone overnight on 1/23/25 Review on 3/12/25 of a police report dated 2/20/25 revealed: - Client #4 called 911 and reported staff #1 hadn't fed the clients in 7 days and they were undernourished. Client #4 expressed fear of retaliation from staff #1 for calling the police. Review on 3/26/25 of a police report dated 3/12/25 revealed: - Client #4 called 911 and reported the staff was yelling at her and called her "r******d" and "dumb." Client #4 also reported the staff retaliated for her calling 911 by withholding food and her medications. Client #4 couldn't recall the staff's name. Review on 4/16/25 of a police report dated 4/15/25 revealed: - Client #4 called 911 and reported staff #1 was "acting erratic and yelling" and requested an Police Officer's assistance. Interviews on 4/23/25 the DSS legal guardians reported: - Weren't made aware of any allegations of neglect at the facility Interview on 3/13/25 the QP reported: - Knew the police were called for client #1 and the EMS arrived at the facility, but she didn't know client #1 was transported to the hospital for an involuntary commitment	V 500		

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-C 04/25/2025

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 500	Continued From page 142	V 500		

- FS #5 left the clients alone in the facility on 1/23/25
- Spoke with the Registered Nurse (RN)/Administrator/Owner on 1/23/25 and the RN/Administrator/Owner said she had a staff that was going to work in the facility so she "didn't follow up anymore"

Interview on 3/18/25 the QP reported:
- Was unaware client #4 was hospitalized on 11/18/24
- Found out about client #4's hospitalization when the facility's pharmacy needed clarification about physician orders in January 2025
- The RN/Administrator/Owner "hadn't reported any problems" with any of the clients in the facility
- There were "no major incidents in the home (facility) that I'm aware of until the (client #4's) elopement (2/20/25)"

Interviews on 3/26/25 and 3/28/25 the QP reported:
- Was responsible for reporting allegations of neglect to DSS
- Knew to report allegations of neglect to DSS
- Was on medical leave from October 11, 2024 to around the last week of January 2025 and the RN/Administrator/Owner assumed some of her duties
- Was unaware of the 911 calls that were placed between October 2024 and January 2025
- Clients #1, #3 and #4 didn't have approved unsupervised time in facility
- Was made aware of FS #3 leaving the clients alone on 1/12/25 when the EMS contacted her on 1/12/25
- Knew the police arrived but she was unaware client #1 was escorted to the hospital by the EMS
- Spoke with the RN/Administrator/Owner on 1/12/25 about the incident and she "gave it (level

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-C 04/25/2025

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 500	Continued From page 143	V 500		

II incident) to [RN/Administrator/Owner] to handle"
- Was unaware FS #3 left clients #1, #3 and #4 alone for at least an hour
- Didn't believe FS #3 leaving clients #1, #3 and #4 alone as neglect because "[FS #3] was only gone for a few minutes ...but I can see that (FS #3 leaving clients alone for an hour) as neglect"
- FS #5 contacted her on 1/23/25 saying she had to leave the facility
- The RN/Administrator/Owner later informed her that "[unverified fill-in staff] was supposed to come (to the facility)" to replace FS #5
- Didn't follow up with the RN/Administrator/Owner after she was informed the unverified fill-in staff was going to work in the facility
- "I put it (responsibility) back in her (RN/Administrator/Owner) court"
- Was unaware the clients were left alone overnight
- "I thought someone came in that night (1/23/25)"

Interview on 4/17/25 the RN/Administrator/Owner reported:
- She scheduled FS #5 to work in the facility for two weeks starting 1/21/25, but "she (FS #5) abruptly left" on 1/23/25
- FS #5 "never said anything about having to leave on the 23rd (1/23/25)"
- FS #5 came to the facility to work on 1/21/25 and complained the facility was cold
- Recalled speaking with FS #5 "earlier in the day" on 1/23/25 and FS #5 reported that she was planning to leave the facility, but she couldn't recall the time FS #5 called her
- Couldn't recall if FS #5 texted or called her to say she was leaving the facility

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-C 04/25/2025

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 500	Continued From page 144 - She started looking for a staff to replace FS #5 when FS #5 told her that she was leaving - FS #5 left the clients alone in the facility on 1/23/25, but she couldn't recall what time she left - She later reported FS #5 leaving the facility "must have been in the evening time" - Didn't contact FS #5 after she left the clients alone in the facility because "my primary concern was to get staff" to work in the facility - The QP was responsible for notifying DSS of allegations - "Not sure" if the QP notified DSS This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree	V 512		

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-C 04/25/2025

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 512	Continued From page 145 of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, 2 of 3 audited former paraprofessional staff (Former Staff (FS) #3, FS #5) neglected 3 of 5 clients (#1, #3, #4) and 1 of 2 Qualified Professionals (Registered Nurse (RN)/Administrator/Owner) neglected 5 of 5 clients (#1, #2, #3, #4, #5). The findings are: Review on 3/12/25 of client #1's record revealed: - Admitted 8/30/07 - Diagnoses of Schizoaffective Disorder-Paranoid Bipolar Type and Gastroesophageal Reflux Disease - No documentation of on an unsupervised time assessment deeming client #1 capable of being left alone in the facility Review on 3/12/25 of client #2's record revealed: - Admitted 11/2/20 - Diagnosis of Schizoaffective Disorder-Paranoid Type - An unsupervised time assessment dated 8/9/24: "Utilize unsupervised time in the community-continues to be approved for up to 4 hours of unsupervised time in a home (facility) and 4 hours of unsupervised time in the community on a daily basis" Review on 3/12/25 of client #3's record revealed:	V 512		

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-C 04/25/2025

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 512	Continued From page 146 - No face sheet containing admission date and diagnoses - An unsupervised time assessment dated 6/18/24: "...moves about the neighborhood or community with continual staff supervision requiring staff to be within audible, visual and/or physical proximity of the individual" Interview on 3/17/25 client #3's Department of Social Services guardian revealed: - Client #3 was diagnosed with Schizophrenia, Intellectual Developmental Disability, Depression, Posttraumatic Stress Disorder and Severe Anxiety Review on 3/21/25 of a text message sent from the Qualified Professional (QP) to the Division of Health Service Regulation (DHSR) Surveyor on 3/21/25 revealed: - Client #3's was admitted 5/24/23 Review on 3/13/25 of client #4's record revealed: - Admitted 9/13/24 - Diagnoses of Altered mental status, Wernicke Encephalopathy, Alcohol Use Disorder and Vitamin D Deficiency - An unsupervised time assessment dated 9/13/24: "...She (client #4) has a history of alcohol use and making poor decisions. She is not approved for unsupervised time at this time..." Review on 3/12/25 of client #5's record revealed: - Admitted 6/22/23 - Diagnoses of Schizophrenia, Anxiety disorder and Anemia - An unsupervised time assessment dated 7/21/24: "...she (client #5) is approved for up to 4 hours of unsupervised time in the community and up to 4 hours of unsupervised time in the home (facility)..."	V 512		

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-C 04/25/2025

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 512	Continued From page 147 Finding A: An example of how clients #1, #3 and #4 were neglected by being left alone in the facility during a crisis that resulted in the involuntary commitment (IVC) of client #1. Review on 3/14/25 of FS #3's personnel record revealed: - Hired 11/6/24 Review on 3/21/25 of a text message sent from the QP to the DHSR Surveyor on 3/21/25 revealed: - FS # 3 "...last worked Jan. (January) 31st (2025)..." Review on 3/12/25 of a police report dated 1/12/25 revealed: - "On January 12, 2025, at approximately 18:28 (6:28pm) hrs. (hours), I [Police Officer] responded to 109 Evening Star Dr...When I arrived on scene I was met with the caller, [client #4]. She stated her roommate [client #1] who is also in the group home was acting violent and threatening to kill her. She stated they are all in there for their mental health ailments, but she stated that she can't live in fear anymore with her roommate across the hall, [client #1], threatening her...EMS (Emergency Medical Services) stated that [client #1] needed to be seen by doctors and was in a psychotic episode with violent tendencies. There was no group home attendant (staff) at the home (facility) at the time I arrived. We had to call multiple numbers to try and track down a group home employee in charge of this home to get all of [client #1]'s personal information and meds (medications)...The group home tech (technician), [FS #3], showed just as we were getting [Client #1] into EMS (Emergency Medical Services)..."	V 512		

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-C 04/25/2025

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 512	Continued From page 148 Review on 3/12/25 of a second police report dated 1/12/25 revealed: - "[Client #1] is being transported to [hospital] for evaluation for a Psych (psychiatric) episode. [1/12/25 19:27:20 (7:27pm) ...]" Review on 3/14/25 of client #1's local hospital record dated 1/12/25 revealed: - "Patient (client #1) upset tonight because she said someone started an argument with her ...Apparently, another member of the group home called 911 on the patient ...[client #1's guardian]...shares that she believes that 'no caregiver (staff) was at the group home tonight. I believe one of the people that live there called 911'...[Client #1] reported '[FS #3]' is the group home worker that was there tonight but she 'stepped out briefly' and should return tonight..." Interview on 3/12/25 client #1 reported: - Didn't have unsupervised time in the facility - The clients were left alone in the facility "one time" - Didn't recall when clients were left alone or how long the staff was gone from the facility - Didn't recall the staff's name Interview on 3/13/25 client #2 verified that she and the clients were left alone overnight. Interviews on 3/12/25 and 3/13/25 client #3 reported: - Didn't have unsupervised time in the facility - FS #3 left the clients alone in the facility on 1/12/25 - Didn't know when FS #3 left the facility because FS #3 didn't tell her - FS #3 "don't do it (leave the clients in the facility alone) often"	V 512		

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-C 04/25/2025

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 512	Continued From page 149 - "[Client #4] and [client #1] argue a lot...they will get in each other's faces," but the clients "don't get physical" - Didn't know who called the police - FS #3 wasn't in the facility when the police arrived Attempted interview on 3/13/25 with client #4 was unsuccessful because client #4 was intoxicated. Her eyes were glossed over and half shut, her speech was slurred and she smelled of alcohol. Observation on 3/12/25 at 3:15pm revealed: - The grocery store was 0.8 miles away from the facility Interview on 3/13/25 client #5 reported: - FS #3 walked to the store every morning to purchase items for the facility and left the clients alone in the facility - FS #3 had to walk to the store because she didn't have a car - FS #3 left the clients at the facility alone on 1/12/25 - Clients #1 and #4 were arguing "back and forth" and client #4 "said she'll punch someone in the face" - "[Client #4] probably called 911 because she calls them all the time" - Didn't know FS #3 was gone until the police arrived at the facility - Didn't know how long it took for FS #3 to return to the facility after the police arrived - Believed FS #3 returned "about 15 minutes" after the police arrived Interview with FS #3 on 3/17/25 was unsuccessful because the QP reported that FS #3 moved out of state, changed her phone number and the QP was instructed to not	V 512		

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-C 04/25/2025

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 512	Continued From page 150 distribute her phone number to be distributed to anyone. Interview on 3/13/25 the QP reported: - Knew the police were called for client #1 and the EMS arrived at the facility, but she didn't know client #1 was transported to the hospital for an involuntary commitment Interviews on 3/26/25 and 3/28/25 the QP reported: - Was responsible for addressing allegations of neglect in the facility - Was on medical leave from October 11, 2024 to around the last week of January 2025 and the RN/Administrator/Owner assumed some of her duties - Was unaware of the 911 calls that were placed between October 2024 and January 2025 - Clients #1, #3 and #4 didn't have approved unsupervised time in facility - Was made aware of FS #3 leaving the clients alone on 1/12/25 when the EMS contacted her on 1/12/25 - She attempted to call FS #3, but FS #3 didn't answer her phone - She then called the RN/Administrator/Owner and told the RN/Administrator/Owner that she couldn't reach FS #3 - The RN/Administrator/Owner called her back and told "her (FS #3) phone was in her pocket" - Knew the RN/Administrator/Owner talked to FS #3 and told her that she wasn't supposed to leave the clients alone in the facility - Spoke with the RN/Administrator/Owner on 1/12/25 about the incident and she "gave it (level II incident) to [RN/Administrator/Owner] to handle" - Was unaware FS #3 left clients #1, #3 and #4 alone for at least an hour	V 512		

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-C 04/25/2025

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 512	Continued From page 151	V 512		

- Didn't believe FS #3 leaving clients #1, #3 and #4 alone was neglect because "[FS #3] was only gone for a few minutes ...but I can see that (FS #3 leaving clients alone for an hour) as neglect"

Interview on 4/1/25 the RN/Administrator/Owner reported:
- Was responsible for addressing allegations of neglect in the facility
- Clients #1, #3 and #4 didn't have approved unsupervised time
- Was contacted by the police on 1/12/25 and the police reported "they were at the house (facility) and staff was not there"
- Was informed by the EMS that client #1 was going to be transported to the hospital
- She called FS #3 and FS #3 "said she was taking a walk and she had just left (the facility)"
- She investigated the incident by speaking with FS #3 and the clients, but she "didn't document it"
- FS #3 neglected clients #1, #3 and #4 by leaving them alone in the facility

Finding B: An example of the clients being left alone in the facility overnight

Review on 4/1/25 of FS #5's record revealed:
- Hired 5/2/16

Interview on 3/19/25 FS #5 reported:
- Last worked on 1/23/25

Review on 3/19/25 and 4/1/25 of the RN/Administrator/Owner's record revealed:
- Hired 11/13/09

Attempted reviews on 3/24/25, 4/1/25 and 4/17/25 of the unverified fill-in staff's record was

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-C 04/25/2025

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 512	Continued From page 152	V 512		

unsuccessful because the unverified fill-in staff's personnel record was not available.

Attempted interview on 3/21/25 with unverified fill-in staff was unsuccessful because the number provided for the unverified fill-in staff was disconnected.

Interview on 3/12/25 client #1 reported:
- Clients were left alone in the facility "one time," but the staff didn't leave them alone overnight
- Couldn't recall when the clients were left alone in the facility or for how long

Interview on 3/12/25 with client #2 provided limited information because client #2's speech pattern was difficult to understand. Client #2 reported:
- Wasn't left alone in the facility overnight
- The RN/Administrator/Owner came to the facility and administered their medication to help

Interview on 3/13/25 client #2 verified that she and the clients were left alone overnight

Interview on 3/12/25 client #3 reported:
- FS #5 left the clients in the facility overnight on 1/23/25
- Didn't know when FS #5 left the facility
- Didn't get her evening medicine on 1/23/25
- The RN/Administrator/Owner came to the facility around 9am or 10am on 1/24/25 and gave the clients their medication
- The RN/Administrator/Owner "stayed a while and said the lady (staff #1) is gonna come in around 12pm. If she don't then call her and say nobody came"
- The RN/Administrator/Owner left the clients alone in the facility "around 1 or 2 (pm)"

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-C 04/25/2025

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 512	Continued From page 153 - Couldn't recall what time staff #1 arrived at the facility - Didn't recall any client behaviors when FS #5 or the RN/Administrator/Owner left the clients alone in the facility Interview on 3/12/25 client #5 reported: - "Don't think that (clients left alone overnight) has happened" - The "old staff (FS #5) left and [staff #1] came around 3pm" on 1/23/25 - FS #5 left the facility around 12pm or 2pm "because she (FS #5) said it (the facility) was too cold" - FS #5 asked her "what she was supposed to do because she was ready to leave and no one was there to cover her" - "[Staff #1] came that night (1/23/25) and stayed until that morning (1/24/25) - She later reported the RN/Administrator/Owner came to the facility on 1/24/25 and there wasn't a staff in the facility - The RN/Administrator/Owner stayed in the facility until staff #1 arrived Interview on 3/13/25 client #5 reported: - FS #5 left the clients alone in the facility around 4pm on 1/23/25 because "she (FS #5) said she had to get home" - No one contacted the RN/Administrator/Owner on 1/23/25 after FS #5 left the facility and she missed her evening dose of medicine - Called the RN/Administrator/Owner on 1/24/25 and "she (RN/Administrator/Owner) asked if the staff came, I said 'no' and then [RN/Administrator/Owner] showed up around 10 or 11 (am) (1/24/25)" - The RN/Administrator/Owner administered the clients' medication, cleaned the facility and	V 512		

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-C 04/25/2025

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 512	Continued From page 154	V 512		

stayed with the clients until staff #1 arrived at the facility
- She later reported the RN/Administrator/Owner left the clients alone in the facility on 1/24/25
- The RN/Administrator/Owner called the facility's phone to check on the clients, but she couldn't recall what time she called
- Couldn't recall how long the clients were left alone after the RN/Administrator/Owner left the facility
- Staff #1 came to the facility but she couldn't recall what time she arrived
- There were no client behaviors when FS #5 and the RN/Administrator/Owner left the clients alone in the facility

Interview on 4/11/25 staff #1 reported:
- Started working in the facility on 2/1/25
- Believed she started working on a Friday and the RN/Administrator/Owner arrived at the facility to train her on the following Monday
- FS #3 was at the facility when she arrived on 2/1/25
- The RN/Administrator/Owner wasn't in the facility when she arrived
- FS #3 left her in the facility alone with the clients

Interview on 3/19/25 and record review of clients #1, #2, #3, #4, & #5's January 2025 Medication Administration Records (MARs) with FS #5, FS #5 reported:
- Was a fill-in staff and she filled in to work at the facility on 1/22/25
- Filled in to work at the facility on 1/22/25
- Was the first time she worked at the facility
- Couldn't recall how long she worked, but she "just did it (worked) for a couple of days"
- Her initials were written on the clients' MARs

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-C 04/25/2025

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 512	Continued From page 155 on 1/22/25 and the am dose on 1/23/25 indicating she administered the clients' medications - No one came to the facility before she left at 2pm on 1/23/25 and the clients were left in the facility alone - Told the RN/Administrator/Owner and the QP "that I couldn't stay long because I had to go in for (medical) treatment" - Couldn't recall when she spoke with the RN/Administrator/Owner and the QP, but "I told them" about needing to leave the facility - "[RN/Administrator/Owner] wouldn't abide by it (her needing to leave)... [RN/Administrator/Owner] kept saying someone is going to be there (facility)" - "I know how group homes work...She could have sent the QP...If she couldn't find anybody she should have come herself" - No one came to the facility before she left at 2pm Interview on 3/13/25 the Crisis Intervention Team with the local Police Department reported: - Worked with the Police Department to help reduce police response to mental health calls - Was called out to the facility weekly and she expressed concerns regarding supervision in the facility because she encountered a staff that had to leave the facility to receive medical treatment, but they couldn't recall the date - Couldn't recall the name of the staff, but the staff had to leave the facility and there wasn't any other staff that could fill in for the clients Interview on 4/23/25 the facility's Instructor for Alternatives to Restrictive Interventions training reported: - "There's issues at that house (facility)...It's called supervised living for a reason" - He "witnessed things where supervision was	V 512		

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-C 04/25/2025

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 512	Continued From page 156	V 512		

not there (in the facility)," but he declined to elaborate on what he witnessed
- Declined to answer questions regarding clients being left alone in the facility and verified there were some clients that did have approved unsupervised time
- FS #5 contacted him stating she had to leave the facility and she had already called the RN/Administrator/Owner and QP for her replacement
- He told FS #5 that she couldn't leave the facility

Interview on 3/13/25 the QP reported:
- FS #5 contacted her on 1/23/25 saying she had to leave the facility
- She called the unverified fill-in staff and informed her to contact the RN/Administrator/Owner
- The RN/Administrator/Owner later informed her that "[unverified fill-in staff] was supposed to come (to the facility)" to replace FS #5
- Didn't follow up with the RN/Administrator/Owner after she was informed the unverified fill-in staff was going to work in the facility
- "I put it (responsibility) back in her (RN/Administrator/Owner) court"
- Was unaware the clients were left alone overnight and didn't receive their medication
- "I thought someone came in that night (1/23/25)"
- Knew the RN/Administrator/Owner came to the facility the morning of 1/24/25
- Client #3 told her the RN/Administrator/Owner was at the facility on 1/24/25, administered the clients' medications and cooked lunch
- Didn't receive any reports about the RN/Administrator/Owner leaving the clients alone

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-C 04/25/2025

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 512	Continued From page 157 in the facility on 1/24/25 Interview on 4/1/25 the RN/Administrator/Owner reported: - Clients #1, #3 and #4 didn't have approved unsupervised time - Was contacted by the police on 1/12/25 and the police reported "they were at the house (facility) and staff was not there" - Was informed by the EMS that client #1 was going to be transported to the hospital - She called FS #3 and FS #3 "said she was taking a walk and she had just left (the facility)" - "I told her (FS #3) that she couldn't do that (leave the clients alone in the facility)" - "I just went to the house and talked to her about not leaving the clients alone...she said she didn't mean to, she just stepped out (the facility)" - Informed FS #3 if she needed to take a walk then she should've taken the clients as well - She investigated the incident by speaking with FS #3 and the clients, but she "didn't document it" - FS #3 neglected clients #1, #3 and #4 by leaving them alone in the facility - Was responsible for staffing the facility - She scheduled FS #5 to work in the facility for two weeks starting 1/21/25, but "she (FS #5) abruptly left" on 1/23/25 - FS #5 "never said anything about having to leave on the 23rd (1/23/25)" - FS #5 came to the facility to work on 1/21/25 and complained the facility was cold - Recalled speaking with FS #5 "earlier in the day" on 1/23/25 and FS #5 reported that she was planning to leave the facility, but she couldn't recall the time FS #5 called her - Couldn't recall if FS #5 texted or called her to say she was leaving the facility - She started looking for a staff to replace FS	V 512		

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-C 04/25/2025

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 512	Continued From page 158 #5 when FS #5 told her that she was leaving - FS #5 left the clients alone in the facility on 1/23/25, but she couldn't recall what time she left - She later reported FS #5 leaving the facility "must have been in the evening time" - Didn't contact FS #5 after she left the clients alone in the facility because "my primary concern was to get staff" to work in the facility - She spoke to an unverified fill-in staff and the unverified fill-in said she would work in the facility - The unverified fill-in staff was the same staff the QP contacted about working in the facility - The unverified fill-in staff told her that she would get to the facility at "7:30pm or 8pm" - Didn't know the unverified fill-in staff didn't work in the facility until she called the facility to speak with her at 8am on 1/24/25 - Client #5 answered the facility's phone and reported there wasn't a staff in the facility - She arrived at the facility at 9am on 1/24/25 to administer the clients' medications and tried to find a staff to work in the facility - She hadn't spoken with the unverified fill-in staff to see why she didn't work on 1/23/25 because the number for the unverified fill-in staff was no longer in service and she couldn't contact her - She hired staff #1 and staff #1 started working in the facility on 1/24/25 - Didn't leave the clients alone in the facility on 1/24/25 - She stayed in the facility until after she administered the clients' medication on 1/24/25 and then staff #1 arrived at the facility - She trained staff #1 "until late, late that night, maybe around 1am (1/25/25)" - She later reported that staff #1 arrived at the facility at 3pm on 1/24/25 and started her training - Staff #1 worked alone with the clients the night of 1/24/25, but she returned to the facility on	V 512		

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-C 04/25/2025

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 512	Continued From page 159 1/25/25 to administer the clients' medications - FS #3 came to the facility on 1/25/25 to relieve staff #1 - Couldn't recall if she told the QP about the clients' being left in the facility alone overnight and not receiving their evening medications - She later reported "I don't know who (her or the QP) told who first," but the QP was aware of the clients being left alone in the facility overnight Interview on 4/17/25 the RN/Administrator/Owner reported: - "There was so much going on during that time, I was just trying to find staff" - The unverified staff hadn't worked with the Licensee company in over a year - The unverified staff hadn't worked in Absolute Home - Apex before - Wanted to know why the personnel record was requested for the unverified fill-in staff and why she was being asked questions about the staff when the unverified fill-in staff didn't work in the facility - The DHSR Surveyors asked for the records of the staff that worked in the facility and the unverified staff hadn't worked in the facility - "I have her (unverified staff) record (personnel) but I'm not going to get it" Interview on 4/25/25 the RN/Administrator/Owner reported: - Was responsible for ensuring staff coverage in the facility - Worked in the facility on 1/24/25, but she didn't leave the clients alone in the facility - Hired staff #1 on 1/24/25 to work in the facility, but staff #1 didn't have previous experience working in a group home - Staff #1 previously worked in an assisted living facility	V 512		

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-C 04/25/2025

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 512	Continued From page 160 - Staff #1 arrived at the facility at 12pm and she trained staff #1 in medication administration - She left staff #1 in the facility alone for 2 hours to purchase bed linen for the staff's bedroom - She came back to the facility and trained staff #1 on the clients and her job duties, but she didn't have documentation for the training - Left the facility after 1am on 1/25/25 and staff #1 was in the facility alone with the clients - Returned to the facility to administer the clients' medication on 1/25/25 and continued to train staff #1 on the clients and what to do in the facility - Staff #1 was comfortable with working in the facility alone with the clients because she didn't want to leave - Was "comfortable" with leaving staff #1 alone with the clients without proper training because staff #1 had "a calm approach" and the client #1 was "happy" with her Review on 4/25/25 of a Plan of Protection written and signed on 4/25/25 by the QP revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? The newly contracted QP will provide immediate training on staff coverage by 4/29/25. Any new hire will be trained on group home coverage. Should staff require relief the Administrator will provide a person to provide coverage immediately. If relief can not be located then the Administrator (RN/Administrator/Owner) will ensure that coverage is available by providing coverage in the home. Implemented 4/25/25. - Describe your plans to make sure the above happens. QP will ensure daily contact information to be provided through contact with group home staff effective immediately (4/25/25)."	V 512		

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-C 04/25/2025

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 512	Continued From page 161 The facility served clients with Schizophrenia, Intellectual Developmental Disability, Posttraumatic Stress Disorder, Schizoaffective Disorder Paranoid and Bipolar Type, Wernicke Encephalopathy, Alcohol Use Disorder and Anxiety Disorder. Clients #1, #3 and #4 did not have approved unsupervised time in the facility. Clients #1, #3 and #4 did not have approved unsupervised time in the facility. Clients #2 and #5 was approved for 4 hours of unsupervised time in the facility. On 1/12/25, FS #3 left the clients alone in the facility for an hour and she was not present in the facility to deescalate an altercation between clients #1 and #4. Clients #1 and #4 got into a verbal altercation and client #4 called the police on client #1. The Police and Emergency Medical Service arrived at the facility, called the RN/Administrator/Owner and the QP to report there was no staff at the facility and they were transporting client #1 to the hospital for an involuntary commitment. On 1/23/25, FS #5 called the QP and the RN/Administrator/Owner to report that she needed to leave the facility. FS #5 left the facility at 2pm and the clients were left alone. The RN/Administrator/Owner did not find a replacement staff on 1/23/25, the clients were left unsupervised in the facility overnight and did not receive their evening dose of medications. The RN/Administrator/Owner came to the facility the morning of 1/24/25 to work as the staff, but then she left the clients alone in the facility for an undetermined amount of time. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	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-C 04/25/2025

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 162 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, 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;	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-C 04/25/2025

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 163 (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 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.	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-C 04/25/2025

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 164 (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 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.	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-C 04/25/2025

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 165 (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 2 of 2 audited paraprofessional staff (#1, #2) received initial training in Alternatives to Restrictive Interventions prior to providing services. The findings are: Review on 3/14/25 of staff #1's personnel record revealed: - Hired 1/24/25 - An EBPI training certificate dated 3/5/25 Interview on 3/13/25 staff #1 reported: - "So many they (client #1 and #4) argue, I hear them argue" - Intervened when she heard the clients arguing - Would redirect the clients to their bedrooms - Would contact the RN/Administrator/Owner when the clients argued	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-C 04/25/2025

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 166	V 536		

Reviews on 3/19/25 and 4/1/25 of staff #2's personnel record revealed:
- Hired 9/2/24
- No documentation of Alternative to Restrictive Interventions training

Review on 3/20/25 of an email dated 3/20/25 written by the Qualified Professional (QP) to the Division of Health Service Regulation (DHSR) Surveyor revealed:
- "I decided to check my email for [staff #2]'s information. This is some information I sent you previously. I am trying to locate her.... EBPI (Evidence Based Protective Interventions)..."

Review on 3/27/25 of a text message sent from the QP to the DHSR Surveyor on 3/27/25 revealed:
- A picture of staff #2's EBPI certificate dated 3/27/25

Review on 3/26/25 of a police report dated 10/30/24 revealed:
- "Female resident irate, threatened caller (care taker (staff #2)) ...[Client #1]//sitting on front porch-caller just trying to keep her calm...[Client #1] is upset but not actively causing a disturbance. House Manager (unknown staff) will go to the magistrate to get an IVC (involuntary commitment) order."

Interview on 3/18/25 staff #2 reported:
- Was a fill-in staff and she worked alone in the facility
- Worked two weeks in October, November and December 2024 and started working in the facility again on 3/15/25
- Completed Nonviolent Crisis Intervention training with her previous employer, but she didn't have the training certificate

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-C 04/25/2025

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 167 - Hadn't called the police the facility prior to 3/16/25 - Clients #1 and #4 argued "at times" but she separated the clients and calmed them down Interview on 3/28/25 staff #2 reported: - Was unfamiliar with the 10/30/24 incident - Didn't call the police to the facility for client #1 on 10/30/24 - Didn't recall client #1 ever needing to be IVC'd Interview on 4/23/25 the facility's Instructor for Alternatives to Restrictive Intervention's training reported: - Trained both staff #1 and #2 in EBPI Interview on 3/26/25 the QP reported: - "Sometimes I coordinate training (EBPI), sometimes [Registered Nurse (RN)/Administrator/Owner]" - She was responsible for coordinating staffs' EBPI trainings "but I need to know who needs the training" - The RN/Administrator/Owner was responsible for keeping track of which staff needs training - Staff #2 had EBPI training at her previous job but the employer wouldn't give staff #2 the certificate - She scheduled staff #2 to receive EBPI training on 3/28/25 Interviews on 4/2/25 and 4/17/25 the RN/Administrator/Owner reported: - Assisted the QP with coordinating EBPI trainings - Was aware staff #2 didn't have EBPI training - She gave staff #2 the EBPI instructor's number in October 2024, but she didn't follow up	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-C 04/25/2025

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 168 with staff #2 to see if she completed the training This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days.	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 and it's grounds were not maintained in a safe and attractive manner. The findings are: Observation at 2:50pm on 3/12/25 revealed: - The upstairs bathroom had peeling paint on the ceiling that was about the size of a soccer ball - 1 bedroom window in client #1's bedroom had multiple broken blind slats - Client #3 and #4's shared bathroom doorknob was loose and hung from the bore hole exposing the cylinder lock of the doorknob - The backyard patio had three black chairs with the following damages: - One chair had plastic woven strings that were broken and hung through the seat which caused a hole the size of a basketball in the seat of the chair - The second chair had cushion hanging from the bottom of the seat	V 736		

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-C 04/25/2025

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 736	Continued From page 169 - The third chair didn't have a seat because the cushion was missing Interview on 3/12/25 staff #1 reported: - Arrived at the facility February 2025 - Was unaware of the damaged blinds or the peeling paint on the upstairs bathroom ceiling - Was unaware of the loose doorknob on client #3 and #4's shared bathroom door - Saw the chairs on the outside patio - Told the Registered Nurse (RN)/Administrator/Owner the facility needed new chairs, but she couldn't recall when - Reported the needed repairs to the RN/Administrator/Owner, but she couldn't recall when Interview on 4/2/25 the RN/Administrator/Owner reported: - Was responsible for the repairs to the facility - Was unaware the doorknob on client #3 and #4's shared bathroom door was broken - Was unaware client #1's blinds needed to be replaced - Was unaware the chairs on the backyard patio was damaged - "Every time they (staff) report something, we send (report) to maintenance to come fix it" This deficiency constitutes a re-cited deficiency and must be corrected within 30 days	V 736		