


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/01/2025
NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME #5			STREET ADDRESS, CITY, STATE, ZIP CODE 201 RAND MILL ROAD GARNER, NC 27529		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS An annual and follow-up survey was completed on April 1, 2025. 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 currently has a census of 6. 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 can provide services to address the individual's needs; and	V 105	 V105 Governing Body Policies As of 4/10/25 the facility administrator has completed the application process to obtain a CLIA waiver for this facility.		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Elaine T. BA, QP

4/10/25

STATE FORM

0099

RSW611

If continuation sheet 1 of 8

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MHL & C 5/22/25

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V 105	Continued From page 1 (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		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 4/1/25 of the facility's documents revealed: -There was no evidence of a current CLIA waiver.</p> <p>Review on 4/1/25 of Client #3's record revealed: -Admission date of 3/7/19. -Diagnoses of Mild Intellectual Developmental Disability; COPD; Nonischemic Cardiomyopathy, Coronary Artery Disease; Thyroid Disease. -Physician's order dated 10/1/24 included the following order: -"True Matrix Test Strip 50 - Check blood sugar once daily before breakfast."</p> <p>Interview on 4/1/25 with Client #3 revealed: -He had to check his blood sugar once a day. -Staff #1 checked his blood sugar in the morning.</p> <p>Interview on 4/1/25 with Staff #1 revealed: -He checked client #3's blood sugar once a day before breakfast. -He checked client #3's blood sugar and recorded it on the medication administration record (MAR).</p> <p>Interview on 4/1/25 with the Qualified Professional revealed: -The facility's CLIA waiver expired years ago.</p>	V 105		

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V 105	Continued From page 3 -The administrator would submit a request for the CLIA waiver.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in	V 107	V107 Personnel Requirements The staff person has contacted the school he attended and requested a copy of his diploma as of 4/5/25. Going forward the administrator will ensure that any future applicants have proof of education prior to the initiation of employment.	

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Division of Health Service Regulation
STATE FORM

5999

RSW811

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V 114	<p>Continued From page 5</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 4/1/25 of the facility's fire and disaster drills record revealed: -There was no fire drills conducted since 2023. -There was no disaster drills conducted since 2023. -There were no fire and disaster drills conducted on each shift at least quarterly since 2023.</p> <p>Interview on 4/1/25 with the Qualified Professional revealed: -Staff had the forms to document fire and disaster</p>	V 114	<p>V 114 Emergency Plans and Supplies As of 4/1/25 staff was re-inserviced on procedures and protocols for conducting fire & disaster drills. Each will be completed by the residential staff on no less than a monthly basis and will be completed on all shifts within the quarter. The administrator will ensure drills have been completed on a monthly basis and will co-sign the form after the drill is completed..</p>	

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V 114	Continued From page 6 drills. -Staff were trained by an outside company on how to conduct fire and disaster drills at the facility. -She was responsible for ensuring fire and disaster drills were being done. -Staff were supposed to conduct fire and disaster drills every month to familiarize clients with the process. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 is not maintained in a safe, clean and attractive manner. The findings are: Observation on 4/1/25 at 11:30 a.m. of the facility revealed: -Client #1 had empty cans and black dirt on the floor, the window blinds were broken and there was writing on the wall. -There were brown dirt stains on the white doors throughout the facility. -The baseboard throughout the facility was dirty. -There were brown stains on the stove and refrigerator and crumbs and black and brown stains in the refrigerator. -Client #3 and client #4 shared bedroom wall vent	V 736	V736 Facility Grounds & Maintenance As of 4/4/25 all broken furniture has been removed from the facility. All broken blinds will be replaced by 4/30/25. The baseboards will be cleaned throughout the home by 4/30/25. The staff and residents have started the clean up. The rooms and floors were cleaned immediately after the survey exit. Staff has been in-serviced on the need to monitor during clean up activities and to encourage the residents to clean their rooms on a daily basis, with a major cleaning to be completed at least once weekly throughout the home.	

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V 736	Continued From page 7 was dirty. -The 1st bedroom outside the kitchen shared by client #5 and client #8 television stand was leaning, and the window blinds were broken. -Client #5 mattress and boxspring were on the floor; He did not have a bedframe. Interview on 4/1/25 with the Qualified Professional revealed: -She provided the information to the administrator. -The administrator had a repair person. -The administrator often hired a cleaning service for thorough cleaning. -Broken furniture would be removed.	V 736		