STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-980	A. BUILDING: _____ B. WING _____	R 05/19/2025

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 5/19/25. The complaint was unsubstantiated (intake #NC00228850). 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 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly for each shift. The findings are: Review on 5/15/25 of facility records revealed: - no documentation of fire and disaster drills completed Interview on 5/14/25 client #1 reported: - fire drills were completed in the past, but not recently - the last fire drill was completed "about 6 months ago" - knew to go outside for a fire - didn't know what to do for a tornado and would "probably panic" Interview on 5/14/25 client #2 reported: - the last fire drill was completed "about a year ago" - knew to go outside to the driveway for a fire - no tornado drills had ever been completed - knew that for a tornado he needed to "get in the hallway and get down" Interview on 5/19/25 client #4 reported: - didn't know when the last fire or disaster drill had been completed - knew he needed to go outside for a fire Interview on 5/14/25 client #6 reported: - the last fire drill was completed at least 3 months ago - knew he needed to go outside and stand by the tree for a fire - tornado drills were completed "about every	V 114		

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V 114	Continued From page 2 four months" - the staff had told him to "get in the hall" if there was a tornado Interview on 5/15/25 the Qualified Professional reported: - staff were sleep staff that work one month at a time - she couldn't find a fire and disaster drills book at the facility - had not looked at the drills book "for a while" - the Licensee was responsible for ensuring drills were completed - was "sure they probably have not done them in a while" Interview on 5/19/25 the Licensee stated: - Was not aware the facility had not been doing Fire and Disaster drills. - "Thought" the QP was in charge of making sure the drills were completed. - Will follow up and check to see where the drill log is located and make sure they would get them done. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that	V 121		

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V 121	Continued From page 3 the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain drug regimen reviews for 1 of 3 audited clients (#1). The findings are: Review on 5/15/25 of client #1's record revealed: - admitted 7/22/23 - diagnosis of Bipolar I - no 6 month Drug Regimen review Review on 5/15/25 of client #1's physician order dated 4/25/25 revealed the following medications: - Divalproex Sodium (bipolar disorder) - Olanzapine (bipolar disorder) Interview on 5/15/25 the Qualified Professional reported: - drug regimen reviews were completed by the pharmacy - client #1 received his medications from a federal agency so a drug regimen review hadn't been completed by the pharmacy - would ensure a drug regimen review was completed for all clients	V 121		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION	V 512		

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V 512	Continued From page 4 (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 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 one of one paraprofessional staff (#1) neglected one of three audited clients (#4). The findings are: Review on 5/15/25 of client #4's record revealed: - admitted 6/30/23 - diagnoses: Schizophrenia, Tobacco Dependence, and Mild Intellectual Disability - no history of elopement - assessment and approval for unsupervised dated 2/25/25 time of "no more than 90 minutes outdoors in the immediate area of the home (facility) and to the store"	V 512		

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V 512	Continued From page 5 Review on 5/19/25 of Incident Reponse Improvement System report regarding client #4 completed 5/17/25 revealed: - "On Wednesday, May 14, 2025 surveyors from DHSR arrived at the facility for a survey not related to this incident. In the course of their investigation the staff shared that the client had been away from the facility since Sunday, May 11, 2025. Staff failed to report this to the administrator, [Qualified Professional (QP)] or guardian. Follow up on 5/15, 5/16 and 5/17 revealed that the client had been arrested by the [local] Police on May 9th and released on the 10th. He was arrested again by the [local Police Department (PD)] on May 12th and released on May 13th. Client [#4] was arrested again, this time by the [local] Sheriff's Dept on May 14th and released on the 15th. All of the arrests were for trespassing. The provider contacted the [local] Police on May 14th to file a missing person' report and was told that the was in jail for trespassing. It wasn't until 5/16/25 that the provider learned that the client had been arrested 3 X during that week. The staff person failed to report that the client had been leaving the facility consistently during the 5/9 through 5/11 time period and then failed to return after 5/11. Staff has been terminated. The client was returned to the group home as of 5/17/25 by the [local] Police." Review on 5/15/25 of staff #1's record revealed: - hired 6/28/19 as a Habilitation Technician - trainings for Mental Health Diagnosis/Signs & Syptoms and Special Populations - traininings on 5/1/25 for First Aid and CPR, Alternatives to Restrictive Interventions - training on 7/8/19 Medication Administration	V 512		

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V 512	Continued From page 6 Interview on 5/14/25 client #1 reported: - client #4 often "leaves during the day and don't come back until late at night" - client #4 had "been gone now about two to three days" Interview on 5/14/25 client #2 reported: - "sometimes [client #4] leave in the morning and come back in the afternoon" - "it's probably the fourth day" since client #4 had eloped Interview on 5/14/25 client #6 reported: - client #4 would "leave at six in the morning and come back at three in the afternoon" and staff #1 would say nothing - client #4 had "been gone for about a week" - staff #1 "ain't do nothing" about #4 leaving Interview on 5/14/25 staff #1 reported: - been working at the facility "a few weeks" - no clients had a history of elopement - client #4 "leaves whenever he wants" - client #4 would leave at night and staff #1 "asked roommate, [client #4] and he would say 'I don't know'" - client #4 "will come back when he is tired" - since he started at the facility, he had to go pick up client #4 twice at the store - client #4 eloped on 5/11/25 - he texted the Licensee on 5/12/25 and told her client #4 had eloped - did not know if the QP was aware of client #4's elopement on 5/11/25 - he never called the police - was never told to call anyone if client #4 eloped Interview on 5/14/25 the QP reported: - did not know that client #4 had eloped until	V 512		

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V 512	Continued From page 7 Division of Health Service Regulation (DHSR) surveyors told her on 5/14/25 - client #4 did not have a history of elopement - staff #1 "has worked at the home many years off and on and knows to call 911 and [the Licensee and QP]" if a client eloped - it had not been reported to her that client #4 had been leaving during the night or had not been coming back on time Interview on 5/15/25 the QP reported: - client #4 had been found and was in jail for trespassing - they located client #4 when the Licensee called the local PD to report him missing - did not know when he would be released from jail Interview on 5/16/25 staff #1 reported: - when client #4 went out on his unsupervised time, it never took long for him to return to the facilty - since client #4 eloped on 5/11/25, he "was waiting for him to come back" - he "was told that if somebody goes missing, I have to call the police" - when client #4 was on his unsupervised time during the day, if he didn't see him for lunch, he would look for him - he had texted the Licensee that client #4 had eloped but didn't remember when - could not find the text or a phone call to the Licensee in his phone - when something needed addressed at the facility "if it's within my reach, I just try to handle it" and would not notify the QP or the Licensee - client #4 doesn't listen, "he don't belong here" Interview on 5/16/25 the QP reported: - client #4 had been released from jail on	V 512		

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V 512	Continued From page 8 5/15/25 but she didn't know where he was - Staff #1 "has been giving her different stories" about client #4 eloping, he was "not really answering the questions," and did not provide any time frame for client #4's elopement - staff #1 "was relieved last night" (5/15/25) by different staff - their policy is to file a missing person's report after the client has been missing for 3 hours but for client #4, staff knew to call the QP or the Licensee 30 minutes after the time he should have arrived back at the facility Interview on 5/16/25 an officer with [local PD] reported: - client #4 was arrested 5/9/25 by [local PD] at 6PM at store #1 for trespassing and was released from jail on 5/10/25 - he was arrested again on 5/12/25 at 11:20AM by the [local Sheriff's Department] at store #2 for trespassing and was released from jail later on 5/12/25 - he was arrested again on 5/14/25 at 6:20PM by the [local Sheriff's Department] at store #2 for trespassing and was released from jail on 5/15/25 - he had not been brought to the facility because he had reported that he lived at the [local homeless shelter] Interview on 5/16/25 client #4's private guardianship company reported: - client #4 does not have a history of elopement - client #4 usually only left the facility on his unsupervised time and went to the store for cigarettes Interview on 5/19/25 client #4 reported: - when on unsupervised time he was usually "gone for about 10 to 15 minutes"	V 512		

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V 512	Continued From page 9 - "I don't remember when I left" but "it was probably Friday (5/9/25)" - he had wanted to go to the store and "got mixed up which ones it was" - he didn't sleep or take his medications while he was on elopement - he "had bought some cheeseburgers and stuff" while he was gone so was able to eat - while on elopment he was arrested by the police two or three times - "I was gone about a week" and came back 5/18/25 - an officer brought him back Interview on 5/19/25 the QP reported: - client #4 "was roaming" and "was caught again" and brought back to the facility on 5/17/25 by the police Interview on 5/19/25 the Licensee stated: - Staff #1 never contacted her regarding client #4's elopement on 5/11/25. - The QP informed her of client #4's elopement on 5/14/25 and she contacted the local police department to report him missing. - Once she reported client #4 missing on 5/14/25, she was informed he was currently in jail for trespassing. - Staff #1 had worked in this facility and her other facilities for five years and knew to report an elopement to the police as well as the QP and her. Review on 5/16/25 of Plan of Protection written and signed by the QP on 5/16/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - Effective immediately the staff (staff #1) has been removed. The QP and administrator (the Licensee) discussed concerns about this staff	V 512		

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V 512	Continued From page 10	V 512		

and he will not be allowed to return to employment with this agency. QP will in-service the replacement staff and other staff providing relief for this home during the initial training prior to allowing the staff to assume responsibility for the home. The in-service will include: supervision needs for each client, reporting protocols and steps to be taken when a client has not returned to the facility the required time. This will include when to notify administrator and QP, filing a missing person report with the police department and steps to follow once person is located. Training on the newly implemented communication log will be completed on all staff prior to or upon hire for this specific group home.

Describe your plans to make sure the above happens.
- Effective immediately the QP will implement a daily communication log that will require that the staff share the events of the day with the administrator and QP on a daily basis. The information to be included will address any client's who are absent from the facility along with the explanation of where that person is located at the end of the day. The logs will be maintained in an area accessible to all staff, administrator, and QP."

Client #4 who had diagnoses of Schizophrenia and Mild Intellectual/Developmental Disability eloped from the facility on 5/9/25 and was returned to the facility on 5/17/25 by the local PD. Staff #1 did not take any action to locate client #4 or report the elopement. During his elopement, client #4 was arrested three times for second degree trespassing on 5/9/25, 5/12/25, and 5/14/25. The Licenesee and the QP were made aware of the elopement by DHSR surveyors on 5/14/25. This deficiency constitutes a Type A1

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V 512	Continued From page 11 rule violation for serious neglect and must be corrected within 23 days.	V 512		
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 was not maintained in a safe, clean, and attractive manner. The findings are: Observation on 5/14/25 at 10AM revealed: - kitchen floor had a black substance speckled throughout - bathroom 1 tub had a black substance speckled on one-third of the bottom closest to the drain and on the sides and rim - bathroom 1 sink had a black substance speckled throughout the bowl and faucet - bathroom 1 light fixture above the sink had 2 of 4 lightbulbs missing - bathroom 1 had a black substance smeared across the bottom five inches of the mirror and the entire counter - living room couch sunken on 2 of 3 cushions - smoke detector in the hallway was chirping - client #4's bedroom had no lightbulb in the light fixture in the ceiling fan - client #4's bedroom had a black substance speckled across half of the floor - client #4's bed had a 6-inch round brown stain on the end of the mattress - bathroom 2 shower had shower head broken	V 736		

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V 736	Continued From page 12	V 736		

off from the arm
- television in the living room was frozen on a partial menu screen

Interview on 5/14/25 client #1 reported:
- television in the living room had been frozen for 2 months
- television in his room was not working
- there were electrical outlets in his room that didn't work

Interview on 5/14/25 client #2 reported:
- prior staff cleaned the bathroom and the clients helped
- staff #1 had not done any cleaning since staff #1 was hired

Interview on 5/14/25 client #6 reported:
- he used to clean the bathrooms but now everyone used the staff bathroom

Interview on 5/14/25 staff #1 reported:
- client #4 refused to clean his room

Interview on 5/14/25 and 5/15/25 the Qualified Professional (QP) reported:
- the Licensee was responsible for all repairs and ensured the facility was maintained
- client #4 refused to clean his room
- had sent a photo to the Licensee on 5/8/25 regarding the state of the facility, specifically client #4's room
- the licensee had hired someone that came in and cleaned in April 2025 but "a week later it was horrible again"

Interview on 5/19/25 the Licensee reported:
- she was responsible for all repairs in the facility
- had not heard the chirping of the smoke

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ABSOLUTE HOME-KAPLAN DRIVE	5040 KAPLAN DRIVE RALEIGH, NC 27606

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V 736	Continued From page 13 alarm when she was last at the facility or she would have replaced the batteries - the couches had been replaced a year ago but she would ensure they were replaced again - was not aware the house was dirty - she had paid to have the house cleaned professionally "one month prior" - staff #1 did not keep it clean but she would ensure the new staff would - she had not been notified of any needed repairs - she would follow-up to see what needed done in the facility and would ensure all issues were addressed This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		