Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
MHL092-946		B. WING		08	/05/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE			
ABSOLUT	E HOME - MARCONY W	AY	RCONY WAY I, NC 27610				
(X4) ID				PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLÉTE DATE	
V 000	INITIAL COMMENTS		V 000				
		up survey was completed eficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current						
	census of 6. The survaudits of 3 current clic	rey sample consisted of ents.					
V 114	V 114 27G .0207 Emergency Plans and Supplies		V 114				
	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.						

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		D D	
MHL092-946		MHL092-946	B. WING		R 08/05/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ABSOLUT	E HOME - MARCONY W	ΔY	RCONY WAY			
RALEIGH, NC 27610						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 114	Continued From page 1		V 114			
	facility failed to ensur conducted quarterly a findings are:	ews and interviews the e fire and disaster drills were				
	2024 through July 20 -3rd quarter (July, Au No fire drill conducted (11:00pm-7:00am)4th quarter (October 2024: No fire drill con (11:00pm-7:00am)1st quarter (January	25 revealed: gust, and September) 2024: d on 3rd shift , November, and December) ducted on 3rd shift , February, and March)				
	2025: No fire drills conducted on 2nd shift (3:00pm-11:00pm) and 3rd shift (11:00pm-7:00am). -2nd quarter (April, May, and June) 2025: No fire drills conducted.					
	from July 2024 throug -3rd quarter (July, Au No disaster drill cond (11:00pm-7:00am). -4th quarter (October 2024: No disaster dril (11:00pm-7:00am). -1st quarter (January 2025: No disaster dril (7:00am-3:00pm) and 7:00am). -2nd quarter (April, M disaster drill conducte (11:00pm-7:00am).	, November, and December) I conducted on 3rd shift , February, and March) Is conducted on 1st shift I 3rd shift (11:00pm- ay, and June) 2025: No				
Interview on 8/4/25 with Staff #1 revealed: -"I haven't been trained on how to do any drills."						

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R
		MHL092-946	B. WING	<u> </u>	08	/05/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
ABSOLUT	E HOME - MARCONY W	AY	ARCONY WAY H, NC 27610			
(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 114	Continued From page 2		V 114			
	Interview on 8/4/25 w (QP) revealed: -"I noticed that some	ith Qualified Professional				
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736			
	manner and shall be odor.	EMENTS ts grounds shall be clean, attractive and orderly kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, orderly manner. The findings are:					
	revealed: -Client #2's bedroom slats.	5 at approximately 8:45 am window blind had missing				
	slatsThe bathroom comm	window blind had missing node upstairs had a crack in p base of the commode.				
	-Client #4 and #5's be tiles near both their b	edroom had missing floor				
	and downstairsIn a seating area downster stains on the co	wnstairs, there were multiple eiling. e of a basketball in the floor				
	Interview on 8/4/25 w -"I'm not sure about the	vith Staff #1 revealed: he facility getting repairs				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R		
MHL092-946		B. WING		08/05/2025			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ABSOLUT	ABSOLUTE HOME - MARCONY WAY RALEIGH, NC 27610						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 736	Continued From page 3		V 736				
	completed since I have been hired."						
	Interview on 8/4/25 w (QP) revealed: -"Maintenance has defacility, but I can't say -"All I can do is recondone."	with Qualified Professional one some repairs around the what he didn't finish." nmend for the repairs to get een cited several times over and must be corrected within					

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