Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			A. BOILDING		R
		MHL092-755	B. WING		07/31/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ABSOLUT	E HOME AND COMMUN	S628 MII	LRACE RD		
ABOOLOT	E HOME AND COMMON	RALEIG	H, NC 27606		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 000	00 INITIAL COMMENTS		V 000		
	An annual and follow on July 31, 2025. De	up survey was completed ficiencies were cited.			
		d for the following service 27G .5600A Supervised Mental Illness.			
	_	d for 6 and has a current yey sample consisted of ents.			
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114		
	AND SUPPLIES  (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans sh procedures and route (b) The plans shall be and evacuation procedures in the facility.  (c) Fire and disaster eshall be held at least repeated for each shill be and each shill be asserted.	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be lift. eted under conditions that response to fire			

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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		MIII 000 755		B. WING		l l	R
		MHL092-755				071	31/2025
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	ΓE, ZIP CODE		
ABSOLUTE HOME AND COMMUNITY SERVICES 5628 MILLRACE RD RALEIGH, NC 27606							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 114	4 Continued From page 1			V 114			
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:		ere				
	July 2024 through Jul -3rd quarter (July, Aug No fire drills conducte -4th quarter (October, 2024: No fire drills cor -1st quarter (January, 2025: No fire drills cor (11:00pm- 7:00am).	gust, and September) 2024 d. November, and Decembenducted. February, and March)	er)				
		facility's disaster drill log ih July 2025 revealed: er drills documented.					
		with Client #3 revealed: lisaster drills at house."					
	Interview on 7/31/25 v Professional (QP) rev -"I don't know why the -"The [Owner] is response	ealed: e drills haven't been done."	,				
V 736	27G .0303(c) Facility	and Grounds Maintenance	;	V 736			
		EMENTS	ly				

Division of Health Service Regulation

STATE FORM 6899 6QXQ11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL092-755	B. WING		0:	R <b>7/31/2025</b>
	ROVIDER OR SUPPLIER	ITY SERVICES 5628 M	ADDRESS, CITY, STATE IILLRACE RD GH, NC 27606	, ZIP CODE		
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	was not maintained in orderly manner. The orderly selected:  -Client #2's bedroom upper right side closes. Client #1 and #2's bedroom upper right side closes. Client #1 and #2's bedroom upper right side closes. The entire toilet lid the orderly client's bedroom the bash of it. The empty client's bedroom the entire toilet lid was the entire toilet lid was of two baseballs. The downstairs carp multiple two-to-three-client #3 and #4's bedroom the base of the hinge and star closet. Client #3 and #4's bedroom the base of the hinge and star closet. Client #3 and #4's bedroom the base of the hinge and star closet. The pairs have the pairs have why the repairs have	as evidenced by: and interview, the facility a a safe, clean, attractive, findings are:  25 at approximately 9:35 am  had a doorknob missing door. had a 2-inch crack on the at door. athroom had a ring around at was green and brown. athroom had a large brown  athroom had a ring around athroom wall had a hole the athroom wall had a hole the athroom closet was broken and punch. athroom closet was broken and punch athroom had a couch with athroom had a couch with athroom had a couch with athroom had a large brown athroom wall had a hole the athroom had a hole the athroom had a large brown athroom had a ring around athroom had a ring around athroom had a ring around athroom had a couch athroom wall had a hole the athroom had a large brown athroom had a couch with	V 736			
	everything."					

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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		
		MHL092-755	B. WING		R 07/31/2025		
NAME OF P	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE						
ABSOLUTE HOME AND COMMUNITY SERVICES FALEIGH, N							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
V 736	-"The owner has a re things, and some of t Interview on 7/30/25 -"The client keeps brofix it." -"I'm not sure why the This deficiency has b	pair guy, that prioritizes he stuff doesn't get done." with the Owner revealed: eaking things as soon as we repairs haven't been done." een cited several times over d must be corrected within	V 736				

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