

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-878</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME #5</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 RAND MILL ROAD GARNER, NC 27529</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 8/13/25. The complaint was substantiated (Intake #NC00231983). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1  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			

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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 interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 8/11/25 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- There was no evidence of a CLIA waiver</li> </ul> <p>Review on 8/11/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 3/7/19</li> <li>- Diagnoses: Mild Intellectual Developmental Disability, Chronic obstructive pulmonary disease (COPD), Nonischemic Cardiomyopathy, Coronary Artery Disease, Thyroid Disease and Diabetes</li> <li>- Physician's order dated 10/1/24 revealed: <ul style="list-style-type: none"> <li>- True Matrix Test Strip 50 - Check blood sugar once daily before breakfast</li> </ul> </li> </ul> <p>Interview on 8/11/25 with Client #2 reported:</p> <ul style="list-style-type: none"> <li>- He was diabetic</li> <li>- Staff #1 checked his blood sugar every day</li> </ul> <p>Interview on 8/11/25 with Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- He checked client #2's blood sugar every morning</li> </ul> <p>Interview on 8/11/25 with the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- The Administrator told her that she did not apply for this facility to be on the CLIA waiver with the sister facility</li> </ul>	V 105		

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V 105	Continued From page 3  Interview on 8/12/25 the Administrator reported: - She was not sure if the CLIA waiver covered all facilities - She was not sure if she added other facilities on the CLIA waiver that she had at the sister facility  Review on 8/12/25 of the online CLIA waiver search engine revealed: - No record found of a CLIA waiver for this facility  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		
V 510	27D .0302 Client Rights - Client Self-Governance  10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their policy which allowed client's input into facility governance and the development of client self-governance groups. The findings are:  Review on 8/12/25 of the Facility's Client Self Governance policy revealed: - "To ensure that the client will allowed input into the Agency ' s governance through monthly house meetings. Client will be encouraged to develop client self-governance groups. All clients are encouraged to participate. Minutes of each	V 510		

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V 510	<p>Continued From page 4</p> <p>meeting shall be permanently maintained and shall include the following: Date and time meeting was held, Names of participants, Items discussed. Minutes will be recorded by staff on duty at the time of meeting or any client who is able and willing to do so."</p> <p>Interview on 8/11/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- They didn't have meetings</li> <li>- They didn't have an input in what food was brought</li> <li>- He just ate what was in the facility</li> </ul> <p>Interview on 8/11/25 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Never had any meetings to discuss what they wanted for groceries</li> <li>- "[the Administrator] just buys the same foods every time"</li> </ul> <p>Interview on 8/11/25 client #6 reported:</p> <ul style="list-style-type: none"> <li>- He didn't have a say in what was brought for groceries that's why he brought his own food and kept in his room</li> <li>- They have never met to discuss what went on in the facility</li> </ul> <p>Interview on 8/11/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The client's didn't get together to discuss what they wanted in the facility</li> <li>- He didn't have a say in the grocery list but "it's getting better"</li> <li>- He didn't know the client's should have been having monthly meetings</li> </ul> <p>Interview on 8/11/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The client's did talk about things in the facility but it was not documented</li> <li>- They would need to start documenting these talks</li> </ul>	V 510		

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V 510	Continued From page 5  Interview on 8/12/25 the Administrator reported: - The client's didn't have a documented meeting, but they talked about things they wanted when she visited the facility	V 510		
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, attractive and orderly manner. The findings are:  Observation on 8/11/25 at approximately 11:40 a.m. revealed: - Client #4 had trash and dirty clothes on his floor, the window blinds were broken and there was writing on the wall by the door - Client #3 had round black stains/dirt on the floor by the window - There were multiple brown stains on the white doors throughout the facility - The baseboards throughout the facility had dust and were rusted - There were brown stains on the inside and outside of the oven door and the inside of the oven door was cracked - The refrigerator had brown stains on the handle and on the refrigerator around the handle - Client #2 and client #5's shared bedroom wall vent had rust stains all over it - Client #1 & client #6's shared bedroom did	V 736		

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V 736	<p>Continued From page 6</p> <p>not have doors on the closet exposing their clothes, had slats missing out of the blinds and client #1's mattress and boxspring were on the floor without a bedframe</p> <ul style="list-style-type: none"> <li>- The hallway bathroom vent on the floor by the toilet was broken with dust and rust stains all over it, there were brown stains on the floor behind the toilet, and light brown stains in the sink</li> <li>- The living room blinds had spaces where the slats were bent down showing openings between the slats</li> </ul> <p>Interview on 8/11/25 Client #3 reported:</p> <ul style="list-style-type: none"> <li>- The stains on his floor were coffee grounds and had been there since he moved in</li> <li>- He tried mopping it several times but it wouldn't come clean</li> </ul> <p>Interview on 8/11/25 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- No maintenance had been done since the last survey</li> <li>- The worker from client #4's Assertive Community Treatment (ACT) team went on vacation but she normally cleaned his room</li> <li>- Unless you clean client #4's room up for him, it wouldn't get cleaned</li> </ul> <p>Interview on 8/11/25 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- The Administrator had fixed some things and some things she hadn't</li> <li>- Staff #1 went directly to the Administrator with maintenance issues</li> <li>- She would see issues when she walked through the facility and would tell the Administrator</li> <li>- The Administrator may or may not send maintenance to the facility</li> <li>- "Sometimes she's on it and sometimes she's not"</li> </ul>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- The Administrator also called other people but 90% of the time, it was going to be her maintenance man</li> <li>- Staff and residents were responsible for cleaning the facility</li> <li>- The Administrator had contracted with professional cleaners, but she hadn't used one for this facility in a while</li> </ul> <p>Interview on 8/12/25 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- If something was broken, she would send someone to fix it</li> <li>- She was aware of repairs, and she knew that they did repairs regularly, so she was not sure of any specific ones needing to be done</li> <li>- She had a guy that went to the facilities to do repairs</li> <li>- The staff let her know of repairs and she saw repairs needed when she visited the facility</li> <li>- She visited the facility twice a month depending on what was going on</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		