

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-877 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/14/2025 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-PHILLIP STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 1008 PHILLIP STREET 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 | <p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 11/14/25. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V119), 10A NCAC 27G .0209 Medication Requirements (V120), and 10A NCAC 27G .0303 Location and Exterior Requirements (V736) were reviewed. The following were brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V119) and 10A NCAC 27G .0209 Medication Requirements (V120). A deficiency was 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 5. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observations on 11/13/25 at approximately 10:15am and 11:45am revealed: - A piece of vinyl siding to the right of the facility front door was bowed out and was</p> | V 736 | | |

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: MHL092-877 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/14/2025 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-PHILLIP STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 1008 PHILLIP STREET 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 736 | <p>Continued From page 1</p> <p>detaching from the facility</p> <ul style="list-style-type: none"> - The front porch railing had missing vertical pillars, leaving a space of about 1-2 feet wide - The baseboards throughout the kitchen and dining room were covered in a black and brown substance - One of the four folding plastic chairs at the kitchen table was bent at the seat, and wobbled to the right when sat in - The two stair rails leading down to the living room were loose and wobbly - The blinds covering the living room windows had 9 bent slats - The door frame on the staff office door was split and broken off about 2 feet long, and had been filled with a yellow sealant - The smoke detector in the hallway made a high-pitched chirping sound every 1-2 minutes <p>Interview on 11/13/25 Staff #1 reported:</p> <ul style="list-style-type: none"> - Had been working at the facility about 5 weeks - He called the Qualified Professional (QP) or Administrator/ Registered Nurse (RN)/Owner if a repair at the facility was needed - Maintenance had been at the facility a few times to complete minor repairs within the last few weeks - He "thought" maintenance would be back next week to complete some other repairs, but did not know when <p>Interview on 11/13/25 the QP reported:</p> <ul style="list-style-type: none"> - The Administrator/RN/Owner was responsible for all of the facility and maintenance repairs - She "thought" the maintenance person had been to the facility within the last few weeks, but was not sure of the exact date - She did not know what repairs maintenance had completed when they were at the facility | V 736 | | |

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-877 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/14/2025 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-PHILLIP STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 1008 PHILLIP STREET 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 736 | <p>Continued From page 2</p> <p>Interview on 11/13/25 the Administrator/RN/Owner reported:</p> <ul style="list-style-type: none"> - She was responsible for ensuring the facility and the grounds were maintained in a safe, clean, attractive, and orderly manner - Was aware some of the repairs at the facility had not been completed - The maintenance person had been at the facility the previous week and would come back the following week but was not sure which day - "Maybe he (maintenance) is waiting for some parts" to make the repairs - She was not sure why the remaining repairs were not completed <p>This deficiency has been cited 9 times since the original cite on 5/11/21 and must be corrected within 30 days.</p> | V 736 | | |