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-C 06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME-KAPLAN DRIVE	5040 KAPLAN DRIVE RALEIGH, NC 27606

(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	INITIAL COMMENTS A complaint and limited follow up survey was completed on 6/12/26. The complaints were substantiated (intakes #NC00237096, NC00237661). 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 6 current clients.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the	V 117		

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V 117	Continued From page 1 pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medications had packaging labels for 3 of 6 clients (#1, #3, and #6). The findings are: Review on 5/14/26 of client #1's record revealed: - Admitted: 8/19/19 - Diagnoses: Schizophrenia; Obesity; Bilateral Glaucoma; Hypertension; Type 2 Diabetes; Obstructive Sleep Apnea; Dyslipidemia; Hypertrophic Obstructive Cardiomyopathy; Allergic Rhinitis; Chronic Obstructive Pulmonary Disease; Diverticulitis; Alcohol and Cannabis Use; Carpal Tunnel Syndrome; Vitamin D Deficiency Observation at 12:22pm on 5/14/26 of client #1's medication bin revealed: - 2 small white oval tablets, one small red oval capsule, one white small oval capsule, and one small circular tablet were loose in the bin - There were no medication labels for these pills with the following information: - The client's name - The prescriber's name - The current dispensing date - The name, address, and phone number of the pharmacy - The name of the dispensing practitioner	V 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 117	Continued From page 2 Review on 5/14/26 of client #3's record revealed: - Admitted: 5/19/16 - Diagnoses: Schizophrenia Paranoid Type; Sickness Impact Profile Bilateral Amputation; Diabetes Mellitus Type 2; Hypertension; Hyperlipidemia; Anemia; Hypokalemia Observation at 12:37pm on 5/14/26 of client #3's medication bin revealed: - 2 loose small white pills, one circular with a "U" impression and the other oval with a "n-10" impression - There were no medication labels for these pills with the following information: - The client's name - The prescriber's name - The current dispensing date - The name, address, and phone number of the pharmacy - The name of the dispensing practitioner Review on 5/14/26 of client #6's record revealed: - Admitted: 9/14/19 - Diagnoses: Paranoid Schizophrenia; Mental Retardation; Hypertension; Type 2 Diabetes Mellitus Observation at 12:06pm on 5/14/26 of client #6's medication bin revealed: - 2 small white circular pills were loose in the bin - Brown bottle with white manufacturer label for Fluticasone Propionate Nasal Spray - There were no medication labels for these pills or bottle with the following information: - The client's name - The prescriber's name - The current dispensing date - The name, address, and phone number	V 117		

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V 117	Continued From page 3 of the pharmacy - The name of the dispensing practitioner Interview on 5/14/26 staff #1 reported: - Started work at the facility on 5/8/26 - The loose medications were in the bins when she began working at the facility - She did not know what the loose pills were and "hadn't gotten to" disposing of them - "I don't know" why the Fluticasone was not in the box and the box had not been there when she started work at the facility Interview on 5/28/26 the Qualified Professional (QP) reported: - She and the Licensee were responsible for reviewing the medications at the facility - There were no loose pills in the medication bins when she last checked the medications on 4/27/26 - "It (pills) shouldn't have been there" and "staff should have disposed of them (loose medications)" - The Fluticasone "should have been in the box" that the pharmacy label was on and she was not aware that it was not Interview on 5/15/26 the Licensee reported: - Was not aware there were loose pills in the clients' medication bins - Was not aware the Fluticasone was not in the box the pharmacy label was on - Checked the medications "monthly" but could not recall the date she last checked so did not know how long the loose pills had been in the medication bins or the Fluticasone had been out of its box - She, the QP, and the staff were responsible for medications at the facility but she and the QP were responsible for checking the medications	V 117		

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V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 5 Based on record review and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The findings are: A. Review on 5/14/26 of client #1's record revealed: - Admitted: 8/19/19 - Diagnoses: Schizophrenia; Obesity; Bilateral Glaucoma; Hypertension; Type 2 Diabetes; Obstructive Sleep Apnea; Dyslipidemia; Hypertrophic Obstructive Cardiomyopathy; Allergic Rhinitis; Chronic Obstructive Pulmonary Disease (COPD); Diverticulitis; Alcohol and Cannabis Use; Carpel Tunnel Syndrome; Vitamin D Deficiency - Physician orders dated 7/25/25 for: - Olanzapine 20 milligrams (mg): Take 1 tablet by mouth at bedtime (schizophrenia) - Valsartan 320mg: Take 1 tablet by mouth every day (hypertension) - Ezetimibe 10mg: Take 1 tablet by mouth every day (hyperlipidemia) - Fluticasone Prop 50mcg: Instill 2 sprays in each nostril every day (allergies) - Synjardy 25-1,000mg: Take 1 tablet by mouth every day (diabetes) - Diltiazem 24hr Extended Release (ER) 120mg: Take 1 capsule by mouth every day at 3PM (hypertension) - Atorvastatin 80mg: Take 1 tablet by mouth every day (hyperlipidemia) - Olanzapine 15mg: Take 1 tablet by mouth at bedtime (schizophrenia) - Montelukast Sodium 10mg: Take 1 tablet by mouth at bedtime (allergic rhinitis) - Metoprolol Succinate ER 100mg: Take 1 tablet by mouth twice a day (hypertension) - Fluticasone-Salmerol 100-50: Inhale 1	V 118		

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V 118	Continued From page 6	V 118		

puff by mouth twice a day (COPD)
- Cyclobenzaprine 10mg: Take 1 tablet by mouth at bedtime as needed for pain
- Meloxicam 15mg: Take 1 tablet by mouth every morning as needed for pain

Review on 5/14/26 of client #1's MAR from 5/5/26 through 5/14/26 revealed:
- Olanzapine 20mg was not listed on the MAR
- No staff initials that documented the administration of any of client #1's medications from 5/12/26 through 5/14/26

Further review on 6/9/26 of client #1's MAR from 5/14/26 through 6/9/26 revealed:
- Olanzapine 20mg was not listed on the MARs
- No staff initials that documented the administration of any of client #1's medications from the PM doses on 6/8/26 through 6/9/26

Observation on 5/14/26 at approximately 12:19PM of client #1's medications revealed:
- Cyclobenzaprine and Meloxicam were not present in the facility

B. Review on 5/26/26 and 6/9/26 of client #2's record revealed:
- Admitted: 5/19/21
- Diagnoses: Schizophrenia; Schizoaffective Disorder, Bipolar Type; Gastroenteritis
- Physician order dated 8/26/25 for the following medications:
  - Metoprolol Tartrate 25mg: Take 1/2 tablet by twice daily (hypertension)
  - Benztropine Mesylate 0.5mg: Take 1 tab by twice daily (stiffness & tremors)
  - Olanzapine 10mg: Take 1 tablet by mouth in the morning and 1/2 tablet at bedtime (schizophrenia)
  - Atorvastatin Calcium 10mg: Take 1 tablet

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V 118	Continued From page 7	V 118		

by mouth every day (hyperlipidemia)
- Omeprazole 20mg: Take 1 capsule every day 30 min before meal (gastroenteritis)
- Divalproex 500mg ER: Take 4 tablets by mouth at bedtime
- Chlorpromazine 25mg: Take 1 tablet by mouth every 8 hours as needed for agitation

Review on 6/9/26 of client #2's MAR from 5/5/26 through 6/9/26 revealed:
- No staff initials that documented the administration of any of client #2's medications from 5/5/26 through 5/7/26
- No staff initials that documented the administration of any of client #2's medications from the PM doses on 6/8/26 through 6/9/26

Observation on 6/9/26 at approximately 12:37PM of client #2's medications revealed:
- Chlorpromazine was not present in the facility

C. Review on 5/14/26 of client #3's record revealed:
- Admitted: 5/19/16
- Diagnoses: Schizophrenia Paranoid Type; Sickness Impact Profile Bilateral Amputation; Diabetes Mellitus Type 2; Hypertension; Hyperlipidemia; Anemia; Hypokalemia
- Physician orders dated 10/30/25 for:
  - Aspirin enteric-coated (EC) 81mg: Take 1 tablet by mouth every day (heart health)
  - Vitamin B12 1000 micrograms (mcg): Take 1 tablet by mouth every day (vitamin B Deficiency)
- Physician orders for the following medications:
  - Fenofibrate 145mg: Take 1 tablet by mouth every day (hyperlipidemia); dated 4/22/26
  - Amlodipine Besylate 10mg: Take 1 tablet by mouth every day (hypertension); dated 4/13/26

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V 118	Continued From page 8 - Benazepril Hydrochloride (HCL) 40mg: Take 1 tablet by mouth every day (hypertension); dated 4/22/26 - Metoprolol Succinate ER 100mg: Take 1 tablet by mouth every day (hypertension) - Lorazepam 1mg: Take 1 tablet by mouth at bedtime (anxiety) - Benztropine Mesylate 1mg: Take 1 tablet by mouth twice a day (tremors) Review on 5/14/26 of client #3's MAR from 5/5/26 through 5/14/26 revealed: - No staff initials that documented the administration of any of client #3's medications from 5/9/26 through 5/14/26 Further review on 6/9/26 of client #3's MAR from 5/14/26 through 6/9/26 revealed: - No staff initials that documented the administration of any of client #3's medications from the PM doses on 6/8/26 through 6/9/26 Observation on 5/14/26 at approximately 12:40PM of client #3's medications revealed: - Aspirin EC and Vitamin B12 were not in the facility D. Review on 5/28/26 and 6/5/26 of client # 4's record revealed: - Admitted: 4/27/20 - Diagnoses: Schizoaffective Disorder: Bipolar Mood Disorder; Personality Disorder; Diabetes Mellitus; Hypertension; Hyperlipidemia; Congenital Heart Failure; Antisocial Behavior - Physician orders for the following medications: - Albuterol Hydrofluoroalkane (HFA) 90 micrograms (mcg): Inhale 2 puffs every 4 hours as needed (shortness of breath); dated 10/17/25 - Docusate Sodium 100mg: Take 1	V 118		

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capsule by mouth at bedtime as needed for constipation; dated 3/17/26

- Tizanidine Hydrochloride (HCL) 2mg: Take 1 tablet by mouth at bedtime as needed for back pain; dated 2/11/26
- Tussin dextromethorphan (DM) 200-20mg/20milliliters (ml): Take 10ml by mouth 3 times daily as needed for cough; dated 3/17/26
- Omeprazole Direct Release 20mg: Take 1 capsule by mouth every day (heartburn); dated 10/17/2025
- Anoro Ellipta 62.5-25mcg: Inhale 1 puff by mouth every day (breathing); dated 10/17/2025
- Pioglitazone Hcl 45 mg: Take 1 tablet by mouth every day (diabetes); dated 10/17/2025
- Depagliflozin 10mg: Take 1 tablet by mouth every morning (diabetes); dated 5/19/2026
- Losartan Potassium 50mg: Take 1 tablet by mouth every day (hypertension); dated 10/17/2025
- Loratadine 10mg: Take 1 tablet by mouth every day (allergies); dated 10/17/2025
- Divalproex Sodium ER 500mg: Take 1 tablet by mouth at bedtime (bipolar); dated 2/11/2026
- Atenolol 25mg: Take 1 tablet by mouth at bedtime (hypertension); dated 10/17/2025
- Atorvastatin 80mg: Take 1 tablet by mouth at bedtime (hyperlipidemia); dated 10/17/2025
- Glipizide 10mg: Take 1 tablet by mouth twice a day (diabetes); dated 10/17/2025
- Metformin HCL ER 500mg: Take 2 tablets by mouth twice a day (diabetes); dated 2/17/2026
- Benztropine Mesylate 1mg: Take 1 tablet by mouth twice a day (tremors); dated 2/6/2026
- Haloperidol 10mg: Take 1 tablet by mouth twice a day (schizoaffective disorder); dated 2/11/2026

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V 118	Continued From page 10	V 118		

- Ropinirole HCL 1mg: Take 1 tablet by mouth twice a day (tremors); dated 4/24/2026
- Ibuprofen 600mg: Take 1 tablet by mouth twice a day (pain); dated 3/17/2026

- No physician orders for the following medications:
  - Vitamin D3 2000 unit: Take 1 capsule by mouth every day (vitamin D deficiency)
  - Aspirin EC 81mg: Take 1 tablet by mouth every day (heart health)

Review on 6/9/26 of client #4's MAR from 5/5/26 through 6/9/26 revealed:
- No staff initials that documented the administration of any of client #4's medications from the PM doses on 6/8/26 through 6/9/26
- Vitamin D3 and Aspirin EC were documented as administered daily from 5/5/26 through the morning dose on 6/8/26

Observation on 6/5/26 at approximately 11:32AM of client #4's medications revealed:
- Albuterol HFA, Docusate Sodium, Tizanidine HCL, and Tussin DM were not present in the facility

E. Review on 5/28/26 and 6/5/26 of client # 5's record revealed:
- Admitted: 11/25/14
- Diagnoses: Schizophrenia; Tobacco Use; Hyponatremia; Hypertension; Chest Pain
- Physician orders for the following medications dated 3/27/26:
  - Lorazepam 0.5mg: Take 1 tablet by mouth in the morning & at 1PM (mood)
  - Sodium Chloride Tab 1 gram: Take 1 tablet by mouth twice a day (Hyponatremia)
  - Metoprolol succinate extended release (ER) 25mg: Take 2 tablets by mouth in the morning & take 1 tablet by mouth in the evening

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V 118	Continued From page 11 (hypertension) - Advair HFA 230-21mcg: Inhale 1 puff twice a day with spacer (breathing) - Gabapentin 300mg: Take 1 capsule by mouth twice a day (pain) - Clonazepam 0.5mg: Take 1 tablet by mouth twice a day (anxiety) - Lidocaine 5% patch: Apply 1 patch to the chest every day as needed for pain - Omeprazole DR 40mg: Take 1 capsule by mouth every day (heartburn) - QC Vitamin B12 1000mcg: Take 1 tablet by mouth every day (vitamin B deficiency) - Olanzapine 5mg: Take 1 tablet by mouth every morning (schizophrenia) - Folic Acid 1mg: Take 1 tablet by mouth daily (anemia) - Ezetimibe 10mg: Take 1 tablet by mouth every day (hyperlipidemia) - Polyethylene Glycol 3350: Mix 1 packet into 8 ounces of water and drink every other day (constipation) - Tamulosin HCL 0.4mg : Take 1 capsule by mouth at bedtime (prostate) - Olanzapine 10mg: Take 1 tablet by mouth at bedtime (schizophrenia) - Olanzapine 20mg: Take 1 tablet by mouth at bedtime (with 10mg) (schizophrenia) - Physician order for Gabapentin 100mg: Take 1 to 2 capsules by mouth twice a day (pain); dated 4/22/26 Review on 6/9/26 of client #5's MAR from 5/5/26 through 6/9/26 revealed: - No staff initials that documented the administration of the following medications on the following dates: - Lorazepam 0.5mg for the morning doses on 5/5/26, 5/7/26, or 5/8/26 - Sodium Chloride 1g on 5/7/26 or for the	V 118		

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morning dose of 5/8/26
- Metoprolol succinate ER 25mg on 5/7/26 or for the morning dose of 5/8/26
- Advair HFA 230-21mcg for the morning dose on 5/7/26 or the evening dose on 5/8/26
- Gabapentin 300mg for the morning dose on 5/7/26 or the evening dose on 5/8/26
- Clonazepam 0.5mg for the morning dose on 5/7/26 or the evening dose on 5/8/26
- Lidocaine 5% patch was not on the June 2026 MAR
- Gabapentin 100mg was not on the June 2026 MAR and there were no staff initials that documented that the medication was administered from 5/4/26 through 5/20/26
- No staff initials that documented the administration of any of client #5's medications from the PM doses on 6/5/26 through 6/9/26

F. Review on 5/14/26 of client #6's record revealed:
- Admitted: 9/14/19
- Diagnoses: Paranoid Schizophrenia; Mental Retardation; Hypertension; Type 2 Diabetes Mellitus
- Physician orders dated 3/17/26 for the following medications:
  - Docusate Sodium 100mg: Take 1 capsule by mouth every day (constipation)
  - Famotidine 30mg: Take 1 tablet by mouth every day (heartburn)
  - Olanzapine 10mg: Take 1 tablet by mouth every day (schizophrenia)
  - Janumet Xr 50-1,000mg: Take 1 tablet by mouth every day (diabetes)
  - Lisinopril 30mg: Take 1 tablet by mouth every day (hypertension)
  - Simvastatin 10mg: Take 1 tablet by mouth every day (hyperlipidemia)
  - Trazodone 100mg: Take 1 tablet by

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

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V 118	Continued From page 13	V 118		

mouth at bedtime (sleep)
- Olanzapine 20mg: Take 1 tablet by mouth at bedtime (schizophrenia)
- Ventolin HFA 90mcg: Inhale 2 puffs 4 to 6 times a day as needed for wheezing
- Triamcinolone 0.1% cream: Apply a thin layer to the affected area topically twice a day as needed for itch

Review on 5/14/26 of client #6's MAR from 5/5/26 through 5/14/26 revealed:
- No staff initials that documented the administration of any of client #6's medications from 5/10/26 through 5/14/26

Further review on 6/9/26 of client #6's MAR from 5/14/26 through 6/9/26 revealed:
- No staff initials that documented the administration of any of client #6's medications from the PM doses on 6/8/26 through 6/9/26

Observation on 5/14/26 at approximately 11:15AM revealed:
- Ventolin HFA and Triamcinolone 0.1% cream were not in the facility

Interview on 5/14/26 staff #1 reported:
- Had administered the clients their medications but did not notice that any were not present at the facility
- "I ain't had time to document (medication administration) but I gave them (clients) their meds (medications)" on 5/10/26 through 5/14/26
- Could not locate client #1's Cyclobenzaprine 10mg or Meloxicam 15mg, client #3's Aspirin EC 81mg or Vitamin B12 1000 mcg, or client #6's Ventolin HFA 90mcg or Triamcinolone 0.1% cream

Interview on 6/9/26 staff #2 reported:

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V 118	Continued From page 14 - Was not aware that any medications were not present at the facility - All medications were present when he started at the facility on 5/22/26 but he could not find client # 2's Chlorpromazine 25mg or client #4's Docusate Sodium 100mg, Tizanidine HCL 2mg, Tussin DM 200-20mg/20ml, or Albuterol HFA 90mcg - "I ain't got no pen, I was going to do that (medication administration documentation) after you (DHSR surveyor) left...I don't know what I did with the pen" so was unable to document medication administration of the PM dose on 6/8/26 and on 6/9/26 Interviews on 5/28/26 and 6/12/26 the Qualified Professional (QP) reported: - Was not aware that client medications were not present at the facility - All the medications had been in the medication bins when she last checked on 4/27/26 - "I can't say for certain" if there were missing initials on the MARs when she did the medication review on 4/27/26 but "if it was I would have told [Licensee] about it for her to address it" with the staff - Staff, herself and the Licensee were responsible for medications and MARs at the facility Interviews on 5/15/26 6/9/26 and the Licensee reported: - Staff were responsible for administering medications - She and the QP were responsible for checking medications and MARs - Checked the medications and MARs monthly but did not remember when she had last checked the medications and was not aware any of the	V 118		

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V 118	Continued From page 15 clients' medications were not in the facility and was not aware of any missing initials on the MARs Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of the facility becoming aware of the allegation.	V 318		

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V 318	Continued From page 16	V 318		

The findings are:

Review on 5/26/26 of former staff (#3) (FS#3)'s record revealed:
- Hired: 4/20/26
- Employment terminated: 5/8/26

Interview on 5/15/26 the Qualified Professional (QP) reported:
- Had not been notified of any allegation of abuse of client #1 by FS#3 that allegedly occured on 5/2/26 at the facility until Department of Health Service Regulation surveyor notified her on 5/15/26

Review on 5/18/26 of the North Carolina Incident Response Improvement System (IRIS) report dated 5/18/26 regarding an incident on 5/2/26 involving client #1 revealed:
- The Qualified Professional was notified of an allegation of abuse that FS#3 gave client #1 a case of beer to hold and when he returned to get the beer "he was annoyed that the client didn't drink any beer for his birthday" and punched client #1 in the forehead and lip

Review on 5/18/26 of the local police department report dated 5/2/26 revealed:
- Client #1 had a swollen top lip with dried blood on both lips and reported that FS#3 "was yelling at him and spitting in his face, and walked away" and then returned and "began yelling at him again, and punched him in the face twice"
- "The suspect (FS#3) fled the scene prior to police arrival but was identified by the victim and the witness"

Interview on 5/18/26 client #1 reported:
- FS#3 came into client #1's bedroom and hit client #1 in the forehead and then in the mouth

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V 318	Continued From page 17 and "my lip swolled up" - Did not remember the date the incident occurred but it happened "a few weeks" ago Interview on 5/18/26 client #2 reported: - "I heard 2 men wrestling in [client #1]'s room" which sounded like "2 men going at it fighting" and FS#3 "came out...he went back in for more" and client #2 heard FS#3 and client #1 arguing but could not understand what was said - "I honestly don't recall" when the incident occurred Further interview on 5/18/26 the QP reported: - FS#3 "was only here (facility) for 2 weeks" and the Licensee "let him go for other reasons: communication, inappropriateness with females (staff); he had boundary issues. [Licensee] said she didn't like his attitude" - Was responsible for submitting reports to HCPR - Had not submitted anything to HCPR because she didn't have the information but now, she had the information and would be submitting the report to HCPR on 5/18/26 Interview on 5/15/26 the Licensee reported: - Was not aware of any issues or incidents between client #1 and FS#3 - FS#3 was terminated on 5/8/26 because "he wasn't a good fit there (facility)" because "he just didn't communicate well" and "he wasn't keeping the house clean" and there were "a lot of things that I couldn't correct him to do things a regular normal way" such as cooking meals on time - The QP was responsible for submitting reports to HCPR	V 318		

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V 366	Continued From page 18	V 366		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		

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V 366	Continued From page 19 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366		

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V 366	Continued From page 20 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to implement policies governing their response to level II incidents as required. The findings are: Review on 5/18/26 of the local police department report dated 4/19/26 revealed: - "...[client #3] went to use the bathroom to which [client #6] was inside of smoking. [Client #6] told him he did not want him to use that bathroom and to go use the other one. There was a verbal interaction between the two; [Client #3] began to walk away to which [client #6] open hand slapped his face."	V 366		

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V 366	Continued From page 21 Attempted review on 5/14/26 of the facility internal incident reports revealed: - No documentation of an incident between client #3 and client #6 on 4/19/26 Review on 5/14/26 of the Incident Response Improvement System (IRIS) revealed: - No IRIS reports for the facility for an incident on 4/19/26 Interview on 5/14/26 client #3 reported: - Another client at the facility had hit him but "I don't want to divulge it (client name)" - The incident happened "a while ago" but he could not remember the date Observation and interview on 5/14/26 at approximately 1:36PM client #6 reported: - Shook head "no" when asked if he got along with all the other clients at the facility but did not respond verbally when asked who he did not get along with - Shook head "no" when asked if he had ever hit any other clients or if he had ever seen any client hit another client Interview on 5/14/26 the Qualified Professional (QP) reported: - "I witnessed it myself while I was over there (facility)... [client #6] was acting bizarre" and "he and [client #3] got into it" verbally and client #6 slapped client #3 in the face - "I didn't do it (report incident), I should have done it" but "I didn't think about it until I heard you (DHSR) were out there (facility)" Interview on 5/14/26 the Licensee reported: - The QP was responsible for completing all incident reports and submitting all incident reports to IRIS	V 366		

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V 366	Continued From page 22 - Was not aware of any incidents that had occurred at the facility	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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V 367	Continued From page 23 erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and	V 367		

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V 367	Continued From page 24 (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to complete incident reports for a Level II incident within 72 hours. The findings are: Review on 5/18/26 of the local police department report dated 4/19/26 revealed: - There was a verbal argument between clients #3 and #6 that escalated to client #6 slapping client #3 in the face Review on 5/14/26 of the Incident Response Improvement System (IRIS) revealed: - No IRIS reports for the facility Interview on 5/14/26 the Qualified Professional (QP) reported: - "I didn't do it (report incident), I should have done it" but "I didn't think about it until I heard you (DHSR) were out there (facility)" Interview on 5/14/26 the Licensee reported: - The QP completed all incident reports - Was not aware of any incidents that had occurred at the facility	V 367		

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V 369	G.S. 122C-6 Smoking Prohibited § 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area. (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall: (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it. (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product. (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. (c) The Department may impose an administrative penalty not to exceed two hundred dollars ($200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime. (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)	V 369		

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	MHL092-980	A. BUILDING: _____ B. WING _____	R-C 06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE HOME-KAPLAN DRIVE	5040 KAPLAN DRIVE RALEIGH, NC 27606

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V 369	Continued From page 26 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure smoking was prohibited from inside the facility. The findings are: Observation on 5/14/26 at 1:36PM revealed: - Client #6 was sitting in the living room in the chair next to the window with a lit cigarette in his right hand when Department of Health Services Regulation surveyor entered the room Observation on 5/26/26 at approximately 10:25AM revealed: - No signs were posted clearly stating that smoking is prohibited inside the facility Observation on 5/28/26 at approximately 2:29PM revealed: - Client #5 and #6's bedroom - Ash substance on the floor beside client #5's bed and on the nightstand under the window at the foot of his bed - Ash substance covering the base of the window above the nightstand at the foot of client #5's bed and covering approximately 25% of the base of window to the left of that window - Approximately 15 cigarette butts were scattered on the floor along the wall between the head of client #5's bed and the bedroom closet and one cigarette butt was on the floor halfway between client #5's bed and the bedroom door - A pile of approximately 12 cigarette butts was on the floor to the side of client #5's bed and another cigarette butt was on the floor under the foot end of client #5's bed - A lighter was resting on a book on the floor approximately 6 inches from a new unlit cigarette to the right and 5 inches from the pile of cigarettes by the bed - Living room chair had a round hole the size of	V 369		

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V 369	Continued From page 27	V 369		

a cigarette with gray charred edges on the right arm
- Ash substance on the living room floor between the chair and window and scattered on the back half of the windowsill

Interview on 5/14/26 client #3 reported:
- "They (the other clients) smoke in the front room"

Interview and observation on 5/28/26 at 2:34PM client #5 reported:
- The gray substance on the floor "looks like ashes"
- "Sometimes he (other clients) smokes in here" and the other clients smoked "on my bed" but he shrugged when asked how often or when the last time was
- "I don't know" about the ashes in the window

Interview on 5/14/26 staff #1 reported:
- Started at the facility on 5/8/26
- Had first noticed client #6 smoking inside the facility on 5/13/26 and "I tried to redirect him (client #6)" from smoking inside the facility but "he grunted a yes at me and kept smoking." She stepped "towards dining area" without turning fully away from client #6 and when she fully "turned back around he was headed outside"

Interviews on 5/18/26 and 6/3/26 the Qualified Professional reported:
- Was not aware any clients smoked inside the facility
- The signs prohibiting smoking inside the facility were not posted "cause they (clients) tore them down" and "I can't even tell you" when the signs were torn down

Interview on 5/15/26 the Licensee reported:

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V 369	Continued From page 28 - Was not aware clients had been smoking inside the facility This deficiency is cross referenced into 10A NCAC 27G .0303 Location and Exterior Requirements (V736) for a Type A2 rule violation and must be corrected within 23 days.	V 369		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility,	V 500		

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V 500	Continued From page 29 the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Department of Social Services (DSS) of an alleged abuse for 1 of 6 clients (#1) by 1 of 1 former staff (#3) (FS#3). The findings are:	V 500		

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V 500	Continued From page 30 Review on 5/14/26 of client #1's record revealed: - Admitted: 8/19/19 - Diagnoses: Schizophrenia; Obesity; Bilateral Glaucoma; Hypertension; Type 2 Diabetes; Obstructive Sleep Apnea; Dyslipidemia; Hypertrophic Obstructive Cardiomyopathy; Allergic Rhinitis; Chronic Obstructive Pulmonary Disease; Diverticulitis; Alcohol and Cannabis Use; Carpel Tunnel Syndrome; Vitamin D Deficiency Review on 5/26/26 of FS#3's record revealed: - Hired: 4/20/26 - Employment terminated: 5/8/26 Review on 5/18/26 of an incident response improvement system (IRIS) for client #1 dated 5/18/26 revealed: - The Qualified Professional (QP) was notified of an allegation of abuse that FS#3 gave client #1 a case of beer to hold and when he returned to get the beer "he was annoyed that the client didn't drink any beer for his birthday" and punched client #1 in the forehead and lip" Review on 5/18/26 of the local police department report dated 5/2/26 revealed: - Client #1 had a swollen top lip with dried blood on both lips and reported that FS#3 "was yelling at him and spitting in his face, and walked away" and then returned and "began yelling at him again, and punched him in the face twice" - "The suspect (FS#3) fled the scene prior to police arrival but was identified by the victim and the witness" Interview on 5/15/26 the Qualified Professional (QP) reported: - Was not aware of any incident between FS#3 and client #1	V 500		

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V 500	Continued From page 31 - Client #1 had never reported to her or the Licensee that FS#3 had assaulted him Further interviews on 5/18/26 and 6/4/26 the Qualified Professional reported: - FS#3 "was only here (facility) for 2 weeks" - The Licensee "let him go for other reasons: communication, inappropriateness with females (staff); He had boundary issues. [Licensee] said she didn't like his attitude" - Did not submit the report to DSS because "they (DSS) don't accept it...because he (client #1) has a [local county] social services guardian" Interview on 5/15/26 the Licensee reported: - Was not aware of any issues or incidents between client #1 and FS#3 - FS #1 was terminated on 5/8/26 because "he wasn't a good fit there (facility)" because "he just didn't communicate well" and "he wasn't keeping the house clean" and there were "a lot of things that I couldn't correct him to do things a regular normal way" such as cooking meals on time - The QP was responsible for submitting reports to DSS	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (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.	V 512		

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V 512	Continued From page 32 (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, observation, and interview 1 of 1 former staff (#3) (FS#3) abused and harmed 1 of 6 clients (#1). The findings are: Review on 5/26/26 of FS#3's record revealed: - Hired: 4/20/26 - Position: Habilitation Technician - Employment terminated: 5/8/26 Review on 5/14/26 of client #1's record revealed: - Admitted: 8/19/19 - Diagnoses: Schizophrenia; Obesity; Bilateral Glaucoma; Hypertension; Type 2 Diabetes; Obstructive Sleep Apnea; Dyslipidemia; Hypertrophic Obstructive Cardiomyopathy; Allergic Rhinitis; Chronic Obstructive Pulmonary Disease; Diverticulitis; Alcohol and Cannabis Use; Carpal Tunnel Syndrome; Vitamin D Deficiency Review on 5/18/26 of a North Carolina Incident Response Improvement System (IRIS) report	V 512		

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V 512	Continued From page 33	V 512		

complete by the Qualified Professional (QP) dated 5/18/26 for client #1 revealed:
- "The QP was notified that an allegation of abuse had been reported to her during the interview process. It was reported that the client (#1) had been punched in the face by the staff person (FS#3). QP followed up with interviews with all residents (clients) in the home. This client (#1) reported that he was given a case of beer by the staff (FS#3) to hold. According to the client (#1) When the staff (FS#3) returned to get the beer, he was annoyed that the client (#1) didn't drink any beer for his birthday. The client (#1) states that that the staff approached him and punched him in the forehead and lip. The client (#1) followed up by calling the police who arrived to the group home and took the report. Interviews with the other residents resulted in one resident corroborating part of the story. While this resident didn't witness the client (victim) (#1) being punched, he (witness) did see the staff (FS#3) in the immediate vicinity of the client's (victim) room door. Both the victim and the witness reported that when the police arrived the staff was not present. The facility administrator nor the QP were aware of this incident until the QP was informed by the state surveyor. Staff had been terminated prior to the administration learning of this incident."

Review on 5/18/26 of the local police department report dated 5/2/26 revealed:
- "The suspect (FS#3) fled the scene prior to police arrival but was identified by the victim and the witness"
- "I observed [client #1]'s top lip was swollen with dry blood on both his bottom and top lip... He (client #1) advised that the rooming house (facility) supervisor (FS#3)...was yelling at him and spitting in his face and walked away. He

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V 512	Continued From page 34 (FS#3)..., then returned, began yelling at him again, and punched him in the face twice before leaving the house in his vehicle" Attempts to interview FS#3 were unsuccessful as FS#3 hung up on Division of Health Service Regulation surveyor on 5/15/26 after introduction was made and did not answer or return additional phone calls or text messages that were attempted on 5/15/26, 5/18/26, and 5/20/26. Interview on 5/18/26 client #1 reported: - FS#3 "came in (client #1's bedroom) he said, 'what are you doing to me?' I said, 'what are you talking about' and he left out. He came back in, burst through the door. I stood up, he was staring at me, we was real close together - I think he tried to hit me with the right hand (fist), I blocked it so he hit me with the left hand (fist) in the forehead at first, then he hit me in the mouth." - "My lip swolled up immediately" - "I tried to get to him (FS#3)" and "he grabbed me in the collar with his right hand" and "he was punching - I blocked it... Then he tried to punch me with his left hand" and "I was ducking and dodging" and "then he left out the room...Then he said I was too slow. Then he left" - Did not remember the date the incident occurred but it had been "a few weeks" Interview on 5/18/26 client #2 reported: - "I heard 2 men wrestling in [client #1]'s room" which sounded like "2 men going at it fighting" and "I remember he (staff) came out. He went back in for more; It wasn't like [client #1] had anything to do with it - he was defending...they (client #1 and FS#3) were arguing. I heard their voices" but he could not discern words - Client #1's "lip was a little big after" the incident	V 512		

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V 512	Continued From page 35 - "I honestly don't recall" when the incident occurred Interview on 5/15/26 the QP reported: - Was not aware of any incident between FS#3 and client #1 - Client #1 had never reported to her or the Licensee that FS#3 had assaulted him Further interview on 5/18/26 the QP reported: - FS#3 "was only here (facility) for 2 weeks" - The Licensee "let him (FS#3) go for other reasons: communication, inappropriateness with females (staff); He had boundary issues. [Licensee] said she didn't like his attitude" Interview on 5/15/26 the Licensee reported: - Was not aware of any issues or incidents between client #1 and FS#3 - FS#3 was terminated on 5/8/26 because "he wasn't a good fit there (facility)" because "he just didn't communicate well" and "he wasn't keeping the house clean" and there were "a lot of things that I couldn't correct him to do things a regular normal way" such as cooking meals on time Review on 6/4/26 of the Plan of Protection dated 6/4/26 and signed by the QP revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? Prior to the complaint survey the employee had been terminated from employment with Absolute Home and Community Services (Licensee Agency) for different reasons. The QP has met with the clients at least weekly to discuss staff interactions, activities, concerns and complaints, open lines of communication and reporting channels and procedures. The QP met with the clients on 5/15, 5/22, 5/29 and 6/3/26.	V 512		

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V 512	Continued From page 36 Describe your plans to make sure the above happens. By June 7, 2026, all staff and clients will be re-inserviced on recognizing, preventing and reporting abuse, neglect and exploitation. The weekly meetings will continue for the next 60 days. Following the 60 day period, the meetings will be held monthly. The facility will install a complaint/suggestion box where the residents will be able to make anonymous complaints about their concerns, including interactions with staff and/or concerns about any issues involving their care, health or safety." The facility served clients with Schizophrenia, Alcohol and Cannabis Use, Schizoaffective Disorder, Mental Retardation, and Antisocial Behavior. On 5/2/26 FS#3 purchased beer and brought it into the facility and left it with client #1. FS#3 later returned and assaulted client #1 for not drinking any of the beer. FS#3 punched client #1 in the forehead and the lip causing injury to client #1 including a swollen lip. The local police department responded to the facility by which time FS#3 had left the facility. This deficiency constitutes a Type A1 rule violation for abuse and harm 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	V 736		

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V 736	Continued From page 37 and its grounds were not maintained in a safe, clean, attractive, and orderly manner and kept free from offensive odor. The findings are: Cross Reference: 122C-6 Smoking Prohibited; Penalty (V369) Based on observation and interview, the facility failed to ensure smoking was prohibited from inside the facility. Observation on 5/14/26 at approximately 10:12AM revealed: - Grounds: - An empty cigarette carton was lying on the ground to the left of the front steps - There were items littered across approximately 2 feet by 6 feet on the ground on top of pine straw directly below clients #5 and #6's front bedroom window that included 7 cigarette cartons, innumerable cigarette butts, a belt, orange peels, an empty sugar bag, an eyeglass case, and papers - A twin mattress was laying against the back of the facility and had 3 round holes in the top of the mattress ranging in size from 1 inch to 2 ½ inches in diameter, 3 areas where the fabric of the mattress was torn in a shredded pattern ranging in size from ¼ inch by 1 inch to 2 inches by 3 inches, and a brown, dirt-like substance and stains were scattered across the mattress - Approximately 50 cigarette butts were lying along the side of the house on the cement floor of the carport between the steps to the facility and the facility wall with approximately 20 additional cigarette butts scattered throughout the carport - The bench in the carport tilted to the left with the top of the bench 2 inches to the left of the feet at the bottom of the bench and the 3rd from the front slat on the seat was missing - There was an empty chip bag and an	V 736		

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(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	Continued From page 38 empty plastic toilet paper wrapper on the ground to the left side of the facility and a jacket, an empty styrofoam cup, an empty roll of packaging tape, cigarettes and cigarette cartons on the ground at the back of the facility - The handle on the screen door to the carport was broken and would not latch, which prevented the door from closing fully - The front screen door did not close fully - Paint was peeling from the right exterior door of the storage room on the right side of the facility with paint missing approximately 10 inches by 12 inches extending from the silver kick plate at the bottom of the door - The porch to the staff bedroom exterior entry was missing the front brick on the right side of the top surface - Unidentified black stains were present throughout the kitchen vinyl floor - An empty chip bag, papers, clothing, and a washcloth, were scattered across the floor in front of client #5's bed - All clients smelled heavily of cigarette smoke Observation on 5/14/26 at 1:36PM revealed: - Client #6 was sitting inside the facility with a lit cigarette and the smell of cigarette smoke permeated the living room area Interview on 5/14/26 client #3 reported: - "We usually take turns sweeping them (cigarette butts in carport) up but it don't do no good" - The door to the carport "it don't work" for "about 4 months" Interview and observation on 5/28/26 at 2:34PM client #5 reported: - Denied throwing cigarette butts out the window and shrugged when asked if any other	V 736		

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-C 06/12/2026

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V 736	Continued From page 39 clients did Interview and observation on 5/28/26 at 2:42PM client #6 reported - Shrugged when asked about the cigarette butts outside of his bedroom window and declined to answer additional questions Interviews on 5/14/26 and 5/18/26 staff #1 reported: - Started working at the facility on 5/8/26 - "It was rough in the back, trash-stuff everywhere" when she arrived at the facility on 5/8/26 but she had cleaned some of it up - Was not aware of the issues with the doors at the facility - The "clients smoke and leave them (cigarette butts) all over" the facility and grounds Interview on 5/18/2026 the Qualified Professional (QP) reported: - "I know" about the cigarette butts and cartons - "I know about the stuff under the window. [Staff #1] told me about it and sent a photo" on 5/14/26 - Staff #1 "told us (QP and Licensee) about the brick" on the staff porch - Had not seen the paint on the storage door "but I've seen it before" - Was aware of the kitchen floor "from the last survey (Department of Health Services Regulation)" and "it wouldn't be anything for her (Licensee) probably to replace the tiles there" - "I have used it (front screen door); have I noticed it didn't close? I have not" - Saw the carport screen door for the first time "just now, when I just touch that door" or "it might have been yesterday or today" that she noticed the door	V 736		

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V 736	Continued From page 40 Interview on 5/15/26 the Licensee reported: - "We just changed it (mattress)" and "it was a client bed" and there was a man they called to take mattresses but "he needed to dump a few of them together" so "I told him I had that one there and then a few" and he "may be coming on the weekend" but she didn't know when - "I had not seen" the items on the grounds at the facility because "when you come to the house, you don't see that, you see the grass" - "I was unaware" that the brick was missing from the staff entry porch - "We cleaned the floor (kitchen)" Interview on 5/28/26 a Lieutenant from the local fire department reported: - Had concerns related to the cigarette butts on the ground in front of clients #5 and #6's bedroom window which included: - The cigarette butts were on pine straw which is flammable and "the drier it gets, the more flammable" it became - "Current cigarettes are supposed to go out within a minute and a half" which would be "enough time to light the pine straw if it (cigarette) was still burning" when it touched the pine straw - The bushes around the area were "highly flammable if dry and would contribute to the concern" - As a "general rule: you don't want to throw cigarettes in mulch or pine straw" Review on 6/4/26 of the Plan of Protection dated 6/4/26 and signed by the QP revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility QP met with the residents on 5/29/26 and again on 6/3/26. The administrator was present for most of the meeting. The discussion	V 736		

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V 736	Continued From page 41	V 736		

focused on rules and expectations. All clients were informed that going forward any and all residents observed smoking in the group home will be given a 30 day notice. Any other issues of smoking reported within that 30 day period will result in immediate discharge. No smoking signs will be placed on the walls once again by Friday, June 5, 2026. Cleaning to remove all cigarette butts, pine straw and trash outside of the facility was started on yesterday (6/3/26). This process will be completed by June 5, 2026.

Describe your plans to make sure the above happens. The facility administrator or QP will make daily contact with the staff via telephone or in-person visits for the next 6 days, to ensure that no one is smoking or there isn't any suspicion of smoking taking place in the facility. Additionally, the in-person visits will include and inspection of outside grounds to ensure there are no cigarette butts on the grounds and to ensure that the NO SMOKING signs remain in place. If it is observed that someone is smoking, then the 30 day notice of discharge will be given. All clients (if agreeable) will be referred to their medical providers for referral for smoking cessation treatment, tips, etc.. All guardians will be apprised of this by Friday, June 5, 2026. The mattress will be removed from the rear of the home by 6/11/26. The doors requiring locking mechanisms will be repaired by June 18, 2026 and the shed door will be repaired or replaced by June 25, 2026."

The facility served clients with Schizophrenia, Alcohol and Cannabis Use, Schizoaffective Disorder, Mental Retardation, and Antisocial Behavior. There were innumerable cigarette butts on a bed of pine straw outside of the front window of clients #5 and #6's bedroom and 20 or more cigarette butts throughout the floor near client

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V 736	Continued From page 42 #5's bed. There was ash on the nightstand, floor, and windowsill in clients #5 and #6's bedroom. There was ash on the living room floor between the living room chair and the window and on the windowsill in the living room. There was a cigarette-sized hole with gray charred edges on the left arm of the chair in the living room. No signs were posted prohibiting smoking inside the facility. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		