

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 complaint and follow up survey was completed on May 2, 2018 The complaints were substantiated (intake #NC00136557 and #NC00138261). 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>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility filed to develop and implement strategies to meet the needs of 1 of 4 clients (#3). The findings are:</p> <p>Review on 4/25/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date of 7/12/17 - diagnoses of Schizoaffective Disorder, Bipolar Disorder, Mild Intellectual and Developmental Disorder, Seizure Disorder, Mood Disorder and Hypertension - a treatment plan dated 7/21/17 with goals including: <ul style="list-style-type: none"> - to be free of aggression and anxiety as evidenced by no altercations with others...verbalize feelings to staff instead of fighting and walking away from upsetting situations... - to be compliant with all group home rules - to be supervised at all times unless given unsupervised time (no unsupervised time allowed at this point) - no updates to the treatment plan since the original 7/21/17 date - progress notes dated: <ul style="list-style-type: none"> - 9/27/17: Ran up to soccer field (approximately 1/2 mile away). Police brought her back. - 9/28/17: Upset that family didn't call her...started throwing chairs, phone, banging doors, broke the mailbox and walked off down the street...taken to Crisis and Assessment. Admitted, returned on 10/11/17 - 10/28/17: Bruises on both legs from her thighs to her knees. Said she hit her legs on bedside table getting up on overnight. Didn't want 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 112	<p>Continued From page 2</p> <p>to go to the doctor.</p> <p>- 3/2/18: Upset on return from day program saying they won't let her come back. Said she was leaving. Called father and Vice President (VP) (of company). She left at 5:30pm. Sheriff returned her to home and told her not to leave. She went into room, waited for police to leave and "started throwing things out of her room and then went into the kitchen started throwing things out the kitchen & fridge she broke coffee maker, can opener, the fridge throw dishes, drawers broke draw cabins in her room. Shower curtain in bathroom. then I call police and they came and look around and take her away to the hospital."</p> <p>- 3/6/18: Qualified Professional Note: "Client was discharged back to group home today from Local hospital...No changes in meds (medication) noted Will f/u (follow-up) with her psych (Psychiatrist) on already scheduled appointment 3/9/18. Client was reminded about the behavior and showed some of the destruction she made and notified there was a zero tolerance for such behavior, Instead she should talk over her concerns to any of us her team, to help her. She agreed to abide."</p> <p>Review on 4/26/18 of reports on the Incident Response Improvement System (IRIS) revealed:</p> <p>- 10/1/2017: "Consumer has been walking off from the group home unsupervised going to the soccer field which is located across the facility. The management of the field warned that they not want her there and called police. Consumer has done this several time and each time she feels this way, she destroys properties. Consumer has on one occasion, broken table and threw it on another client, broken mail box. Consumer is now hospitalized. Describe the cause of this incident: Consumer has a history of aggressive behavior</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 112	<p>Continued From page 3</p> <p>and history walking off Incident Prevention: Consumer needs one on one plan to follow her where ever she goes." - 3/5/2018: "Client worked off from the facility in search of a boy friend she met at the PSR (Psychosocial Rehabilitation) despite been warned not to go. Staff called the owner and told him and he told her to call police after two hours of being absent. Wake County sheriff saw her walking in the middle of the the belt line and brought her to the facility. After she was dropped off, she went into her room, got mad and started through things around. She broke all the furniture in her room and went to the kitchen and broke coffee maker, cheers, fridge, cotton spilled liquid all over." No cause or prevention listed.</p> <p>During an interview on 4/26/18, staff #1 reported: - client #3 often takes off and goes to local soccer field. The police usually bring her back. - she now has a PRN (as needed) medication she can take if upset or anxious. - there were no changes to her treatment plan that she knows of. - the strategies she used if client #3 upset were to give her the PRN medication or to call the VP or police.</p> <p>During an interview on 4/26/18, the VP reported: - client #3 had walked off to the soccer field so often the officials at the field said she was no longer allowed on the property. She had asked neighbors to take her to see her boyfriend but he told them not to do it. He reported she had also been repeatedly pushing other clients and staff (not able to verify this through documentation or interview). She had been warned in October she would be discharged if she had any more incidences. - Police told him that when they picked her up</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 112	Continued From page 4 on 3/2/18 she was walking down the middle of a 4 - 6 lane road near the highway exit and they picked her up and returned her to the group home. - there were no changes in her medication or treatment plan. - she was told she was being given another chance but if she did anything she would be immediately discharged if she had any further outbursts.	V 112		
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.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 118	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to document medications administered immediately after administration for 4 of 4 audited clients (#1 - #4). The findings are</p> <p>a. Review on 4/25/18 of client #1's records at 12:05pm revealed: - admission 5/28/14 - diagnoses including Schizophrenia, Hypertension (HTN), Thrombocytopenia and Overweight - MAR for April, 2018 revealed medications being administered daily included: - Evening medications: Lipitor, Olanzapine and Metoprolol - Morning medications: Amlodipine, Aspirin and Metoprolol - no initials documenting medications had been administered on the evening of 4/24/18 or the morning of 4/25/18</p> <p>b. Review on 4/25/18 of client #2's records at 11:45am revealed: - admission 10/20/16 - diagnoses including Bipolar Affective Disorder (DO), HTN, Gastroesophageal Reflux Disease, History of CVA (Cardio Vascular Accident) and Hyperlipidemia - MAR for April, 2018 revealed medications being administered daily included:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Evening medications: Depakote, Aricept and Remeron - Morning Medications: Aspirin, Lisinopril, Protonix, Sertraline and Apresoline - no initials documenting medications had been administered on the evening of 4/24/18 or the morning of 4/25/18 <p>c. Review on 4/25/18 of client #3's records at 10:15am revealed:</p> <ul style="list-style-type: none"> - admission 7/2/17 - diagnoses including Mild Intellectual and Developmental DO, Bipolar DO, Schizoaffective DO, Mood DO, Seizure DO and HTN - MAR for April, 2018 revealed medications being administered daily included: <ul style="list-style-type: none"> - Evening medications: Risperidone, Depakote, Benztropine, Vimpat, Ibuprofen, - Morning medications: Aldactone, Linzess, Calcium, Cetirizine, Depakote, Sertraline, Vitamin D3, Benztropine, Vimpat and Ibuprofen - no initials documenting medications had been administered on the evening of 4/24/18 or the morning of 4/25/18 <p>d. Review on 4/25/18 of client #4's records at 9:30am revealed:</p> <ul style="list-style-type: none"> - admission 4/24/18 - diagnoses including Schizophrenia, Psychotic DO, History of Bipolar DO, HTN, Cannabis Use and Tobacco Use - MAR for April, 2018 revealed medications being administered daily included: <ul style="list-style-type: none"> - Evening medications: Seroquel and Valproic Acid - Morning medications: Amlodipine and Multivitamin - no initials documenting medications had been administered on the evening of 4/24/18 or 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 118	<p>Continued From page 7</p> <p>the morning of 4/25/18</p> <p>During an interview on 4/26/18, staff #1 reported:</p> <ul style="list-style-type: none"> - she had been trained in medication administration - she signed the MARs immediately after administering the medications. <p>During an interview on 4/25/18, the Vice President observed the unsigned MARs and stated he would speak with staff #1 about documentation.</p> <p>"Due to the failure to accurately document administration it could not be determined if clients received their medications as ordered by the physician"</p>	V 118		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. 	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 132	<p>Continued From page 8</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Health Care Personnel Registry was notified of all allegations against health care personnel. The findings are:</p> <p>Cross Reference: 10A NCAC 27D .0304 Protection from Harm/Abuse/Neglect/Exploitation (Tag V512). Based on record review and interview, 1 of 2 paraprofessional staff (#1) subjected 1 of 4 current clients (#2) and 1 of 3 former clients (FC#6) to exploitation.</p> <p>During an interview on 4/25/18, the Vice President reported he thought the Qualified</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 132	Continued From page 9 Professional/Owner (QP/Owner) had submitted a report to someone at the state. During an interview on 5/2/18, the QP/Owner reported she had not submitted a report when the exploitation came to light. They gave staff #1 a written warning on 4/2/18. She reported staff #1 has since been discharged.	V 132		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 291	<p>Continued From page 10</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services between the facility operator and the qualified professionals who are responsible for treatment/habilitation for 1 of 4 current clients (#3) and 1 of 3 former clients (FC#6). The findings are:</p> <p>a. Review on 4/25/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date of 7/12/17 - diagnoses of Schizoaffective Disorder, Bipolar Disorder, Mild Intellectual and Developmental Disorder, Seizure Disorder, Mood Disorder and Hypertension - a treatment plan dated 7/21/17 with goals including: <ul style="list-style-type: none"> - to be free of aggression and anxiety...verbalize feelings to staff instead of fighting and walking away from upsetting situations - to be compliant with all group home rules - to be supervised at all times unless given unsupervised time (no unsupervised time allowed at this point) - progress note dated: <ul style="list-style-type: none"> - 3/2/18 Friday: Upset on return from day program saying they won't let her come back. Said she was leaving. Called father and Vice President (VP) (of company). She left at 5:30pm. Sheriff returned her to home and told her not to leave. She went into room, waited for police to leave and "started throwing things out of her room and then went into the kitchen started throwing 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 291	<p>Continued From page 11</p> <p>things out the kitchen & fridge she broke coffee maker, can opener, the fridge, throw dishes, drawers, broke draw cabins in her room. Shower curtain in bathroom. then I call police and they came and look around and take her away to the hospital."</p> <p>Review on 4/26/18 of reports on the Incident Response Improvement System (IRIS) revealed: - 3/5/2018: "Client worked off from the facility in search of a boy friend she met at the PSR (Psychosocial Rehabilitation) despite been warned not to go. Staff called the owner and told him and he told her to call police after two hours of being absent. Wake County sheriff saw her walking in the middle of the the belt line and brought her to the facility. After she was dropped off, she went into her room, got mad and started through things around. She broke all the furniture in her room and went to the kitchen and broke coffee maker, cheers, fridge, cotton spilled liquid all over." No cause or prevention listed.</p> <p>During an interview on 4/25/18, a therapist at the local crisis and assessment facility (C/A facility) that client #3 was transported to on 3/2/18 reported: - the staff from the group home bring people to the C/A facility, register them at the front desk and leave. They do not wait to talk to a staff person about why the client is there. The C/A staff have to call the group home to try and get information. When they request group home staff bring over information "there is a lot of pushback." They often don't get any information. - on 3/2/18 he interviewed and assessed client #3. She was apologetic and calm and just wanted to go home. She acknowledged what she had done but said she was no longer upset and just wanted to go home and sleep.</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 291	<p>Continued From page 12</p> <ul style="list-style-type: none"> - he did not find a reason to admit her and called the VP of the company to request she be picked up as she was not being admitted. - the VP refused to take her back, saying he and everyone at the group home had been dealing with client #3 and they were "shaken up" and needed to get some sleep - the police who brought her in offered to drive her back to group home but the VP still refused to accept her back that evening - client #3 was transferred to a local hospital's psychiatric unit <p>During an interview on 4/26/18, client #3's guardian reported:</p> <ul style="list-style-type: none"> - he had been guardian for client #3 since December, 2017 - he has had a hard time trying to meet client #3 at the group home. He has gone by several times late in the afternoon (4:00 - 5:00pm) but they were never there. He called the VP and the Qualified Professional/Owner and was told to just make arrangements with the staff. He made specific arrangements with staff but again, when he got to the group home they were not there. He has never been inside the group home. He always meets with client #3 at her day program. - on 3/2/18, the hospital called him when they were not able to convince the VP to bring her back to the group home <p>During an interview on 4/26/18, the VP reported:</p> <ul style="list-style-type: none"> - on 3/2/18, police transported client #3 to the C/A facility. The C/A facility called wanting her to return that same evening He told them they would take her back but she needed to stay there "until they got her right." - he could not take her back immediately because the house was in chaos. - after she was transferred to another 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 291	<p>Continued From page 13</p> <p>hospital, a doctor from there called and wanted to discharge her but he told the doctor they "needed to get her right" first. Doctor said "we see." - client was discharged from the hospital on 3/6/18. - Client was told she was being given another chance but if she did anything else she would be immediately discharged. She agreed to abide</p> <p>b. Review on 4/27/18 of former client #6 (FC#6)'s records revealed: - admission 10/25/17 - diagnoses including Schizoaffective Disorder, Hypertension and Hypothyroid</p> <p>During an interview on 4/26/18, FC#6's guardian reported: - she had been guardian for FC#6 since she moved into this facility - she (the guardian) found it very difficult to get in touch with the owners and it was "like pulling teeth to get any information from them."</p> <p>During an interview on 5/2/18, the Qualified Professional/Owner (QP) reported: - she disagreed strongly about being cited in this area - she stated they communicated clearly with the C/A facility and the hospital - the C/A facility never took the time to assess client #3. They called the VP within an hour of her going there. - they were concerned about the safety off all clients which is why they wanted her admitted</p>	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 367	<p>Continued From page 14</p> <p>CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(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:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p>	V 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 367	<p>Continued From page 15</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 367	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents to the LME within 72 hours of becoming aware of the incident. The findings are:</p> <p>Cross Reference: 10A NCAC 27D .0304 Protection from Harm/Abuse/Neglect/Exploitation (Tag V512). Based on record review and interview, 1 of 2 paraprofessional staff (#1) subjected 1 of 4 current clients (#2) and 1 of 3 former clients (FC#6) to exploitation.</p> <p>During an interview on 4/25/18, the Vice President reported he thought the Qualified Professional/Owner (QP/Owner) had submitted a report to someone at the state.</p> <p>During an interview on 5/2/18, the QP/Owner reported she had not submitted a report when the exploitation came to light. They gave staff #1 a written warning on 4/2/18. She reported staff #1 has since been discharged.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(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.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 500	<p>Continued From page 17</p> <p>Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(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.</p> <p>(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:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(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:</p> <p>(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</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 500	<p>Continued From page 18</p> <p>renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all instances of alleged or suspected abuse, neglect or exploitation of clients to the County Department of Social Services. The findings are:</p> <p>Cross Reference: 10A NCAC 27D .0304 Protection from Harm/Abuse/Neglect/Exploitation (Tag V512). Based on record review and interview, 1 of 2 paraprofessional staff (#1) subjected 1 of 4 current clients (#2) and 1 of 3 former clients (FC#6) to exploitation.</p> <p>During an interview on 4/25/18, the Vice President reported he thought the Qualified Professional/Owner (QP/Owner) had submitted a report to someone at the state.</p> <p>During an interview on 5/2/18, the QP/Owner reported she had not submitted a report when the exploitation came to light. They gave staff #1 a written warning on 4/2/18. She reported staff #1 has since been discharged.</p>	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 512	<p>Continued From page 19</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(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.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 paraprofessional staff (#1) subjected 1 of 4 current clients (#2) and 1 of 3 former clients (FC#6) to exploitation. The findings are:</p> <p>a. Review on 5/2/18 of staff #1's personnel record revealed: - hire date of 3/7/16 - training in Harm/Abuse/Neglect or Exploitation on during her orientation in 2016</p> <p>b. Review on 4/25/18 of client #2's records revealed:</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 512	<p>Continued From page 20</p> <ul style="list-style-type: none"> - admission 10/20/16 - diagnoses including Bipolar Affective Disorder (DO), HTN, Gastroesophageal Reflux Disease, History of CVA (Cardio Vascular Accident) and Hyperlipidemia <p>c. Review on 4/27/18 of former client #6 (FC#6)'s records revealed:</p> <ul style="list-style-type: none"> - admission 10/25/17 - diagnoses including Schizoaffective Disorder, Hypertension and Hypothyroid <p>During an interview on 4/26/18, FC#6's guardian reported:</p> <ul style="list-style-type: none"> - FC#6 told hospital personnel that staff #1 had been taking her money and the hospital contacted her about it. - FC#6 reported staff #1 borrowed about \$30.00 from FC#6 every month but would only pay back \$20.00. - FC#6 reported she was uncomfortable going back to the group home since she had told on staff #1 so the guardian found another placement for her. FC#6 never returned to the group home from the hospital. - she (the guardian) found it very difficult to get in touch with the owners and it was "like pulling teeth to get any information from them." <p>During an interview on 4/27/18, client #2 reported:</p> <ul style="list-style-type: none"> - staff #1 has borrowed money from her a few times. - she would not say how much staff #1 borrowed and said staff #1 paid here back when she could. - the Vice President (VP) of the company spoke with her about it and told her not to loan staff #1 any money ever. <p>During interviews on 4/27/18, 2 other clients</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 512	<p>Continued From page 21</p> <p>reported staff #1 had talked to them about borrowing money but they had not given her any.</p> <p>During an interview on 4/26/18, staff #1 reported:</p> <ul style="list-style-type: none"> - in March, 2018, the Vice President (VP) of the company told her that a former client (FC#6) told staff at the hospital that she (staff #1) was taking money from her. - she frequently bought things for residents because they had so little money and when clients got their spending money at the beginning of the month they would pay her back - she did not keep receipts or documentation of her buying things for clients or them paying her back. - VP told her he had spoken with all the other clients and client #2 also reported she had taken money from her. - she stated client #2 does not understand money and doesn't remember asking staff #1 to purchase things for her. <p>During an interview on 4/26/18, the VP reported:</p> <ul style="list-style-type: none"> - while FC#6 was in the hospital in March, 2018, her guardian called him and reported FC#6 stated staff #1 had been "borrowing" money from her and not paying her back - he spoke with the other clients and 1 other client reported staff #1 had also borrowed from her - he spoke with staff #1 who denied borrowing money from clients - he gave staff #1 a written warning and told all the clients not to be giving any staff money - he has since asked clients approximately every other day if they are giving staff money. They have all answered no - he has plans to terminate staff #1 but he needs to find a replacement for her first. - "her (staff #1) continuing to work isn't the 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 512	<p>Continued From page 22</p> <p>solution but I'm trying to get someone to replace her" - he thought the Qualified Professional/Owner (QP/Owner) submitted an incident report</p> <p>Review on 4/25/18 of a Plan of Protection written and signed by the Vice president on 4/25/18 revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? "The management will write IRIS (Incident Report Improvement System) report and also report to health registry. Management will replace the staff within two weeks of writing of this report."</p> <p>Describe your plans to make sure the above happens. "Two clients reported that they were abused by the staff who was taking money from them. Management will be having meetings with clients about this issue once a month. Manage will be asking clients every other day about issues like this."</p> <p>Staff #1 repeatedly took money from two clients (#3 and FC#6) over a period of months. Both clients received Special Assistance funding which meant they were allowed \$66.00 per month for personal spending. Of that \$66.00, they first had to pay the co-pays for their medications. So, they received between \$25.00 - \$50.00 per month. Staff #1 "borrowed" between \$20.00 and \$30.00 dollars each month and would pay them back "when she could." She did not pay them back the full amount she "borrowed." This had been going on at least since October, 2017. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT RALEIGH, NC 27616
--	--

(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 512	Continued From page 23 each day the facility is out of compliance beyond the 45th day.	V 512		