Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL092-751 01/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE **ACCESS HEALTH SYSTEM 1** RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An Annual, Follow Up and Complaint Survey was completed January 25, 2019. The complaint was unsubstantiated (Intake #NC00145683). Deficiencies were cited. New Flz has been signed by client #1's doctor and Metformin order is correct V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall as on the MAR. Of and director will ensue that there is always a corresponding physician order that is clear only be administered to a client on the written order of a person authorized by law to prescribe (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; DHSR-Mental Health (C) instructions for administering the drug; (D) date and time the drug is administered; and FFR 2 2 2019 (E) name or initials of person administering the drug. (5) Client requests for medication changes or Lic. & Cert. Section checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Division of Health Service Regulation

STATE FORM

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

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL092-751 01/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE ACCESS HEALTH SYSTEM 1 RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: See fage i Based on observation, record review and interview, the facility failed to have physicians orders for all medications and assure medications were administered as prescribed for one of three audited clients (#1). The findings are: Review on 01/17/19 of client #1's record revealed: -Admitted: 12/14/18 -Diagnoses: Schizophrenia, Type 2 Diabetes, Hypertension and Obesity A. No physician's orders: Observation on 01/17/19 of client #1's medications revealed: -Norvasc 10 mg one tablet daily dispensed 01/11/19 (primarily used to treat blood pressure) -Claritin 10 mg one tablet daily dispensed 12/18/18 (primarily used to treat allergies) -Atenolol 100 mg one tablet twice daily dispensed 12/18/18 (primarily used to treat blood pressure and chest pain) Review on 01/17/19 of client #1's record revealed -No physician's order for Norvasc, Claritin and Atenolol. -Checklist with medications and "taking" documented by some During interview on 01/25/19, the Qualified Professional/Director reported: -The checklist of medications was provided

by client #1's ACTT (Assertive Community Treatment Team) at the time of his admission. The nurse reviewed the listing and documented

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V 736 27G .0303(c) Facility and Grounds Maintenance

10A NCAC 27G .0303 LOCATION AND

(c) Each facility and its grounds shall be

EXTERIOR REQUIREMENTS

V 736

Division of Health Service Regulation									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADD			STATE, ZIP CODE					
ACCESS HEALTH SYSTEM 1 5132 DICE DRIVE									
RALEIGH, NC 27616									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIED DEFICIENCY)	D BE COMPLETE				
V 736	Continued From pa	ge 3	V 736						
		e, clean, attractive and orderly e kept free from offensive			2/20/19				
	interview, the gover the home in a safe, manner. The finding Review on 01/17/19 maintained by the D Regulation revealed -Statement Of Dincluded citation for maintenance. Examinclusive of lighting is entire home and clies vehicles in the driver by Vice President of Review on 01/22/19 sanitation report correct -17 demerits list -"Lighting and VLighting in bedroom quite dim" -"Bed, Linen and most bedrooms, obsisheets, mattress correct and bed spreadsF blinds shall be maintenance.	on, record review and ning body failed to maintain clean, attractive and orderly gs are:  of the facility's public file ivision of Health Service: Deficiency dated 03/18 which facility and ground ples of violations noted were in the home, cleanliness of ent rooms and multiple way from business managed company  of the local government's inpleted 11/06/18 revealed: ed entilationDeduction:3 ins and living room area was defermed from the facility and ground ples of violations noted were in the home, cleanliness of ent rooms and multiple way from business managed company  of the local government's inpleted 11/06/18 revealed: ed entilationDeduction:3 ins and living room area was defermed very soiled/stained bed vers, bed pillows, bed frames urniture, bedding and window cained clean and in good an or replace items that		weekly by and for early and more frequent	and an amp provided mattress shed and hanged. I show for for 1 s done assigned assigned				

Observations on 01/17/19 at 3:30 PM and

01/18/19 at 12:30 PM revealed:

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the entire community.

Professional/Director reported:

During interview on 01/25/19, the Qualified

the necessary maintenance to the home

and must be corrected within 30 days.

-She would follow up with staff and assure

This deficiency constitutes a re-cited deficiency

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: \_\_\_\_\_\_ (COMPLETED

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01/25/2019

MHL092-751

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
ACCESS HEALTH SYSTEM 1		5132 DICE DRIVE RALEIGH, NC 27616				
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