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						
			A. BUILDING.		F	,					
		MHL092-850	B. WING	<del></del>		0/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ACCESS HEALTH SYSTEM 2, INC 5208 COUNTRY PINES COURT RALEIGH, NC 27616											
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)					
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)							
{V 000}	INITIAL COMMENTS		{V 000}								
	A Follow Up Survey 2019. A deficiency	was completed on April 30, was recited.									
	This facility is licens category: 10A NCA Living for Adults wit	sed for the following service C 27G .5600A Supervised h Mental Illness.									
{V 736}	27G .0303(c) Facili	ty and Grounds Maintenance	{V 736}								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	REMENTS It its grounds shall be e, clean, attractive and orderly e kept free from offensive									
	was not maintained The findings are:	et as evidenced by: on and interview, the facility I in a safe and orderly manner. 30/19 between 2:30-3:00 PM									
	of the facility reveal -Double occupa resided- stains in co bathroom										
	closet, covering on -Closet door m occupied by client # -Chirping from	light fixture issing knob in bedroom									
	missing knob	r in hallway labeled "Electrical" stove/oven in kitchen door									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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			
		MHL092-850	B. WING			R 30/2019			
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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE				
{V 736}	Interview on 04/30/ -He noticed the agocould not read battery -No doors had covering over light to the second over light to the covering over light to the cover light to the cover light to the covering over	19, client #6 reported: chirping over a week ch smoke detector to change been on the closet and no fixture since his admission	{V 736}						

6899

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