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: MHL092-850 B. WING 04/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5208 COUNTRY PINES COURT** ACCESS HEALTH SYSTEM 2, INC RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {V 000} INITIAL COMMENTS {V 000} A Follow Up Survey was completed on April 30, 2019. A deficiency was recited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. {V 736} 27G .0303(c) Facility and Grounds Maintenance {V 736} 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 was not maintained in a safe and orderly manner. throom was checked The findings are: there is no leak in Observation on 04/30/19 between 2:30-3:00 PM of the facility revealed: the roof. The ceiling was -Double occupancy Room which client #4 resided- stains in ceiling in bedroom and Painted but the vemains. -Room occupied by client #1- no doors on the closet, covering on light fixture The closet to the bedroom -Closet door missing knob in bedroom 13 Okay, the door was occupied by client #2 missing -Chirping from smoke detector noted in client Was removed and #1's bedroom -Accordion door in hallway labeled "Electrical" etter as is. missing knob -Microwave & stove/oven in kitchen door handles broken Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Dino

STATE FORM

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Division	of Health Service Re	gulation			(V2) DATE CURVEY			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION DELC	A. BUILDING:					
					R			
		MHL092-850	B. WING		04/30/2019			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
5208 COUNTRY PINES COURT								
ACCESS HEALTH SYSTEM 2, INC 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 APPRO DEFICIENCY)	D BE COMPLETE			
	Interview on 04/30/ -He noticed the agocould not real battery -No doors had covering over light Interview on 04/30/ Professional/Direct -Was aware of in November 2018 stained and dressed confirm the ceiling leakWould follow	age 1 19, client #6 reported: c chirping over a week ch smoke detector to change been on the closet and no fixture since his admission		The Knobs to the of Cheid # 2 and the accordion door in the half way has been. The Smoke detection batteries have been changed. Check the facility Smoke dedector to ensure working other an	doors 3/28/19 e e fixed, tov			

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 2

	The state of the s	5/27/	19
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Access Health System 2, inc 5208 Country Pines Court Raleigh, NC 27616

(Ph) 919-850-3297 (Fax) 919-341-0486

cilonze@earthlink.net

NC DHSR

Gloria Ilonze

Access Health System

Cell -919 349-3807

5/28/19

To whom it may concern,

Access Health System 2 MHL 092-850 POC for Survey ending 4/30/2019

Find enclosed, POC for the above facility.

Thank you

DHSR - Mental Health

MAY 2 8 2019

Lic. & Cert. Section

Gloria Ilonze

CEO - Access Health System, inc