	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		MHL092-850	B. WING		07/19/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CCESS H	HEALTH SYSTEM 2, INC		UNTRY PINES COU H, NC 27616	JRT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
		as completed on July 19, was unsubstantiated (intake ciencies were cited.				
		d for the following service 27G .5600A Supervised Mental Illness.				
V 512	27D .0304 Client Righ	nts - Harm, Abuse, Neglect	V 512			
	 (a) Employees shall abuse, neglect and exwith G.S. 122C-66. (b) Employees shall sort of abuse or negle 27C .0102 of this Characteristics of the established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a 	ALECT OR EXPLOITATION protect clients from harm, exploitation in accordance not subject a client to any ect, as defined in 10A NCAC apter. Is shall not be sold to or int except through g body policy. Use only that degree of force secure a violent and which is permitted by y. The degree of force that is upon the individual client (such as age, size that health) and the degree splayed by the client. Use of es shall be compliance with C 27E of this Chapter. in employee of Paragraphs Rule shall be grounds for				
		as evidenced by: and record review one of subjected three of five (#1,				

STATEMENT	f Health Service Regu OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	PLETED
		MHL092-850	B. WING		C 07/19/2019	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			19/2019
	OVIDER OR SOFFLIER					
ACCESS H	IEALTH SYSTEM 2, INC		6H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 1	V 512			
	#2, #3) clients to abus	se. The findings are:				
	Review on 7/12/19 of -Hire date of 3/26	Staff #1's record revealed: 6/19.				
	A. Review on 7/10/19 revealed:	of client #1's record				
	-Date of Admission 4/30/19. -Diagnoses of Schizoaffective Disorder and Mild Intellectual Developmental Dissability.					
	-She had an alter staff #1.	/10/19 client #1 stated: rcation two days ago with				
	home that evening be stay the night.	three grandchildren in the ecause they were going to sing some money issues				
	with staff #1 and want	with staff #1 and wanted to call her mother. -Staff #1 would not let her use the phone so				
	they began to argue. -Staff #1 told her to "Take your tail back to					
	grandchildren."	ecting me in front of my she did not go to her room				
	and wanted to leave.	her face saying, "I will put a				
		"It will be worth losing my				
		ve out the door, but staff #1				
	her body and then blo					
	years old, said, "Don'	-				
		she was going to count to go to her room and go to my ass "				
		m and closed the door, "I				
ision of Hea	Ith Service Regulation	~~.				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
					- c	
		MHL092-850	B. WING		07	/19/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CCESS H	IEALTH SYSTEM 2, INC		OUNTRY PINES CO	JRT		
			H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 2	V 512			
	-The other clients	s were present and heard				
	everything.	-				
	-Staff #1 has three	eatened her several times in				
	the last few weeks.					
	-Had heard staff #1 threaten other clients too.					
	Further Interview on 7/18/19 Client #1 stated:					
	-Staff #1 had been really mean to client #2.					
	-She told client #2 "Get the F**k out of your					
	room." -Client #2 is a "hoarder" and staff #1 went in					
	her bedroom and threw all her stuff away.					
	-Client #2 got very upset and went into the					
		se while staff #1 pulled all				
	her things out in the h	-				
	-Staff #1 even threw away client #2's mail and					
	personal information.					
		-Staff #1 was yelling at client #2 calling her a				
	"Hoarder" and that her room was too junky. -Staff #1 would curse at client #2 telling her to					
	"Take a shower, you					
	-Former client #6	6 (FC #6) had toileting issues				
	and would have accid	lents on herself frequently.				
	5	ell at FC #6 to clean herself.				
		ab FC #6 by her hands and				
	toileting incidents.	shower after one of her				
	B. Review on 7/10/19) of Client #2's record				
	revealed:					
	-Date of Admissi	on 8/31/18.				
	-Diagnoses of Ol	bsessive Compulsive				
	Disorder (OCD) and S	Schizoid Personality.				
	-	/10/19 client #2 stated:				
		#1 might have some things				
		ecause she took her anger				
	out on them.					
	_"///nen ene leav	es, it takes me a couple of				

NAME OF PRC ACCESS HE (X4) ID PREFIX TAG V 512 ((EACH DEFICIENC)	5208 CC RALEIG	A. BUILDING: B. WING ADDRESS, CITY, STATE		COMPLETED C 07/19/2019
ACCESS HE (X4) ID PREFIX TAG V 512 (EALTH SYSTEM 2, INC SUMMARY STA (EACH DEFICIENC)	STREET / 5208 CC RALEIG	ADDRESS, CITY, STATE		
ACCESS HE (X4) ID PREFIX TAG V 512 (EALTH SYSTEM 2, INC SUMMARY STA (EACH DEFICIENC)	5208 CC RALEIG	OUNTRY PINES CO	, ZIP CODE	
(X4) ID PREFIX TAG V 512 (SUMMARY STA (EACH DEFICIENC)	RALEIG			
PRÉFIX TAG V 512 ((EACH DEFICIENC)		H, NC 27616	URT	
V 512 (ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	
	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE DATE
(Continued From page	3	V 512		
	days to recover."				
	-"I'm a hoarder, a	nd she went through my			
r	room and threw a lot o				
		er go out of her room while			
		tuff and brought it out in the			
r	nallway for everyone t				
	-Staff #1 took down her safety deposit box and showed it to other clients.				
ć					
(-She made her open up her purse so she could go through it.				
	• •	ike down her posters she			
ł		nrow out her magazines.			
	-Staff #1 told her she needed to stop wearing				
ł	her "fanny pack.' -Observed Staff #1 and client #1 have a fight				
t	he other night.	aving a behavior and staff #1			
	got upset saying, "You my grandchildren."	u disrespected me in front of			
	-Staff #1 had her	three grandchildren in the			
	home that evening. -She told client #1, "You are worth me losing				
		nt #1, "We can step outside			
ć	and fight." -Staff #1 can be v	very loud and curse at them.			
	C. Review on 7/10/19	9 of client #3's record			
r	revealed:	11/1/10			
	-Date of Admissio				
[Diabetes and Hyperte	hizoaffective Disorder, nsion.			
['10/19 client #3 stated: ut of hand with her temper			
5	sometimes."	am at them and tried to turn			
	everyone against her.				
		atened to beat her up			
<u>ج</u>		ting someone today and its			

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-850	B. WING	07	C 7/ 19/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	HEALTH SYSTEM 2, INC	5208 CO	UNTRY PINES CO	JRT		
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	9 4	V 512			
	going to be [client #3]					
		ensee/Qualified Professional				
	#1 and Licensee/QP	#1 spoke to staff #1.				
		ted her about speaking to				
		stating she is going to make				
	her lose her job.	nt #1 got into a fight a few				
	days ago.	nt #1 got into a light a lew				
		ling and cursing at client #1.				
		"I'm going to hurt that girl,'				
	referring to client #1.					
		#1 trying to get out the door,				
	but staff #1 was blocking her and the door.					
	During interview on 7	/10/19 client #4 stated:				
	-Been living in th	e home for one year.				
	-Did not like staff					
		and yells a lot at them.				
		stepped her boundaries with				
	[client #1]." -Not sure what h	appened with staff #1 and				
	client #1.	appende with stall #1 and				
		mething about "it was worth				
		ing outside to fight her."				
		Ily mean to FC #6.				
		oke which made her have				
	some toileting issues	and difficulty cleaning				
	herself.	vo a toiloting incident and				
	staff #1 would yell and	ve a toileting incident and d curse at her.				
		b FC #6 by her hands one				
		er for a toileting incident.				
		reated that lady (FC #6)				
	bad."					
		e Licensee/QP #1 a few				
	weeks ago, about sta	ff #1, not sure what she did.				
	During interview on 7	/10/19 Client #3's Asservtive				
	-	t (ACT) team counselor				
	stated:					

Division of Health Serv STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-850	B. WING		07	C 7/19/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CCESS I	HEALTH SYSTEM 2, INC		OUNTRY PINES COU H, NC 27616	JRT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	5	V 512			
	worked at the home. -She stated there and curse at them, no -She stated there her.	e was a staff who threatened				
	husband) stated: -Not aware of sta grandchildren in the h -Client #1 told hir altercation with staff # -Not aware of am -Client #3 had co she complained abou -Staff #1 would w as needed. -Will take staff #1	nome. n last night (7/10/19) about #1. y issues with staff #1. mplained about staff #1, but t all staff. york a week here and there off of the schedule and				
	7/12/19 completed by -"Effective from to with Access Health St	Plan of Protection dated QP #2 revealed: oday [staff #1] is no longer ystem 2, Inc. The ts own investigation and				
	revealed: -A phone call was provided by QP#2. -A female answe would get staff #1. -The phone call e	vith staff #1 on 7/16/19 s placed to the number red the phone and said she ended. call was placed, with no				
	During interview on 7/ stated:	/18/19 The Licensee/QP #1				

STATE FORM

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-850	B. WING		C 07/19/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		5208 CO	UNTRY PINES CO	URT		
ACCESS I	HEALTH SYSTEM 2, INC	RALEIGH	H, NC 27616			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		
V 512	Continued From page	9 6	V 512			
	-Staff #1 had bee	en taken off the schedule and				
	would not be returning	g to work.				
	-Felt like client #	1 and #3 will "exaggerate"				
	stories when it comes					
		e client #3's admission				
	"abuse."	tly accusing different staff of				
		keeping staff in the home				
	because of client #3.					
		plosive behaviors where she				
		and "exaggerate" what really				
	happens. -Not aware staff:	#1 had her grandchildren in				
	the home or they had					
		staff #1 in the past for her				
	loud tone with clients,	but not aware of any				
	cursing or threatening].				
		ld her staff #1 had cursed at				
	her, "but she says this					
		ig to surveyor) need to take leration when interviewing				
	clients."					
	Review on 7/18/19 of	"Plan of Protection" dated				
		Licensee/QP #1 revealed:				
		ed with the alleged abuse is				
		ork in any of [company]				
	homes.					
	-	been done with new staff and				
	and how to manage th	and common manifestations				
		sage with the staff involved				
		s on as needed position and				
		k. Report has been filed with				
	HCPR (Health Care F	•				
		ent and a follow up 3-5 day				
	÷ .	ed. All staff will receive				
	-	glect, harm ASAP to prevent				
	repeat of such behavi	ior."				
	alth Service Regulation					

PRINTED: 08/16/2019 FORM APPROVED

STATEMENT	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:			C
		MHL092-850	B. WING		07/19/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CCESS	HEALTH SYSTEM 2, INC		UNTRY PINES COU H, NC 27616	JRT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 7	V 512			
	Obsessive Compulsive Personality Disorder a subjected to verbal all live in staff #1. Client of staff #1 either for the the group home. Three witnessing or experiee violence, cursing and forceful handling in re- incidents. On one occ three grandchildren in became verbally abuse #1 had dis-respected another occasion, St Client #1 while block preventing exit. Staff to disposing of Client and shaming her in fr hoarding behavior. T Type A1 rule violation be corrected within 22 penalty in the amount the violation is not co additional administrat	and Hoarding Behavior were buse and physical threats by ts indicated they were fearful hemselves or other clients in se clients reported either incing threats of physical l yelling by staff #1 as well as esponse to toileting tcasion, Staff #1 had her in the home for the night and sive as she believed client her in front of them. On taff #1 verbally threatened ing the doorway to the home f #1 's abuse also extended #2's personal belongings tont of other clients for her this deficiency constitutes a in for serious abuse and must 3 days. An administrative t of \$2,000.00 is imposed. If rrected within 23 days, an tive penalty of \$500.00 per or each day the facility is out				