	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
	MHL092-850		B. WING			0/20/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ACCESS H	IEALTH SYSTEM 2, INC			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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 000	INITIAL COMMENTS	3	V 000			
	on September 20, 20 unsubstantiated (inta 00155889, 00154034 This facility is license	w up survey was completed 19. The complaints were ke #NC00155790, 4). A deficiency was cited. 4d for the following service 27G .5600A Supervised				
V 512	Living for Adults with		V 512			
	 (a) Employees shall abuse, neglect and e with G.S. 122C-66. (b) Employees shall sort of abuse or negle 27C .0102 of this Cha (c) Goods or service purchased from a clie established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mel of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a statistical and basis a	BLECT OR EXPLOITATION protect clients from harm, xploitation in accordance not subject a client to any ect, as defined in 10A NCAC apter. s shall not be sold to or ent 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 s upon the individual client (such as age, size ntal health) and the degree splayed by the client. Use of res shall be compliance with AC 27E of this Chapter. an employee of Paragraphs 5 Rule shall be grounds for				
	This Rule is not met Based on interviews	as evidenced by: and record review one of				

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL092-850	B. WING		R-C 09/20/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	1 **	
		5208 CO	UNTRY PINES CO			
CCESS I	HEALTH SYSTEM 2, INC	RALEIG	H, NC 27616			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 512	Continued From page	e 1	V 512			
		rector) subjected three of five abuse. The findings are:				
	A. Review on 9/17/1 revealed:	9 of client #2's record				
	-Admission date of 8/31/18. -Diagnoses of Schizoid Personality,					
	Obsessive Compulsi Hypertension and Hy	perthyroidism				
	-She had started	0/17/19 Client #2 stated: I attending a day program a				
		the Senior Center two to				
		d them they needed to go to				
	house."	ill be kicked out of the				
	out of house and hor	d them they were "eating him ne" by being there all day. een going to the "Senior				
	Center" since the Dir					
	everyday."					
	During interview on 9					
	stated:	I Services (DSS) Guardian				
	she decided on one t					
	she desired.	two to three days a week as				
	client #2 who was in					
	(Assertive Communit	t another provider's office by Treatment- ACT) which				
		ervices from. iquiring about classes she				
		he just could not show up at				
	a provider and ask for	or classes if she did not				

STATE FORM

STATEMENT	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED			
MHL092		MHL092-850	D92-850 B. WING		R-C 09/20/2019				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE						
		5208 CC	OUNTRY PINES CO	JRT					
ACCESS I	HEALTH SYSTEM 2, INC	RALEIG	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 ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE			
V 512	Continued From page	e 2	V 512						
	receive all her service provider. -Client #2 told he something to do durir "kicked out of her hou -Client #2 told he them they needed to -Informed client # program during the da -Client #2 was w everyday. -Informed client # out" of the home for r -Did not address Licensee/Qualified Pr she had calmed clien out. -Not surprised th this because she had facility and that client information. B. Review on 9/17/19 revealed: -Admission date	es from that specific er that she had to find ng the day or she would be use." er the Director was telling go to programs. #2 she was attending a ay. orried she was not gone #2 they could not "kick her not attending a program. this with the rofessional (QP) as she felt t #2's fears of being kicked e Director had told client #2 another client in a sister was told the same 0 of client #4's record of 7/30/18. chizoaffective Disorder and							
	-Started attendin Center) a few weeks -Was told by the three days a week. -He stated, "I'm o	/17/19 Client #4 stated: g a Day Program (Senior ago. Director, he had to go two to on my way out anyway. ne to call my brother and get							
		ormed him a few weeks ago nd a Day Program he would rouldn't go."							

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY
AND PLAN (IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			B. WING		R-C 09/20/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		5208 CC	UNTRY PINES CO	JRT		
ACCESS	HEALTH SYSTEM 2, INC	RALEIG	H, NC 27616			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 512	Continued From page	e 3	V 512			
	-"I just said, I did	n't want to go."				
		ne "big deal" was to start				
	going to programs for					
	• • •	er (legal guardian) and told				
	him what the Director					
	-Was really worri	ed if he did not go to the Day				
	Program, he would ha					
		Day Programs, and really				
	liked one.	, , , , , , , , , , , , , , , , , , ,				
	-Was told he cou	ld not attend that one.				
	- Not sure why.					
	-	the Senior Center where the				
	rest of the clients atte	ended.				
	-"I just sit around	there all day."				
	-	/18/19 Client #4's legal				
	Guardian/brother stat					
		Director about two weeks				
	(client #4) told him.	concerning things his brother				
		Director to ask as his brother				
	was very upset and w out."	vorried about being "kicked				
		m the Director said he had to				
		if he did not find a day				
	program to attend.					
	1 0	ersation, the Director was				
	very "belligerent" towa					
		d him his brother had to find				
	a program to go to du					
		d him "In so many words, if				
		ram, he would have to				
	leave."					
	-"I told the Direct	or my brother's concerns				
	with losing his placen	nent."				
	-The Director see	emed to rush him off the				
	phone.					
	-Client #4 had ca	alled him several times over				
	the last six weeks wit	h concerns of being				
	"evicted."					

Division of Health Service Regulation STATE FORM

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STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		
м		MHL092-850	B. WING		R-C 09/20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
ACCESS	HEALTH SYSTEM 2, INC	5208 CO		URT	
A002001		RALEIG	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 OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLE THE APPROPRIATE DATE
V 512	Continued From page	e 4	V 512		
	 week. -Client #4 had exattend a program, bu "Senior Center." -Client #4 told him library for six hours a with nothing to do. -Client #4 told him was interested in goin -The Director have to attend. -When he did pice -Client #4 stated could not attend that where the others go. -Felt like the Direction." -"He want to kee location." -Client #4 had be had been hospitalized -Worried this will again where he may due to his increased a C. During interview of 	p them at the same stressing my brother out as ip in our conversations." een there over a year and			
	a day program, "he w like staying in the hou -The Director tolo her pay, "from my \$6	otional." d them if they did not attend vould make sure we wouldn't use." d her he would take some of 6.00."			
ivision of Hea		ed \$47.00 a month after her			

Division of Health Service Regu STATE FORM

STATEMENT	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. Boilbing.		R-C	
		MHL092-850	B. WING		09	/20/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ACCESS I	HEALTH SYSTEM 2, INC	5208 CO	UNTRY PINES CO	JRT		
		RALEIG	I, 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 DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETI DATE
V 512	Continued From page	9 5	V 512			
		d not taken any of her money she had been attending the				
	-	/17/19 Staff #2 stated: ng in the home since July				
	-Worked a week on and a week off. -Clients started attending a day program a few weeks ago.					
	-The Director told them they had to go to a day program. -"Not sure what happened, but the clients told					
		me they needed to go to a day program." -The clients had expressed they did not want to go to a day program.				
	-Had not been gi how many days they	-Had not been given any instructions as to how many days they are to go.				
	a week.					
	specified how many c	the Licensee/QP had not lays they are to attend. n asking them daily if they				
	want to go, and try to					
	them."					
	-All clients are no	/19/19 The Director stated: ow attending a Day Program. d to "get out of the house				
		not being forced, but told				
		/ did not go to a Day				
	-Never told them	ance would be withheld." they would have to move and a Day Program, "I would				
	never say that."	ent #4's brother and told him				
ining of Lin	-	the home, but he needed to				

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	MHL092-850		B. WING			R-C 9/20/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
			OUNTRY PINES CO			
ACCESS H	HEALTH SYSTEM 2, INC	RALEIG	iH, 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 ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	9 6	V 512			
	he did not want to. -The clients did r Program, so "I tried to During interview on 9 Licensee/Qualified Pr -Clients are now -The new client (was already attending -Encouraged the "Senior Center," which In Center." -They are only af a few days a week. -Client #4 did an Day Programs, and h -Found out he co because they did not home Managed Care -The other Day F accept his medicaid, to the "Senior Center" -Not sure why cli the other Day Programs. -She and the Dim had a meeting a few y importance of attendi -Been trying to u to get them out of the	t have to go to a program if not want to attend Day o encourage them." /19/19 the rofessional (QP) stated: attending Day Programs. client #6) was admitted and g the "Drop In Center." other clients to attend the h is next door to the "Drop ttending the "Senior Center" orientation at two different e picked one he liked. ould not attend that program have a contract with his Organization (MCO). Program he went to did but he had just been going " with the rest. ent #4 had not gone back to m. clients did not want to attend ector (which is her husband) weeks ago and told them the ng a Day Program. se positive encouragement				
	"evict" them or take the At this point the Licer and placed him on sp	see/QP called the Director				
		had told clients he would				

	f Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
			B. WING			R-C	
		MHL092-850			09	/20/2019	
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
CCESS H	IEALTH SYSTEM 2, INC		OUNTRY PINES CO H, NC 27616	URI			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	· ·	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 512	Continued From page	27	V 512				
	During the interview of	on 9/19/19 with Director on					
	speaker phone he sta						
		ld surveyor he would					
	withhold the clients money.						
	-He stated he told the clients he would give them an increase in their allowance (their \$66.00)						
	if they attended a Day Program.						
	-He stated he told them that to try to						
	encourage them to go.						
		-When asked if he had increased their					
	allowance since the clients were now attending a						
	Day Program and if so how much and when? -The Director stated, "No, I can not afford to						
	give them more money."						
	-	- "I do not have that to give out."					
		ted he had not planned to					
		ey, "I just told them that so					
	they would go."	ake promises to them					
	sometimes to get the	•					
		e encouragement here."					
	-The Licensee/Q	P ended the phone call.					
	Further Interview on S	9/19/19 with the					
		extra things in the past for					
	the clients all the time						
		nem "extra money" for					
		em things for their birthdays.					
		-Never documented any of the "extra money"					
	that was given to clier	nts. ny extra things for clients					
	since attending the D						
	Review on 9/19/19 of	Plan of Protection dated					
		the Licensee/QP revealed:					
		e action will the facility take					
	to ensure the safety c care?	of the consumers in your					
	Ith Service Regulation						

STATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
,		A. BUILDING:		BUILDING:			
		MHL092-850	B. WING		R-C 09/20/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5208 COUNTRY PINES COURT							
ACCESS H	EALTH SYSTEM 2, INC			JRT			
			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 ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 512	Continued From page	8	V 512				
	We at Access Health positive incentives to attend day program b evidence an outing ha well being and stabilit staying home daily. I concept of threat beca way, but misundersta -Describe you pla happens? We already have diffe that we work with and referrals to those prog options like library or county may have as a encourage socialization Interviews with three Schizoaffective Disore OCD all stated they h Director they must att will be "kicked out," ou told her money would attend a Day Program expressed concern as few weeks ago by the that the clients' placen did not attend a Day F legal guardians were clients' mental health appeared to be in a "p into "crisis" for the fea The Director stated he withhold their allowan statement, stating he allowance but had no	System will continue to use encourage our clients to ecause we know that with as positive impact on the y of clients instead of do not agree with the ause it was not implied that nding. ans to make sure the above erent programs in the county d will continue to send grams and explore other other activities in wake alternatives just to on." clients with diagnoses of der, Bi-polar Disorder and ave been told by the tend a Day Program or they r "evicted." Client #5 was be withheld if she did not n. Two legal guardians had s they had been informed a e clients and the Director, ment was in jeopardy if they Program. Client #2 and #4's also concerned for the status because they panic" or a potential of going ar of losing their placement. e did tell clients he would ice and later changed his e would increase their intentions of doing so. This					
	Type A1 rule violation	a Failure to Correct the originally cited for serious					
		tive penalty of \$500.00 per lure to correct within 23					
	th Service Regulation						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER: A. BUILDING:		R-C	
		MHL092-850	I		09	0/20/2019
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
CCESS H	IEALTH SYSTEM 2, INC		OUNTRY PINES COU H, NC 27616	JRT		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 512	Continued From page	9	V 512			
	days.					