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: R-C B. WING MHL092-850 09/20/2019 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)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) DHSR-Mental Health V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed OCT 1 5 2019 on September 20, 2019. The complaints were unsubstantiated (intake #NC00155790, Lic. & Cert. Section 00155889, 00154034). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness V512 27D.0304-At Access Health system Facilities, we strive V 512 27D .0304 Client Rights - Harm, Abuse, Neglect V 512 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. to promote-section Cid; (b) Employees shall not subject a client to any we do not expose sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force etined as the infliction necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with or the deprivation Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs ices which are (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on interviews and record review one of Division of Health Service Regulation

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

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: R-C B. WING MHL092-850 09/20/2019 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 512 V 512 Continued From page 1 We at Access Health one audited staff (Director) subjected three of five System, management Continuously Seek out (#2, #4, #5) clients to abuse. The findings are: A. Review on 9/17/19 of client #2's record opportunities to improve revealed: -Admission date of 8/31/18. Diagnoses of Schizoid Personality, Obsessive Compulsive Disorder (OCD), Hypertension and Hyperthyroidism During interview on 9/17/19 Client #2 stated: -She had started attending a day program a few weeks ago. -Started going to the Senior Center two to three days a week. -The Director told them they needed to go to a program or "You will be kicked out of the house." -The Director told them they were "eating him out of house and home" by being there all day. -They have all been going to the "Senior Center" since the Director told them to. -"I don't mind going, I just do not want to go everyday." Clien During interview on 9/18/19 Client #2's independence Department of Social Services (DSS) Guardian perome as stable as stated: -Took client #2 to several Senior Centers and possible. she decided on one to attend. -She was going two to three days a week as The plan of protestion 9/19/19 she desired. -She received a phone call a month ago from client #2 who was in a "Panic." -Client #2 was at another provider's office (Assertive Community Treatment- ACT) which she did not receive services from. -Client #2 was inquiring about classes she could take. -Told Client #2 she just could not show up at a provider and ask for classes if she did not

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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. BOILDING.		STOCKER
MHL092-850		MHL092-850	B. WING		R-C 09/20/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ACCESS HEALTH SYSTEM 2, INC 5208 COUNTRY PINES COURT					
RALEIGH, NC 27616					
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V 512	receive all her services from that specific provider. -Client #2 told her that she had to find something to do during the day or she would be "kicked out of her house." -Client #2 told her the Director was telling them they needed to go to programs. -Informed client #2 she was attending a program during the day. -Client #2 was worried she was not gone everyday. -Informed client #2 they could not "kick her out" of the home for not attending a program. -Did not address this with the Licensee/Qualified Professional (QP) as she felt she had calmed client #2's fears of being kicked out. -Not surprised the Director had told client #2		V 512	to attend day fr because we know	that
				with proven exid	lence
			impact on the w		ell being
				and Stability of	liede.
111111111111111111111111111111111111111				Obviously there	was
				a misunderstandi	ngl
				miscommunication	
			j.	between Co-dive	
	this because she had a facility and that client w information.	another client in a sister		of the guardian	3:
re	B. Review on 9/17/19 of client #4's record revealed: -Admission date of 7/30/18.			The Co-director n intended to make	- it
	-Diagnoses of Schiz Neurocognitive Disorder.	izoaffective Disorder and er.		mandatory for evi Client to attend d	tay
	During interview on 9/17/19 Client #4 stated: -Started attending a Day Program (Senior Center) a few weeks agoWas told by the Director, he had to go two to three days a weekHe stated, "I'm on my way out anyway.			frogram against the will nor has it bee	ú V
			mandatory. Every (lient
- [Director] told me to out."		to call my brother and get		Still chooses which	days
		ned him a few weeks ago a Day Program he would		or some days the) decide
	-"I never said I wou	Ildn't go "		not to attend.	

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leave."

phone.

"evicted."

with losing his placement."

-"I told the Director my brother's concerns

-The Director seemed to rush him off the

the last six weeks with concerns of being

-Client #4 had called him several times over

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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: _ R-C B. WING MHL092-850 09/20/2019 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) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 4 V 512 The directors and -Spoke to client #4 three to four times a week. -Client #4 had expressed he did not want to attend a program, but was being dropped off at a "Senior Center." -Client #4 told him he is basically sitting in a library for six hours a day at the "Senior Center" with nothing to do. -Client #4 told him of another day program he was interested in going to, that he had toured. -The Director had told him he could pick one to attend. -When he did pick one, he was told no. -Client #4 stated the Director told him he could not attend that program, he had to go where the others go. -Felt like the Director did not want to transport the clients to different programs. -"He want to keep them at the same location." -"I feel like this is stressing my brother out as he keeps bringing it up in our conversations." -Client #4 had been there over a year and had been hospitalized prior to moving in. -Worried this will cause him to go into "crisis" again where he may end up back in the hospital due to his increased anxiety of being "evicted." C. During interview on 9/17/19 Client #5 stated: -Started attending a day program a few weeks ago. -Will be going three days a week. -This was "not optional." -The Director told them if they did not attend a day program, "he would make sure we wouldn't like staying in the house." -The Director told her he would take some of her pay, "from my \$66.00." -Currently received \$47.00 a month after her

medication co-pays are taken out.

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never say that."

Program, "their allowance would be withheld." -Never told them they would have to move out if they did not attend a Day Program, "I would

-Did speak to client #4's brother and told him client #4 could stay in the home, but he needed to

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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-C B. WING MHL092-850 09/20/2019 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) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 6 V 512 attend a Day Program. and actually we took -Client #4 did not have to go to a program if him to check out he did not want to. -The clients did not want to attend Day Program, so "I tried to encourage them." by his request. He had problem with making During interview on 9/19/19 the Licensee/Qualified Professional (QP) stated: -Clients are now attending Day Programs. decision. Was already -The new client (client #6) was admitted and was already attending the "Drop In Center." accepted at one and paper work completed but he changed his mind and chose the -Encouraged the other clients to attend the "Senior Center," which is next door to the "Drop In Center." -They are only attending the "Senior Center" a few days a week. -Client #4 did an orientation at two different Day Programs, and he picked one he liked. -Found out he could not attend that program Other, but the later because they did not have a contract with his home Managed Care Organization (MCO). so discovered they -The other Day Program he went to did had no contract with his county of residence, so he could not attend accept his medicaid, but he had just been going to the "Senior Center" with the rest. -Not sure why client #4 had not gone back to the other Day Program. -Was aware the clients did not want to attend Day Programs. -She and the Director (which is her husband) had a meeting a few weeks ago and told them the importance of attending a Day Program. -Been trying to use positive encouragement to get them out of the house. -Not aware of the Director saying he would "evict" them or take their money. At this point the Licensee/QP called the Director

and placed him on speaker phone.

withhold their money or "evict" them.

She questioned if he had told clients he would

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Division of Health Service Regulation

Review on 9/19/19 of Plan of Protection dated 9/19/19 completed by the Licensee/QP revealed: -"What immediate action will the facility take

to ensure the safety of the consumers in your

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was never such practice

Dolicy otherwise) addendum

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deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious abuse. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23

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Division of Health Service Regulation

(Attachment)

Access Health System INC Administrative Policies and Procedures

Occurrence:

An occurrence is an unexcused absence. A total or combination of three (3) unexcused tardiness or early quits is also considered an occurrence. Three occurrences in a 90-day period will result in termination. Benefits:

Access Health System has Workman's Compensation and Liability Insurance for all the full-time employees as required by the LME. Presently, it does not have Health Insurance for its employees but hope to add it in due time.

Addendum:

Effective immediately, no Client should be made to attend a day program against their will, they can only be positively encouraged to attend, since socialization and other structured activities is good for their overall well being.

Access Health System 2, inc 5208 Country Pines Court

Raleigh, NC 27616

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

cilonze@earthlink.net

DHSR

10/14/19

To whom it may concern,

POC for Access Health System 2 MHL -092-850 Type A1 Administrative penalty Survey Ending 9/20/19

Please find enclosed, the POC for the above.

Call me if any questions 919 349 3807.

Thanks

aloura Monze
Gloria Ilonze director

DHSR-Mental Health

OCT 15:2019

Lic. & Cert. Section