

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL082-751	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 03/18/2020
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NAME OF PROVIDER OR SUPPLIER  ACCESS HEALTH SYSTEM 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE RALEIGH, NC 27616
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on March 18, 2020 A deficiencies was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness	V 000		
V 738	27G .0303(c) Facility and Grounds Maintenance  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 failed to ensure the home was maintained in a safe attractive manner. The findings are:  Observation on 3/12/20 at 9:30 AM revealed: -Table lamp sitting in the middle of kitchen table with cord draped across the floor plugged into the wall causing a safety hazard for a client to trip. Kitchen cabinets were sticky to touch. -Multiple light bulbs out in the kitchen. -Spider webs through the house in corners and ceilings. -Baseboards throughout the house extremely dirty. -Walls throughout the house stained and dirty. -Banister in stairway had white paint peeling off and exposed wood showing. -Client bathroom upstairs had a one inch hole in	V 738	House has been cleaned 4/20/20 Cub webs removed. Kitchen cleaned. Banister in stairways will be re-painted and changed. Baseboards cleaned. Bathroom upstairs wall filled. Will change or replace towel rack.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Gloria Wong* TITLE: *director* DATE: *3/27/2020*

STATE FORM 9999 V1P817 If continuation sheet 1 of 2



Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  ACCESS HEALTH SYSTEM 1			STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 736	Continued From page 1  the wall with towel rack missing. -Smoke detector up stairs hallway chirping. -Down stairs bathroom had a strong smell of urine. -Down stairs bathtub and shower area had lots of black mildew and needed deep cleaning. -Client #1's bedroom (downstairs) floor was covered with multiple items and had a strong body odor smell. -Client #2's bedroom (downstairs) had no working light. -Client #3's dresser had several broken drawers. -Siding on front and back of home had large spots of green algae. -Back deck of the home was extremely dirty.  During interview staff #1 stated: -She cleaned the home regularly but having six clients keeps her busy. -She is not able to do the "deep cleaning" the home needs.	V 736	Batteries in smoke detector replaced. client #1's bedroom has been cleaned out. There is light stand in client #2 bedroom and client #3's dresser will be replaced. outside of the house will be power washed after pollen. Appointment made.  Gloria Iborre CEO will inspect the house weekly to note wears and tears in house and repair and ensure house is clean.	4/30/20	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MML092-850</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2020</b>
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<b>INITIAL COMMENTS</b>  An Annual survey was completed 3/18/20. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 736	<b>27G .0303(c) Facility and Grounds Maintenance</b>  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 interviews the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are:  Observation on 3/11/20 at 10:00 AM revealed: -Multiple smoke detectors in the home were chirping. -Vacant client bedroom lamp was broke. -The mattress in Client #1's room was sunken in. -Spider webs in the ceiling area corners.  The Licensee stated: -She would get batteries for the smoke detectors. -Would get the home cleaned.	V 736	<i>Smoke detector chirping 3/22/20 battery changed and lamp in client empty room was replaced. House cobwebs removed Mattress in client #1's room will be replaced soon. Clara Home (ED) will inspect house weekly to note and make repairs as needed.</i>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Clara Home* TITLE  
*Director* (X6) DATE  
*3/27/2020*