

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-751</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCESS HEALTH SYSTEM 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5132 DICE DRIVE</b> <b>RALEIGH, NC 27616</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 10/15/21. The complaints were unsubstantiated (intake #NC00180514 &amp; NC00180563). A deficiency was cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600A Supervised Ling for Adults with Mental Illness</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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.</p> <p>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:</p> <p>Observation on 10/14/21 at 3:30 PM revealed: -5 Boxes stacked in the entry way almost reaching the ceiling -Spider webs in the corner of the dining area ceiling -Broken blinds in the living room area -Kitchen cabinets were sticky to touch. -Multiple light bulbs out in the kitchen. -Spider webs through the house in corners and ceilings. -Walls throughout the house stained and dirty. -Air vents were rusted where little of the white</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>paint showed throughout the house -Banister in stairway had white paint peeling off and exposed wood showing. -Client bathroom upstairs had a one inch hole in the wall with towel rack missing. -Smoke detector up stairs hallway chirping. -Down stairs bathtub and shower area had lots of black mildew and needed deep cleaning. -Client #1's dresser had several broken drawers. -Back deck of the home was covered with cigarettes buds and ashes.</p> <p>Interview on 10/14/21 staff #1 reported: -The house was painted yearly -She was responsible for the cleaning of the house -Had not realized the smoke detector was chirping -Blinds had not been broken long -The deck should be swept and cleaned</p> <p>This deficiency has been cited 3 times since the original cite on 3/05/18 and must be corrected within 30days.</p>	V 736		