PRINTED: 11/08/2021 FORM APPROVED

Division	of Health Service R	egulation			FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL092-751				
NAME OF PROVIDER OR SUPPLIER STREET AD		DDRESS, CITY, STATE, ZIP CODE		10/15/2021		
ACCESS	HEALTH SYSTEM 1	5132 DIC RALEIGH				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENT	S	V 000			
	completed on 10/15	nt and follow up survey was 7/21. The complaints were ake #NC00180514 & ficiency was cited.				
	This facility is licens category 10A NCAC for Adults with Menta	ed for the following service 27G .5600A Supervised Ling al Illness				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736	The o		
r	EXTERIOR REQUIF c) Each facility and naintained in a safe	REMENTS its grounds shall be clean, attractive and orderly kept free from offensive		There are no box there was ft must been dollars reserved to been dollars to must	ed 10/14/21	
fa	alled to ensure the h	as evidenced by: n and interview the facility ome was maintained in a er. The findings are:		Postal services, ren Same day.	i ve	
	bservation on 10/14 Boxes stacked in the backing the ceiling	1/21 at 3:30 PM revealed: he entry way almost	1	Spider webs wer removed	1	
-S	Spider webs in the calling	orner of the dining area		Light bulbs replace	Leed 10/15/2	
-N -N -S	Sroken blinds in the litchen cabinets wer fultiple light bulbs of pider webs through	e sticky to touch.		Ang dirt on walls wiped off and walls	150 . Liel	
-V -A	Valls throughout the ir vents were rusted	house stained and dirty. where little of the white		be re-painted again. Hir Vents Changed	12/16/2	
ion of Healt	Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	7/2	
E FORM	<u>C</u>	bound llong	72	divertor 10/0	(X6) DATE	

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8T6611

By DHSR Mental Health Licensure & Certification at 1:17 pm, Dec 20, 2021

If continuation sheet 1 of 2

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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 (X3) DATE SUBVEY				
LAN	- OF CONRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	(X3) DATE S COMPL		
MHL092-751		MHL092-751	B. WING	R		
NAME OF PROVIDER OR SUPPLIER		DDESS CITY	1 10/15	10/15/2021		
ACCESS	HEALTH SYSTEM 1			, STATE, ZIP CODE		
	TILALIN SISIENI		, NC 2761	6		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORE	PECTION	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
V 736	Continued From pa	m page 1		Thes survery ver	20241502	
	paint showed throughout the house			vecerved today	1 1 1000	•
	-Banister in stairway	y had white paint peeling off		1 1	4/20/21	10/
	and exposed wood showing. -Client bathroom upstairs had a one inch hole in the wall with towel rack missing.			-barrister Will b	e faintes	12/2
				with the woole	61 T 02.0 1	100
	-Smoke detector up	stairs hallway chirping		- Hole Sittle w	2012 1	1
and the state of t	-Down stairs bathtul	and shower area had lote of		TION OF THE W	alls tixed	10/
	black mildew and needed deep cleaning			- Downsteins lo	altated	•
	-Back deck of the ho	had several broken drawers.		and 8/201 000 01		n/.
	cigarettes buds and	ome was covered with		and Shower elt	since 1	011
				- We have hope	Vy Smok	^ 4
	Interview on 10/14/21 staff #1 reported: -The house was painted yearly			and bord deak	J' To	S
				1 1	cleans	0
	-one was responsible house	e for the cleaning of the		aguly.		
		smoke detector was				
	chirping			GLoxia Iloniz	0 0 1	
	-Blinds had not been	broken long		charactant.	and	
	- I ne deck should be	swept and cleaned		Christopher Ilor	120	
	This deficiency back	peen cited 3 times since the		will inspect faci	1:1.	
	original cite on 3/05/	8 and must be corrected		Every Olla	-CLLJ	
	within 30days.	De confected		1 1 1 1 1 1 1 1 1	K For	
				repair need an	A 1	
				28 needed.	o repair	
				os reced.		
	th Service Regulation					

Access Health System 1, Inc

5132 Dice Dr Raleigh, NC 27616 Ph: (919) 747-9514

Fax: (919) 341-0486 Administrator: Gloria Ilonze RN,BSN

To: 10490	
	Date: 12/20/21
Fax #: 919 715 8078	From: Glovic
Attention: Danalouise	Phone #: 919 349 7817
Re: POC Access Health System1	# of pages (incl. cover page):
mHL # 092751	
Comments:	

Confidentiality Note

This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by (42 CFR Part 2). A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.