

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2022
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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
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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>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 2/28/22. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512) and 10A NCAC 27G .0303 Location and Exterior Requirements (V736) were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 2/23/22 at 12:10pm revealed: Living Room - Vent on the wall in the living room was</p>	V 736		

Division of Health Service Regulation 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>covered with lint and dust</p> <p>Kitchen</p> <ul style="list-style-type: none"> - The wall behind the faucet had excessive thick white caulk across it - Counter beside the sink had white stains and scratches and was peeling - Paper attached to the wall over the faucet was wrinkled, looked like burn marks at the bottom of the paper and was stuck to the wall with peeling wall pieces behind it <p>Hallway Bathroom #1</p> <ul style="list-style-type: none"> - Bathub was dirty with stains around it - Toilet was dirty with brown stains and hair - 2 of 3 lightbulbs in the bathroom were not working <p>Client #4's bathroom</p> <ul style="list-style-type: none"> - Did not have any toilet paper - Sink and toilet were dirty with stains and hair - 3 of 4 lightbulbs were not working <p>Back door</p> <ul style="list-style-type: none"> - Blind was broken and falling apart - Window beside back door had blinds that were broken - Had black scuff marks on the bottom of the door <p>This deficiency has been cited 4 times since the original cite on 1/25/19 and must be corrected within 30 days.</p>	V 736		
V 744	<p>27G .0304(b) Safety</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed,</p>	V 744		

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V 744	<p>Continued From page 2</p> <p>constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not designed, constructed and equipped in a manner that ensures the physical safety of clients. The findings are:</p> <p>Review on 2/23/22 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 8/9/19 - Diagnoses: Schizoaffective disorder, Type II Diabetes, Cerebral Artery Occlusion, Hypertension, Hyperlipidemia, and Allergic Rhinitis <p>Review on 2/22/22 of DHSR's (Division of Health Service Regulation) Construction survey dated 12/20/21 revealed:</p> <ul style="list-style-type: none"> - "At the time of the survey it was observed that there was a keyed deadbolt on the door leading out of Client bedroom #4 (back left) into the backyard. Have the keyed deadbolt disabled, removed or replaced with a flip type handle so that the deadbolt can be easily opened in the case of an emergency." <p>Observation on 2/23/22 at 12:10pm of Client #5's bedroom revealed:</p> <ul style="list-style-type: none"> - A keyed deadbolt on the door leading into the backyard. - The Qualified Professional (QP) tried to open the door and it wouldn't open. She unlocked the bottom lock and the door still wouldn't open. <p>Further observation on 2/28/22 at 1:52pm of</p>	V 744		

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V 744	<p>Continued From page 3</p> <p>Client #5's bedroom revealed:</p> <ul style="list-style-type: none"> - A window pane on each side of the door with no open/close capability. - A keyed deadbolt on the door. <p>Interview on 2/22/22 & 2/28/22 the QP stated:</p> <ul style="list-style-type: none"> - She did not know anything about the deadbolt needing to be replaced. - No one had told her about it or shown her construction's survey. - She would call maintenance to come and remove it. - "If I can't open the door then you know the clients can't." - Maintenance came out and changed the bottom lock on the door because it was sticking making it hard to open the door. - The lock would be changed whether they "lock it or not" to a turn lock without a key. <p>Interview on 2/28/22 Staff #1 stated:</p> <ul style="list-style-type: none"> - They didn't lock the deadbolt. - The key to the deadbolt is on his key ring that he carried with him. - He understood that the top lock was not in compliance because it wasn't accessible to the clients. - The door was "sticking" but it wasn't the top lock causing the door not to open. <p>Interview on 2/28/22 the Director stated:</p> <ul style="list-style-type: none"> - The lock was changed. - "This is a new lock on the door and there is no key for it." - Maintenance changed the bottom lock so it shouldn't still be a problem. - She didn't know the lock was still on there. - They are no longer using the lock. <p>Review on 2/28/22 of the Plan of Protection</p>	V 744		

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V 744	<p>Continued From page 4</p> <p>written by the QP and dated 2/28/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - The lock is being replaced today. The QP will explain to all staff & administrator that clients have to be able to exit without hinderance of their ability to leave the premises safely in the event of an emergency."</p> <p>"Describe your plans to make sure the above happens. - The administrator will ensure that the lock is removed & replaced within the next 24 hours. The lock will be a turn lock vs a key lock. The lock will require the client to turn it. A key will not be necessary."</p> <p>Client #5 is diagnosed with Schizoaffective disorder, Type II diabetes, Cerebral Artery Occlusion, Hypertension, Hyperlipidemia and Allergic Rhinitis. She has a bedroom in the back of the home that has a door to the back yard for an emergency exit. There are window panes on each side of the door with no open/close ability, therefore; the windows could not be used in the event of an emergency. The door has a keyed deadbolt lock on it. Staff #1 carried the key on his key ring that stayed with him at all times. Client #5 would have no access to the outside in the event of an emergency. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the client. If the violation is not corrected within 45 days, and administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 744		