STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	or contraction	DENTIFICATION NONDER.	A. BUILDING: _				
		MHL092-751	B. WING			R 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
ACCESS	HEALTH SYSTEM 1		E DRIVE I, NC 27616				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMENT	ſS	V 000				
	An annual and follo on 10/19/23. Deficio	w up survey was completed encies were cited.					
		sed for the following service C 27G .5600A Supervised h Mental Illness.					
		sed for 6 and currently has a urvey sample consisted of clients.					
	27G .0204 Training Paraprofessionals	/Supervision	V 110				
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter.	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified crified in Rule .0104 of this					
	knowledge, skills an population served. (d) At such time as	als shall demonstrate nd abilities required by the a competency-based n is established by rulemaking	,				
	professionals shall (e) Competence sh exhibiting core skill						
	(1) technical knowl(2) cultural awaren(3) analytical skills(4) decision-makin	ess;					
	(5) interpersonal sl(6) communication(7) clinical skills.(f) The governing b						

	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	0. 0011.201.011		A. BUILDING:				
		MHL092-751	B. WING			R 10/19/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ACCESS	HEALTH SYSTEM 1		CE DRIVE H, NC 27616				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 110	Continued From pa	ge 1	V 110				
	for the initiation of the	nent policies and procedures he individualized supervision ch paraprofessional.					
	interview the facility (#1) demonstrated to abilities required by findings are: Review on 10/18/23 - hired: 1/27/15 - Job title: Supert - 1/16/22 training Professional (QP):	on, record review and failed to ensure 1 of 1 staff the knowledge, skill and the population served. The of staff #1's record revealed: vised Living Facility Worker completed by Qualified special population g completed by QP Mental					
	Observation & inter revealed the followi - staff #1 reporte her - he grabbed her - client #4 entere #1 repeated "he gra - client #4 becam words and hollered Staff #1 said "you d enough food. He ge escalated & cursed your f**king butt"	view on 10/17/23 at 2:58pm ng: d client #4 sexually harassed butt d inside the facility and staff					

	NT OF DEFICIENCIES	2gulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 10/19/2023	
		MHL092-751	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DICI RALEIGH	E DRIVE , NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From pa	ge 2	V 110			
	reported: - spoken with sta presence of the clie - the QP has con- staff #1 During interview on - she planned to retrain staff #1	npleted several trainings with 10/19/23 the QP reported: seek an outside provider to stitutes a re-cited deficiency				
V 114		ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster p shall be approved b authority. (b) The plan shall b and evacuation pro- posted in the facility (c) Fire and disaste shall be held at lease repeated for each s under conditions that	207 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be // r drills in a 24-hour facility st quarterly and shall be whift. Drills shall be conducted at simulate fire emergencies. Il have basic first aid supplies				
	failed to ensure fire	et as evidenced by: view and interview the facility and disaster drills were / and on each shift. The				

	of Health Service Re			CONSTRUCTION			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED	
		MHL092-751	B. WING			R 10/19/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ACCESS	HEALTH SYSTEM 1						
			H, NC 27616		000000000		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 3	V 114				
	findings are:						
	log revealed:	3 of the fire and disaster drill ters prior to 7/19/23					
	- do not recall a f	10/17/23 client #1 reported: ïre or tornado drill there was a fire vn in facility					
	 he was admitte had not particip since admitted would get out the 	10/17/23 client #3 reported: d July 2022 ated in a fire or disaster drill ne facility if it was a fire ld go in the bathroom or					
	 fire & disaster of fire they met out 	10/17/23 staff #1 reported: trills were done monthly tside ey met downstairs					
	reported: - drills were done	10/19/23 the Licensee monthly th clients to ensure drills were					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133				
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any provider						

Division of Health Service Regulation STATE FORM

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL092-751	B. WING	B. WING		R 10/19/2023	
	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
		5132 DIC	E DRIVE				
ACCESS	HEALTH SYSTEM 1	RALEIGH	H, NC 27616				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From page	ge 4	V 133				
	services that is licensable under Article 2 of this						
	Chapter.						
		An offer of employment by a					
		nder this Chapter to an sition that does not require the					
		n occupational license is					
	conditioned on consent to a State and national						
		ord check of the applicant. If					
		een a resident of this State for					
		, then the offer of employment onsent to a State and national					
		ord check of the applicant. The					
		story record check shall					
		he applicant's fingerprints. If					
		een a resident of this State for					
		then the offer is conditioned					
		te criminal history record ant. A provider shall not					
		t who refuses to consent to a					
		ord check required by this					
		otherwise provided in this					
		ve business days of making					
		of employment, a provider					
		est to the Department of 114-19.10 to conduct a					
		ord check required by this					
		mit a request to a private					
		State criminal history record					
		nis section. Notwithstanding					
		Department of Justice shall					
		national criminal history					
	covered by Public L	mployment positions not aw 105-277 to the					
		th and Human Services,					
		heck Unit. Within five					
		ceipt of the national criminal					
		n, the Department of Health					
	and Human Service	es, Criminal Records Check					
	1 Lott a local to the Control	provider as to whether the					

If continuation sheet 5 of 17

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:			
MHL092-751		B. WING			R 10/19/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DIC				
		RALEIGH	I, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	ge 5	V 133			
	of the applicant. In r national criminal his with the provider. Pr upon request verific check has been cor by this section. A co appropriate local or the Division of Crim may conduct on bee criminal history reco section without the pr request to the Depa case, the county sh criminal history reco section within five b conditional offer of e All criminal history in provider is confiden except to the applic (c) of this section. F subsection, the term business regularly e criminal history reco records obtained fro (c) Action If an ap record check reveal a relevant offense, t of the following factor hire the applicant: (1) The level and se (2) The date of the p conviction. (4) The circumstance (5) The nexus between	employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting brd checks utilizing public om a State agency. plicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the				

Division	of Health Service Re	gulation	1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL092-751	B. WING		R 10/19/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	HEALTH SYSTEM 1	5132 DICI	E DRIVE			
ACCE33	HEALIH STSTEW T	RALEIGH	, NC 27616			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	(6) The prison, jail,	probation parole				
		employment records of the				
		ite the crime was committed.				
		commission by the person of				
	a relevant offense.					
	The fact of conviction of a relevant offense alone					
		employment; however, the				
		be considered by the provider.				
		alifies an applicant after				
		e relevant factors, then the				
		se information contained in record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.	.,				
		y A provider and an officer				
	or employee of a pr	ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:					
		e provider to employ an				
		sis of information provided in				
		record check of the individual.				
		an employee's history of the employee's criminal				
		k is requested and received in				
	compliance with this	•				
		e As used in this section,				
		neans a county, state, or				
		ory of conviction or pending				
		e, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		ance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		rticle 5, Counterfeiting and				
	Lissund Monatary S					
		ubstitutes; Article 5A, itive and Legislative Officers;				

	of Health Service Re			CONSTRUCTION			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED	
	MHL092-751		B. WING			R 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
		5132 DIC					
ACCESS	HEALTH SYSTEM 1	RALEIGH	H, NC 27616				
		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From pa	ge 7	V 133				
	Article 6, Homicide; Article 7A, Rape and Other						
		le 8, Assaults; Article 10,					
		duction; Article 13, Malicious					
		y Use of Explosive or					
		or Material; Article 14, Burglary					
		eakings; Article 15, Arson and icle 16, Larceny; Article 17,					
	0,	, Embezzlement; Article 19,					
	False Pretenses an	d Cheats; Article 19A,					
		or Services by False or					
		Credit Device or Other Means;					
	Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article						
		st Public Morality and					
		A, Adult Establishments;					
		on; Article 28, Perjury; Article					
		31, Misconduct in Public					
		ffenses Against the Public Riots and Civil Disorders;					
		n of Minors; Article 40,					
		mily; Article 59, Public					
		ticle 60, Computer-Related					
		es also include possession or					
		ation of the North Carolina ces Act, Article 5 of Chapter					
		tatutes, and alcohol-related					
		ale to underage persons in					
	violation of G.S. 18	B-302 or driving while					
		n of G.S. 20-138.1 through					
	G.S. 20-138.5.	ching Color Information Any					
		shing False Information Any yment who willfully furnishes,					
		se gives false information on					
	an employment app	plication that is the basis for a					
		ord check under this section					
		Class A1 misdemeanor.					
		bloyment A provider may t conditionally prior to					
		s of a criminal history record					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-751	B. WING		10/	19/2023
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1		E DRIVE H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 133	following requireme (1) The provider shappion to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shapping criminal history reconsultations days after conditional employm 2001-155, s. 1; 200	e applicant if both of the	V 133			
	failed to complete 2 record checks. The Review on 10/18/23 - hire: 1/27/15	view and interview the facility of 2 staff (#1 & #2) criminal findings are: 3 of staff #1's record revealed: with "people search" had no				
	 hire: 6/9/23 a paper given v address was listed During interview on reported: 	3 of staff #2's record revealed: with "people search" & staff with no results of findings 10/19/23 the Licensee				
	checks for additiona	w up with the criminal record al information 10/19/23 the QP reported:				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL092-751	B. WING		R 10/19/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DIC				
		RALEIGH	I, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 9	V 133			
		ad no further information to ne criminal record checks				
V 290	27G .5602 Supervis	sed Living - Staff	V 290			
	numbers specified i of this Rule shall be enable staff to resp needs. (b) A minimum of c present at all times premises, except w habilitation plan doo capable of remainin without supervision as needed but not le the client continues the home or comment specified periods of (c) Staff shall be pr following client-staff child or adolescent (1) children o abuse disorders sha of one staff present clients present. Ho present during slee emergency back-up the governing body (2) children o developmental disa one staff present fo present and two staff more clients present during slee	as above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to ond to individualized client one staff member shall be when any adult client is on the hen the client's treatment or cuments that the client is ng in the home or community . The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for fime. resent in a facility in the f ratios when more than one client is present: r adolescents with substance all be served with a minimum for every five or fewer minor pwever, only one staff need be ping hours if specified by the p procedures determined by ; or r adolescents with bilities shall be served with r every one to three clients aff present for every four or nt. However, only one staff ring sleeping hours if ergency back-up procedures				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
		MHL092-751	B. WING		R 10/19/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
A00500		5132 DICI	E DRIVE			
ACCESS	HEALTH SYSTEM 1	RALEIGH	, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 290	Continued From pa	ge 10	V 290			
	diagnosis is substan (1) at least or duty shall be trained withdrawal sympton secondary complica drug addiction; and (2) the servic	es of a certified substance all be available on an				
	interview the facility clients (#4) plan wa less than annually t capable of remainir	et as evidenced by: on, record review and failed to ensure 1 of 3 audited s reviewed as needed but not o ensure the client was ng in the community without cified periods of time. The				
	revealed: - admitted 5/26/1 - diagnoses: Sch Disorder, Borderline Disability - treatment plan unsupervised time i walks to approved p necessities access	izophrenia, Personality e Intellectual Developmental dated 6/18/23: will utilize in the community to go for places, shop for his community resources				
Nivision of H	the treatment plan - an attached ass arrested and convic no issues over the p	ture was dated 10/17/23 on sessment dated 6/18/23: cted 2003 sex offenderbeen past few yearshas taken unity or to the storewill have				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-751	.751 B. WING		R 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1		CE DRIVE H, NC 27616			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETI DATE
V 290	Continued From page 11		V 290			
	4 hours in the community					
	Observation on 10/17/23 at 12:13pm client #4 stood outside the patio door & smoked a cigarette he peeped in the window and flickered his tongue back and forth as he stared at the surveyor Observation & interview on 10/17/23 at 2:58pm revealed the following: - staff #1 reported client #4 sexually harassed her		e			
	#1 repeated "he gra - client #4 be curse words and ho butt." Staff #1 said ' give enough food. H #4 escalated & curs your f**king butt"	d inside the facility and staff abbed my butt" came upset. He screamed ollered "I did not touch your 'you did & he will say I don't de gets plenty of food. Cllient sed " F**k you""didn't touch rofessional (QP) was able to				
		aff #1 relocated outside to				
		pout?"				
	 worked at the fa felt comfortable client #4 been a he was discharge 	10/17/23 staff #1 reported: acility for 8 years with client #4 at the facility for years ged from the day program to buy a female coffee to				

Division of Health S STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		QUIATION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-751	B. WING			R 19/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DIC RALEIGH	E DRIVE I, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 290	Continued From page 12		V 290			
	better" - client #4 had ur community for years - could not give a grabbed her butt, bu - management w grabbed her but During interview on reported: - started at the fa - was not aware #1's butt - had seen client community 3 - 4 mo - was difficult to r get a signature on t - the current gua week ago & she sto get his signature on - the current gua the unsupervised tin previous years - plan to re-access the treatment team During interview on reported: - was aware client time awhile ago - client #4 was m bedroom to prevent #1's bedroom upsta - she was not sur matter up again - the QP planned	vas aware client #4 had 10/17/23 & 10/19/23 the QP acility January 2022 client #4 had grabbed staff #4 unsupervised in the onths ago & no issues reach the previous guardian to he 6/2023 treatment plan rdian started approximately a opped by today (10/17/23) to n the treatment plan rdian was in agreeance with me due to no issues in ss his unsupervised time with 10/19/23 the Licensee nt #4 touched staff #1 butt one noved downstairs to another t him from being near staff				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
		DENTIFICATION NUMBER:		A. BUILDING:		PLETED
		MHL092-751	B. WING			R 19/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DIC				
400200		RALEIGH	, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 513	Continued From pa	ge 13	V 513			
V 513	27E .0101 Client Ri Alternative	ghts - Least Restictive	V 513			
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the cl (4) sharing of the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and re intervention. These (1) using the and	all provide services/supports and respectful environment. least restrictive and most s and methods; g coping and engagement atives to injurious behavior to choices of activities lients served/supported; and f control over decisions with sponsible person and staff. strictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the				
	interview the facility environment. The fi Observation on 10/	on, record review and failed to promote a respectful ndings are: 17/23 at 11:42am during the				
	tour of the facility re - a wire with a mo	evealed: etal lock hung from the (top) &				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL092-751	B. WING		10/	19/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
ACCESS	HEALTH SYSTEM 1	5132 DIC RALEIGH	E DRIVE I, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 513	Continued From page 14		V 513		·	
	lower part of the refrigerator - it was unlock during the tour of facility					
	During interview on 10/17/23 client #1 reported: - the refrigerator was locked because clients took food to their bedroom					
	 During interview on 10/17/23 staff #1 reported: been at the facility for 8 years lock was on the refrigerator when she came to the facility "clients will eat all the food" "[client #4]" will raid the fridge" 					
	Professional reporte	10/17/23 the Qualified ed: the refrigerator was being				
	reported: - the lock was pla night hours	10/19/23 the Licensee aced on the refrigerator for the up during the night and would efrigerator				
V 736	27G .0303(c) Facilit	y and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	failed to maintain its	et as evidenced by: on & interview the facility grounds in a clean, attractive free from offensive odor. The				

Division	of Health Service Re	gulation			FURIN	IAPPROVE	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		3) DATE SURVEY COMPLETED	
		MHL092-751	B. WING			R 19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
ACCESS	HEALTH SYSTEM 1	5132 DIC	E DRIVE I, NC 27616				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF ((X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE	
V 736	Continued From pa	ge 15	V 736				
	findings are:						
	tour of the facility re - clutter through floor with items in th storage bag on top top of the freezer) - kitchen cabinet - client #1's bedr - his bed comfort and the floor - client #4's bedr	out the kitchen (bags on the nem, cooler with a food of it & miscellaneous items on hung off the hinges oom had an unidentified odor ter hung halfway on the bed oom had an unidentified odor urant box of food along with					
	 clutter of clothe During interview on cabinet came o cabinet was old attempted to ke hard with the clients 	s were piled in a corner 10/12/23 staff #1 reported: ff the hinges a week ago and the nail fell out eep the facility clean but was					
	Licensee reported: - staff were supp cleaned once a wee	10/17/23 & 10/19/23 the osed to ensure the facility was ek ff hinges 2 days ago					
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and					

Division of Health Service Regulation STATE FORM

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If continuation sheet 16 of 17

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY			
AND FLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		MHL092-751	B. WING			R 10/19/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ACCESS	HEALTH SYSTEM 1		E DRIVE I, NC 27616				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 752	Continued From pa	ge 16	V 752				
	(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.						
	This Rule is not met as evidenced by: Based on observation & interview the facility failed to maintain the water between 100-116. The findings are:						
	facility's water temp following: - kitchen sink wa - bathroom sink	17/23 at 11:42am of the peratures revealed the s 121 upstairs & downstairs had low accurate water temperatures					
	 the low water p started a month age management w pressure it was difficult to 	10/17/23 staff #1 reported: ressure in the bathroom sinks vas aware of the low water o get the plumber they ome due to his busy schedule					
	Licensee reported: - the bathroom s just repaired due to	of the low water pressure in					