STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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	INITIAL COMMENTS A complaint and follow up survey was completed on January 24, 2024. The complaint was substantiated (intake #NC00210756). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients & 1 former client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 1/17/24 of client #1's record revealed: - admitted 3/23/20 - diagnoses: Major Depression, Post Traumatic Stress Disorder and Diabetes - physician order dated 10/19/23: check blood sugar twice day During interview on 1/17/24 client #1 reported: - she & staff #1 checked her blood sugar - when the glucometer had an error message, staff #1 would recheck her blood sugar During interview on 1/17/24 staff #1 reported: - she and client #1 checked the blood sugar During interview on 1/23/24 the Licensee #1/Registered Nurse reported: - she thought client #1 checked her own blood sugar - would apply for the CLIA waiver if there were times staff checked client #1's blood sugar This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 110	Continued From page 3	V 110		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by:	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 110	Continued From page 4	V 110		

Based on observation, record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) demonstrated knowledge, skills and abilities required by the population served. The findings are:

Review on 1/24/24 of staff #1's job description revealed:
- hired 9/25/23
- essential duties and responsibilities:
- socialization skills
- behavior and anger management
- provides positive and effective communication with other providers, client family and other vendors
- signed by staff #1 & the Licensee #1/Registered Nurse (RN)

Observation on 1/23/24 at 12:02pm revealed the following:
- client #2 walked around outside & entered the facility
- the Mental Health Licensure Surveyor knocked and rung the doorbell & nobody answered the door

During telephone interview on 1/23/24 with staff #1 revealed the following:
- 12:36pm: she was at the store and would return to the facility
- 12:54pm: "...can you come back tomorrow. [Licensee #1/(RN)] was at the facility this morning at 8:30am. She said you was coming this afternoon with the Qualified Professional [QP]. I have to get things done for myself. I don't eat their food. I need to pick up some items for me and some other things. I don't have time to get nothing done for me .... I told [Licensee #1/RN] I needed to go out and she said wait until the man come spray the home, then she said I could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 110	Continued From page 5	V 110		

leave. He (exterminator) came about 10:30am and sprayed for mice ...then I had to leave...doesn't make a difference what time I left...you playing mind games. I will be there. [Clients #1 - #3] were in the facility. [Client #4] was at the day program. The other clients smart and know how to be in facility without staff...knock on the door, [client #1] will let you in..."
- 12:55pm: "...the vehicle broke down at [name of store]...text [Licensee #2] and have not heard back from him... phone is going to voicemail...you (Mental Health Licensure Surveyor) talk too much ...they (Licensees) told me not to tell you nothing...they said you trying to get them in trouble and get them shut down. I'm sick of you...they told me to stop talking to you..."
- 1:08pm: "I'm going to be honest. I am in [town 24 miles from facility]. I live in [town 24 miles from facility]...I'm at my house. I need time for myself ...I have twins for grandchildren...can you (Mental Health Licensure Surveyor) come back in the morning...it's going to be awhile before [Licensee #2] pick me up...leave and come back tomorrow...I left the facility at 12pm...I might have left at 11:30am or 11:40am ...I don't know...after guy (exterminator) sprayed I left. I'm quitting. I leave and tell clients I'm going to take care of business..."

During interview on 1/23/24 the Licensee #1/RN reported:
- the Licensee #2 planned to replace staff #1

During interview on 1/24/24 staff #2 reported:
- today was her first day at the facility
- the Licensee #2 was at the facility when she arrived

During interview on 1/24/24 the Licensee #2 reported:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 110	Continued From page 6 - staff #1 no longer worked at the facility	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by:	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 112	Continued From page 7	V 112		

Based on record review and interview the facility failed to develop 2 of 3 audited clients' (#2 & #3) treatment plans in partnership with the legally responsible person. The findings are:

A. Review on 1/17/24 & 1/18/24 of client #2's record revealed:
- admitted 8/31/18
- diagnoses: Schizoaffective Disorder, Obsessive Compulsive Disorder, Obstructive Sleep Apnea, Hypertension & Hyperlipidemia
- 1/17/24: no current treatment plan
- 1/18/24: treatment plan dated 11/14/23 only signed by client #2 with the following goals:
- will increase awareness and understanding of the COVID (coronavirus disease) protocol
- will follow treatment of medical provider
- will improve household chores

During interview on 1/18/24 client #2's guardian reported:
- was not a part of the treatment team meetings for client #2
- did not assist with the development of the goals

B. Review on 1/17/24 & 1/18/24 of client #3's record revealed:
- admitted 8/30/18
- diagnosis: Schizophrenia
- 1/17/24: no current treatment plan
- 1/18/24: treatment plan dated: 11/2/23 signed only by the QP (Qualified Professional) with the following goals:
- will increase his knowledge of his psychiatric diagnosis by reporting an increased understanding of how it affects his life
- will take medication as prescribed
- interact with peers in the facility at least 10 minutes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 112	Continued From page 8 - will budget funds During interview on 1/19/24 client #3's guardian reported: - had not participated in any treatment team meetings to develop goals for client #3 During interview on 1/18/24 the QP reported: - she was able to locate the treatment plans in the clients' records - would reach out to guardians regarding treatment team meetings, but they did not always respond - would document attempts to reach guardians regarding treatment team meetings	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 113	Continued From page 9	V 113		

and telephone number of the client's preferred physician;
(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;
(7) documentation of services provided;
(8) documentation of progress toward outcomes;
(9) if applicable:
(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);
(B) medication orders;
(C) orders and copies of lab tests; and
(D) documentation of medication and administration errors and adverse drug reactions.
(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to maintain required documentation for 1 of 3 audited current clients (#3) and 1 of 1 former client (FC#5). The findings are:

A. Review on 1/17/24 of client #3's record revealed:
- admitted 8/30/18
- diagnosis: Schizophrenia
- no order for Lithium Carbonate 300mg (milligram) in the morning
- no documentation of lab results
- no documentation of psychiatrist visits

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 113	Continued From page 10 During interview on 1/18/24 the Qualified Professional (QP) reported: - would go to the psychiatrist office to get documentation of psychiatrist visits for client #3 Review on 1/18/24 of the psychiatrist office visits for client #3 revealed: - dates of office visits (11/15/23, 12/4/23 & 12/18/23), but no documentation of the service provided during the visit: B. Review on 1/17/24 & 1/18/24 of FC#5's record revealed: - admitted 12/23/22 - diagnoses of Schizoaffective Disorder, Post Traumatic Stress Disorder, Alcohol, Cocaine and Marijuana Disorder - a FL2 dated 12/3/22: Lithium 300mg morning & 600mg bedtime - a physician's order dated 12/18/23 Lithium Carbonate 300mg 2 at bedtime - no documentation of lab results - no documentation of psychiatrist visits During interview on 1/23/24 the Licensee #1/Registered Nurse reported: - the psychiatrist prescribed the Lithium Carbonate for client #3 & FC#5 - the psychiatrist ordered lab work for client #3 & FC#5 - the results of the lab work was not always given to the facility - would ensure the provided services of the psychiatrist and the lab results were in the clients' records	V 113		
V 118	27G .0209 (C) Medication Requirements	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 118	Continued From page 11 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	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 118	Continued From page 12	V 118		

on the written order of a physician for 1 of 3 audited clients (#3) & failed to record after administration for 3 of 3 audited clients (#1, #3 & #4). The findings are:

I. The following is an example of how staff failed to administer medications based on a physician order:

A. Review on 1/17/24 of client #3's record revealed:
- admitted 8/30/18
- diagnosis: Schizophrenia
- no order for Lithium Carbonate 300mg (milligram) in the morning

Review on 1/18/24 of client #3's January 2024 MAR revealed:
- staff #1 initialed the MAR from 1/1/24 - 1/18/24 as having administered Lithium Carbonate 300mg each morning

During interview on 1/18/24 staff #1 reported:
- she was not able to locate the physician's order for Lithium Carbonate

II. The following is an example of how staff failed to document MARs accurately:

A. Review on 1/17/24 of client #1's record revealed:
- admitted 3/23/20
- diagnoses: Major Depression, Post Traumatic Stress Disorder and Diabetes
- a FL2 dated 2/15/22: Hydroxyzine 25mg twice a day (anxiety)

Review on 1/18/24 of client #1's January 2024 MAR revealed:
- Hydroxyzine times of administration 8am &

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 118	Continued From page 13 8pm - at 10:42am the Hydroxyzine 8pm dose had already been initialed as administered by staff #1 B. Review on 1/17/24 of client #3's record revealed: - a FL2 dated 9/19/23: - Lithium Carbonate 300mg at bedtime (QHS) - Risperidone 4mg QHS (Schizophrenia) Review on 1/18/24 of client #3 January 2024 MAR revealed: - at 2:51pm the QHS dose for Lithium Carbonate had already been initialed as administered by staff #1 - at 2:54pm the QHS dose for Risperidone had already been initialed as administered by staff #1 C. Review on 1/17/24 of client #4's record revealed: - admitted 8/11/23 - diagnoses: Schizophrenia & Anxiety - FL2 dated 2/28/23: Seroquel 50mg three times a day (Schizophrenia) & Benztropine 1mg QHS (side effects) - FL 2 dated 1/16/24: Aripiprazole 15mg QHS (bedtime) (Schizophrenia) Review on 1/18/24 of client #4's January 2024 MAR revealed: - staff #1 had initialed as administered on 1/18/24 for the following medications: - Seroquel was to be administered at 8am, 2pm & 8pm - at 1:31pm the QHS dose for Benztropine initialed as administered - at 1:33pm the Seroquel had already been initialed as administered at 2pm & 8pm - at 1:36pm the QHS dose for Aripiprazole initialed as administered	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 118	Continued From page 14	V 118		

During interview on 1/18/24 staff #1 reported:
- client #4 attended a psychosocial rehabilitation (PSR) during the day
- she wrapped client #4's 2pm Seroquel in aluminum foil to take to the program daily
- client #4 arrived from her PSR program around 4pm
- she was trained to document the MAR after medications were administered
- "she got busy in the afternoon," therefore, she initialed the MARs in the morning for the QHS medications

During interview on 1/18/24 & 1/23/24 client #4 reported:
- she does not take any medication with her to the PSR
- all medications were given to her daily at the facility

During interview on 1/23/24 the Qualified Professional at the PSR reported:
- worked at the PSR for a year
- had not witnessed client #4 take any medication at the PSR
- if any clients took medications at the PSR, she needed to be informed

During interview on 1/23/24 the Licensee #1/Registered Nurse reported:
- she reviewed the MARs at least twice a week & there were no errors
- she trained staff #1 to document MARs after she administered the clients' medications

Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ________ B. WING ________	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	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 118	Continued From page 15 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 290	Continued From page 16 determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 4 clients' (#3 & #4) treatment plans were reviewed as needed but not less than annually to ensure the clients continued to be capable of remaining in the home without supervision for specified periods of time. The findings are: I. Observation & interview with Licensee #2 on 1/17/24 at 10:38am & 11:13am revealed the following: - 10:38am: knocked several times on the door and rung the door bell - a white male looked out the window of the front door but did not open it - the Licensee #2 was contacted and stated he was in route to the facility - arrived to the facility shortly after he was contacted - entered the facility and a white male (client #3) looked at television - the Licensee #2 asked client #3 where staff #1 was and he said she left approximately 30	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 290	Continued From page 17	V 290		

minutes ago
- the Licensee #2 called staff #1 and stated "return to the facility the State is here!"
- 11:13am: staff entered the facility and stated to the Licensee #2, she had to go to the grocery store

A. Review on 1/17/24 & 1/18/24 of client #3's record revealed:
- admitted 8/30/18
- diagnosis: Schizophrenia
- on 1/17/24: no unsupervised time assessment
- on 1/18/24: unsupervised assessment dated: 11/2/23 signed only by the QP (Qualified Professional) & "refused" written by client #3's name: 2 hours in the community and facility

During interview on 1/17/24 client #3 reported:
- had unsupervised time in the home and community
- the hours of unsupervised time varied
- used the unsupervised time in the facility
- he refused to sign the unsupervised time assessment because "it was thrown at him" to sign
- he liked to review documents before he signed it
- when staff was not at the facility he watched television
- he could not let the Mental Health Licensure Surveyor in the facility this morning
- it was the facility's policy not to let anyone in the facility when staff were not present
- staff #1 was not gone long whenever she left the clients at the facility

During interview on 1/19/24 client #3's guardian reported:
- was not aware client #3 had any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ____ B. WING ____	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	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 290	Continued From page 18	V 290		

unsupervised time
- "not certain" if client #3 should be without staff

B. Review on 1/17/24 & 1/18/24 of client #4's record revealed:
- admitted 8/11/23
- diagnoses: Schizophrenia & Anxiety
- on 1/17/24 - no unsupervised time assessment
- on 1/18/24 - unsupervised assessment dated: 10/19/23 signed only by the QP - "...not approved for unsupervised time in the home"

Attempted phone calls to client #4's guardian on 1/23/24 & 1/24/24 with no return phone calls

During interview on 1/17/24 client #4 reported:
- she had unsupervised time in the facility
- would read or clean up when staff were not at the facility
- staff left the facility this morning (1/17/24) for about 30 minutes
- periodically staff left them for 30 minutes or less
- "it does not happen often"

During interview on 1/17/24 client #1 reported:
- since the weather was cold staff #1 allowed them to remain at the facility alone
- if clients had appointments the amount of time clients remained in the facility varied
- was in the facility an hour or less without staff

During interview on 1/17/24 staff #1 reported:
- had worked at the facility since September 25, 2023
- once or twice a week she may go to the nearby grocery store
- it was cold outside and did not want to take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 290	Continued From page 19	V 290		

the clients
- if a client had an appointment, the appointment could take an hour or two
- all the clients had unsupervised time and were "intelligent enough to stay alone"
- the Licensee #1/Registered Nurse (RN) & the Licensee #2 were aware she left the clients unsupervised when she went to the store or appointments

During interview on 1/17/24 & 1/18/24 the QP reported:
- client #4 was the only client without unsupervised time in the facility

II. Observation on 1/23/24 at 12:02pm revealed the following:
- client #2 walked around outside & entered the facility
- knocked several times and rung the doorbell

During phone interview on 1/23/24 with staff #1 revealed:
- she was at her home (town 24 miles from the facility)
- "she needed time for herself"
- the facility's van broke down at her home and she did not have a way to return to the facility
- would reach out to the Licensee #2 to pick her up

During interview on 1/23/24 at 1:22pm & 1:36pm the Licensee #1/RN reported:
- 1:22pm: she would reach out to the Licensee #2 to come to the facility
- 1:36pm: she was in route to the facility

Observation & interview at 2:02pm on 1/23/24 with the Licensee #1/RN revealed:
- the Licensee #1/RN arrived at the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 290	Continued From page 20 - was not aware staff #1 was not at the facility - she came at 9am this morning and staff #1 was present - exterminator was supposed to come to the facility between 10am & 11am - she (Licensee #1/RN) left prior to the exterminator's arrival Observation & interview with client #2 on 1/23/24 at 2:37pm revealed the following upon entrance into the facility: - client #1 was in her bedroom - client #2 was in her bedroom on the bed & said she exercised outside today - client #3 watched television in the sitting room During interview on 1/23/24 the Licensee #1/RN reported: - the Licensee #2 planned to replace staff #1 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 291	Continued From page 21	V 291		

Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.
(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to coordinate with other qualified professionals who were responsible for treatment/habilitation for 1 of 3 audited clients (#2). The findings are:

Review on 1/17/24 & 1/23/24 of client #2's record revealed:
- admitted 8/31/18
- diagnoses: Schizoaffective Disorder, Obsessive Compulsive Disorder, Obstructive Sleep Apnea, Hypertension & Hyperlipidemia
- physician summary dated 11/14/23: "...[physician] requested that we push out your return appointments a few months so that you have time to get your sleep study and start using your new sleep device. We will see you back on 5/8/24...the sleep lab will contact you..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	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 291	Continued From page 22 - no documentation of a completed sleep study or follow up phone calls regarding the sleep study Observation on 1/17/24 at 11:37am revealed a CPAP (continuous positive airway pressure) device in client #2's bedroom During interview on 1/23/24 the Licensee #1/Registered Nurse (RN) reported: - during the 11/14/23 appointment, the physician recommended a new CPAP device - client #2's CPAP device was 10 years old - she followed up regarding the new CPAP device on 12/20/23 and 1/19/24 - the contact person had not been able to be reached - have not received a call from the sleep study lab representative to set up an appointment for client #2 During interview on 1/24/24 the Qualified Professional (QP) reported: - the Licensee #1/RN would follow up regarding the CPAP device - she (QP) would follow up on 1/25/24 regarding the sleep study	V 291		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 366	Continued From page 23 (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 366	Continued From page 24 were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	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 366	Continued From page 25	V 366		

provider;
(D) the Department;
(E) the client's legal guardian, as applicable; and
(F) any other authorities required by law.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to implement written policies governing their response to a level I incident. The findings are:

Review on 1/17/24 of the facility's record revealed:
- no level I incident report regarding an elopement for FC#5
- no documentation of risk/cause analysis of the described incident regarding:
- the health & safety needs of FC#5
- determining the cause of the incident
- implementing corrective measures & measures to prevent similar incidents

During interview on 1/17/24 staff #1 reported:
- she started at the facility 9/25/24
- FC#5 (former client) left the facility in a car with some males one night and she (staff #1) was not aware
- she conducted a room check of the clients around 9pm & FC#5 was in her bedroom
- at approximately 10pm the Licensee #2 contacted her and requested she pick FC#5 up at the hospital
- FC#5 told her she got in the car with some

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 366	Continued From page 26 males & they dropped her off at the hospital - could not recall the date the incident happened or what hospital the client was picked up from During interview on 1/18/24 & 1/24/24 the Qualified Professional reported: - she was not aware FC#5 left the facility & got in the car with males - on 1/24/24 she questioned staff #1 about the incident and she said the incident happened - staff #1 refused to talk about the incident or give a date when it happened During interview on 1/23/24 the Licensee #1/Registered Nurse reported: - the QP recently made her aware of the incident with FC#5 - she was not aware FC#5 left the facility without staff knowledge During interview on 1/24/24 the Licensee #2 reported: - was not aware of the incident that happened with FC#5 - was not sure why staff #1 would say the incident with FC#5 happened	V 366		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement	V 513		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 513	Continued From page 27 skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on observation and interview the facility failed to use the least restrictive and most appropriate method. The findings are: A. Observation on 1/17/24/24 at 11:12am & 11:22am during the facility's tour revealed: - 11:12am: a black refrigerator with the top portion/freezer unlocked - the bottom portion of the refrigerator had a black wire with a metal lock that latched from one side of the refrigerator to the other side - a white miniature refrigerator sat on top of a freezer with no locks - inside the white refrigerator was frozen milk and a bottle of frozen salad dressing - 11:22am: staff #1 unlatched the wire and open the refrigerator - "clients think the refrigerator is locked but it's not"	V 513		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ____ B. WING ____	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 513	Continued From page 28 - clients could not go in the black refrigerator they "will eat up everything" B. Observation on 1/18/24 at 4:23pm revealed the following: - the Qualified Professional (QP) looked inside the white miniature refrigerator - the milk and salad dressing were frozen During interview on 1/17/24 client #1 reported: - staff refrigerator (black) was locked - they (clients) could not go in the refrigerator without permission - they (clients) had their own refrigerator (white) but it "froze everything" - had not reported their refrigerator froze food items - "I just don't put anything in it" During interview on 1/17/24 client #2 reported: - clients could not go in the black refrigerator - the white refrigerator belonged to the clients - the white refrigerator froze all food items they put in it - it froze her milk, cheese and potato salad - the black refrigerator was not locked but it belonged to staff During interview on 1/17/24 client #3 reported: - did not go in the black refrigerator - clients had their own refrigerator - did not put in any food items in their refrigerator, it froze all food items During interview on 1/17/24 client #4 reported: - if something was needed out of the black refrigerator, she had to ask staff for permission - it did not bother her, she just followed the rules	V 513		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 513	Continued From page 29 During interview on 1/18/24 the QP reported: - the Licensee placed the white miniature refrigerator in the facility for the clients - the Licensee placed drinks and snack items in the white miniature refrigerator for the clients - was not aware the white refrigerator froze food items - would speak with staff about the refrigerator being locked During interview on 1/23/24 the Licensee #1/Registered Nurse reported: - she was not aware the white refrigerator froze clients' food items - clients could go in the black refrigerator as long as they washed their hands - she would make staff aware clients were allowed in the black refrigerator - would have white refrigerator looked at to see why it froze items This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 513		
V 736	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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/17/24 at 11:37am revealed the	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 736	Continued From page 30 following: - gnats flew throughout the facility - kitchen table top was wobbly - bathroom near client #2's bedroom, the toilet seat was on the floor - the facility's walls had pencil marks & unknown black spots throughout the facility - client #2's bedroom: - opened the bedroom door and gnats swarmed throughout the bedroom - gnats covered the top of an empty cup - several trash bags full of miscellaneous items piled beside the wall & in the closet - clothes piled on the floor in front of the dresser and covered the bed - on a table near client #2's bed: 2 boxes of pop-tarts, 2 jars of peanut butter that had been eaten out of, a jar of fruit, an empty bottle of Gatorade and a half eaten cookie - a white storage bin on the floor with miscellaneous can goods & boxed food items - client #4's bedroom: blinds at an exit door had several missing slats During interview on 1/17/24 client #2 reported: - had a storage unit and needed to take some items to the storage - per management, she could keep items in her bedroom but needed to keep a clear path from the bedroom door to the window in case there was a fire During interview on 1/18/24 client #2's guardian reported: - came to the facility quarterly - last time visited the facility was December 2023 - client #2 was a "hoarder" it was part of her diagnosis of Obsessive Compulsive Disorder - everything was important to client #2 and she	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C **01/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 736	Continued From page 31 didn't want to throw anything away During interview on 1/17/24 staff #1 reported: - client #2 was a "hoarder" and would not allow staff to remove any items from her bedroom - she had a storage unit but it was full - gnats were in the facility due to client #2's bedroom - the toilet seat was broken December 2023 by a former client - the Licensee #2 was aware of the broken toilet seat During interview on 1/18/24 the Qualified Professional (QP) reported: - requested client #2 to keep her room organized, if she planned to keep any of her belongings - informed client #2 if there was a fire, she needed to be able to exit from the bedroom door or window - paper should not be on client #2's floor for safety reasons - completed a walk-thru when she made visits to the facility - the Licensee #1/Registered Nurse & the Licensee #2 were aware of the missing slats in the blinds for client #4's bedroom exit door - she was not aware of the broken toilet seat - would follow up with the Licensee #1/Registered Nurse & the Licensee #2 regarding repairs to the facility During interview on 1/23/24 the Licensee #1/Registered Nurse reported: - a walk-thru of the facility was done at least once a week by her, the Licensee #2 or the QP - was not aware the toilet seat was broken - did not think the entire facility needed to be painted	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921002	A. BUILDING: ______ B. WING ______	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH SYSTEM 2	**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 736	Continued From page 32 - the kitchen table was wobbly but it was not broken - can request client #2 to clean her bedroom but the next day items were back on the floor During interview on 1/24/24 the Licensee #2 reported: - he repaired the toilet seat on 1/18/24 - repairs were completed at the facility when staff made him aware of the needed repairs - the staff's office was painted last year but will plan to have the entire facility painted this year (2024) - was not aware the kitchen table was wobbly, will get it repaired	V 736		