

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-751	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
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NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE RALEIGH, NC 27616
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 8/14/24. The complaint was substantiated (intake #NC00218948). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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. 	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans were developed and implemented for 2 of 2 current clients (#1 and #2). The findings are:</p> <p>Review on 8/14/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/26/16 - diagnoses: Schizophrenia, Personality Disorder, Hypertension & Borderline Personality - a treatment plan dated 6/22/22 with no current goals or strategies <p>Review on 8/14/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/27/23 - diagnoses: Schizophrenia and Hyperlipidemia - no treatment plan with goals or strategies <p>During interview on 8/14/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she had not completed client #1's treatment plan - would ensure treatment plans were current in the clients' records 	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each</p>	V 113		

Division of Health Service Regulation

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V 113	Continued From page 2 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 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.	V 113		

Division of Health Service Regulation

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V 113	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain 1 of 1 former client (FC#6) record. The findings are:</p> <p>An attempted record review on 8/14/24 of FC#6's record revealed:</p> <ul style="list-style-type: none"> - no client's record at the facility which contained the following: - an identification face sheet which includes: - name (last, first, middle, maiden); - client record number; - date of birth; - race, gender and marital status; - admission date; - discharge date; - documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; - documentation of the screening and assessment; - treatment/habilitation or service plan; - 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 and telephone number of the client's preferred - physician; - a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital - or physician; - documentation of services provided; - documentation of progress toward outcomes; - if applicable: 	V 113		

Division of Health Service Regulation

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V 113	Continued From page 4 - documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); - medication orders; - orders and copies of lab tests During interview on 8/14/24 the Qualified Professional reported: - FC#6 moved to the sister facility 3 weeks ago - they did not maintain a copy of FC#6's record - the staff and clients were not at the facility, they were on appointments	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly and on each shift. The findings are:</p> <p>Review on 8/14/24 of the facility's fire and disaster book revealed:</p> <ul style="list-style-type: none"> - no fire or disaster drills completed this year (2024) <p>During interview on 8/14/24 the Licensee #2 reported:</p> <ul style="list-style-type: none"> - staff worked 2 weeks on and 2 weeks off <p>During interview on 8/14/24 client #3 reported:</p> <ul style="list-style-type: none"> - no fire or tornado drills were done - if it was a fire, he would get out his window - a tornado, he would get down in the hallway <p>During interview on 8/14/24 staff #1 reported:</p> <ul style="list-style-type: none"> - had only worked at the facility for 3 weeks <p>During interview on 8/14/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she had not reviewed the facility's fire and disaster book <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 6</p> <p>program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 7</p> <p>and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of 	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 8</p> <p>the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 9 Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 10</p> <p>employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure criminal record checks were completed for 2 of 3 staff (#1 & #2). The findings are:</p> <p>Review on 8/14/24 of staff #1's record revealed: - hired 7/25/24 - a print out of his last addresses with no date - no completed criminal record check</p> <p>Review on 8/14/24 of staff #2's record revealed: - no hire date documented - no completed criminal record check</p> <p>During interview on 8/14/24 the Qualified Professional reported: - the Licensee completed the criminal record checks</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 11 - would notify the Licensee criminal record checks needed to be completed This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
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	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 12</p> <p>need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a treatment plan documented a client was capable of being in the home and community without staff for 1 of 3 audited clients (#1) and 1 of 1 former client (FC#6). The findings are:</p> <p>Review on 8/14/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/26/16 - diagnoses: Schizophrenia, Personality Disorder, Hypertension & Borderline Personality - no documentation of unsupervised time in the home and community <p>An attempted record review on 8/14/24 of FC#6's record revealed:</p> <ul style="list-style-type: none"> - no client's record at the facility which contained the following: - an identification face sheet - no documentation of unsupervised time in the home and community 	V 290		

Division of Health Service Regulation

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 13</p> <p>During interview on 8/14/24 staff #2 reported:</p> <ul style="list-style-type: none"> - she did not leave clients alone - Licensee #2 relieved her to run errands <p>During interview on 8/14/24 the Licensee #2 reported:</p> <ul style="list-style-type: none"> - all clients had unsupervised time in the facility except FC#6 - came to the facility one day and staff #2 was not at the facility - all the clients were in the facility - staff #2 had stepped out of the facility and did not say where she went - a provider came by to see one of the clients, however he could not recall which client - he did not leave the clients alone until staff #2 returned - staff #2 thought all the clients had unsupervised time in the facility <p>During interview on 8/14/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - client #1 - #3 could have unsupervised time in the community - client #2 & client #3 could have unsupervised time in the facility - FC#6 did not have unsupervised time in the home or community <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-751	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
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V 736	<p>Continued From page 14</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/14/24 at 10:52am of the facility revealed:</p> <ul style="list-style-type: none"> - knats flew throughout the facility - black stains on the refrigerator - client #2's bedroom: - clothes throughout floor - bed mattress hung off the bed - client #3's bedroom: - mattress was sunken in middle - client #4's bedroom: - clothes throughout floor - bed was unmade <p>During interview on 8/14/24 the Licensee #2 reported:</p> <ul style="list-style-type: none"> - he completed needed repairs at the facility - items that were broken <p>During interview on 8/14/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - would speak with Licensee about the replacement of mattress - would follow up with staff regarding cleanliness of facility <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		