

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-C 01/15/2025
NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 1		STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE 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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 15, 2025. The complaint was unsubstantiated (intake #NC00225400). A deficiency was 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/14/25 at 2:58pm of the facility revealed:</p> <ul style="list-style-type: none"> - the refrigerator and freezer had had stained food drippings on the outside of the appliances - some cabinet doors would not close or had a missing cabinet door - the dining room floor had rips in the tile near the kitchen table - the upstairs bathroom had hair in the sink - client #3's bed was unmade with miscellaneous clothing items on the floor and bed - he had bags of clothes piled in the corner of 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>his side of the bedroom</p> <ul style="list-style-type: none"> - a small hole in the wall the size of quarter near the entrance door - bathroom floor downstairs was unswept and the floor tile was stained with black spots <p>During interview on 1/14/25 staff #1 reported:</p> <ul style="list-style-type: none"> - she encouraged the clients to complete chores daily, however they do chores "own their on time" <p>During interview on 1/15/25 the Licensee reported:</p> <ul style="list-style-type: none"> - a contractor was in the process of completing repairs at the facility - due to the number of calls he received for other jobs, it prevented the completion of repairs at the facility <p>This deficiency has been cited 7 times since the original cite on 3/5/18 and must be corrected within 30 days.</p>	V 736		