DEDOVE

PAGE 02/03

PRINTED: 01/16/2025 FORM APPROVED

STATEME	of Health Service R NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FORM APPROVE
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPI	(X3) DATE SURVEY	
		j	A. BUILDING:		COMPLETED
		MHL092-751	0.14/150		R-C
NAME OF		WHL032-(5)	B. WING		01/15/2025
MANIC OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, 9	STATE, ZIP CODE	
ACCESS	HEALTH SYSTEM 1		E DRIVE	,	
/// 145	Au se un u a sa al d'ann	RALEIG	H, NC 27616		
(X4) ID PREFIX	(SAUT DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	AI name
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE COMPL	
	· · · · · · · · · · · · · · · · · · ·	-	, Aug	DEFICIENCY)	RIATE DATE
V 000	INITIAL COMMENT	S	V 000	**************************************	
			V 000		
	A complaint and folk	w up survey was completed	1		
4	on vanuary 15, 2025). The complaint was	1		
	unsubstantiated (int	ake #NC00225400). A	1	•	
	deficiency was cited	•	1 1		
	There is the second sec]		
	This facility is licensed for the following service				
ļ	category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.				
	manufacture a second market of	wenter miess.			
	This facility is licensed for 6 and has a current				
1 1	Census of 6. The survey sample consisted of				
	audits of 3 current cli	ents.			
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736		
1			1		
	10A NCAC 27G .0303 LOCATION AND		1		
	EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be		1		
1	naintained in a safe	s grounds shall be clean, attractive and orderly	}		
r	nanner and shall be I	kept free from offensive		V736 The facility director has I	hirad
C	odor.			a contractor to complete all ti	nien
				necessary repairs needed in th	
1	his Rule is not met:	as evidenced by:	1	The contractor will patch all th	is nome.
Į E	Based on observation and interview the facility			in the walls, replace broken dra	e noies
W	was not maintained in a clean, attractive and orderly manner. The findings are:			and replace any flooring identi	wers
"	rdeny manner. The h	noings are:		as being in need of replacemen	ned
	bservation on 1/14/2	5 at 2:58pm of the facility		and an according to the second	T.
re	evealed:	o at 2.00pm of the facility		, , , , , , , , , , , , , , , , , , ,	
_	the refrigerator an	d freezer had had stained			
fc	food drippings on the outside of the appliances				
-	some cabinet door	rs would not close or had a			1
m	issing cabinet door	<u> </u>			
	the aining room flo	or had rips in the tile near			
[m	e kitchen table	com had had to the .			Í
_	client #3's bed was	om had hair in the sink			
m	iscellaneous clothing	items on the floor and bed			
] -"	he had bags of clo	thes piled in the corner of	wy.		
on of Healt	h Service Regulation				
RATORY DI	RECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVES SIGNAT	TURE.	TITLE	(X6) DATE

CEIPINE ROYLIGE
3TEP11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPDE	Division of Health Service Regulation			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH SYSTEM 1 SUMMARY STATEMENT OF DEFICIENCIES FALCH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG V 736 Continued From page 1 his side of the bedroom - 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 During interview on 1/14/25 staff #1 reported: - she encouraged the clients to complete chores daily, however they do chores "own their on time" During interview on 1/15/25 the Licensee reported: - 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 This deficiency has been cited 7 times since the original cite on 3/5/18 and must be comected	YOUR PROVIDER OF THE PROVIDER				COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5132 DICE DRIVE RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES PROFILE REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 1 his side of the bedroom 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 During interview on 1/14/25 staff #1 reported: she encouraged the clients to complete chores daily, however they do chores "own their on time" During interview on 1/15/25 the Licensee reported: 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 This deficiency has been cited 7 times since the original cite on 3/5/18 and must be corrected					R-C		
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at the facility This deficiency has been cited 7 times since the original cite on 3/5/18 and must be corrected		other iobs, it previ	ented the completion of repairs		Apply Washington		
original cite on 3/5/18 and must be corrected		at the facility					
within 30 days.		This deficiency has been cited 7 times since the original cite on 3/5/18 and must be corrected				×	
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