	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SU COMPLET	
					R	
		MHL092-727	B. WING		08/07/2	2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA H	OME CARE SERVICE		OLYN DRIVI	Ē		
		RALEIGH	, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	An Annual and Follo 08/07/18. Deficienc	ow Up Survey was completed ies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs. (2) Medications shad clients only when and client's physician. (3) Medications, incompliated administered only builtiers of the privileged to prepare (4) A Medication Administer of the privileged to prepare (4) A Medication Administer current. Medications recorded immediated MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the aluding injections, shall be y licensed persons, or by trained by a registered nurse, a legally qualified person and a and administer medications. In ministration Record (MAR) of a de to each client must be kept a sadministered shall be ely after administration. The				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		MHL092-727	B. WING		08/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA I	OME CARE SERVICE		OLYN DRIVI	Ξ		
			, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	This Rule is not me	et as evidenced by:				
	Based on observati interview, the facilit accurate, administe	ion, record review and y failed to assure MAR was er medications as prescribed fecting two of three clients (#1,				
	I. Review on 07/31/revealed: -Admitted: 02/0 -Diagnoses: Mo Disability, Diabetes Osteoarthritis -Physician's ord (antipsychotic) 3 mg Risperdal 2 mg one Risperdal 3 mg one -May-July 2018	2/14 Deferate Developmental Type 2, Bipolar, Anxiety and Defers: dated 05/15/18 Risperdal g one at nightdated 06/12/18 Defer at nightdated 07/09/18 Defer at night De				
		31/18 at 1:00 PM of client #1's Risperdal 3 mg dispensed				
	reported: -Not aware of a client #1Physiciar 07/09/18 reference During interview on reported: -The change in	08/07/18, the Pharmacist a 2 mg dosage change for n's orders for 05/15/18 and 3 mg 08/07/18, the Administrator Risperdal dosage was nary Care Physician not the				

Division of Health Service Regulation

STATE FORM 6899 0FMY11 If continuation sheet 2 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL092-727	B. WING			R 07/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AI DUA I	JOME CARE SERVICE	3612 CAF	OLYN DRIVE	≣		
ALPHA HOME CARE SERVICE RALEIGH			, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	pharmacist to assuradministered II. Review on 07/31, revealed: -Admitted: 04/2 -Diagnoses: FI Diabetes (Insulin de challenged", Hyperl Anxiety Disorder -May-July 2018 levels checked twic -Physician's ord listed Novolog (fast Diabetes) "administ breakfast and lunch (long acting insulin Diabetes)prescrip	e-2 dated 12/12/17 listed ependent), "Mentally ipidemia, Constipation and MAR noted blood sugar e a day ders: FL-2 dated 12/12/17 eacting insulin used to treat ter 5-10 minutes before a per sliding scale" and Lantus				
	Internal Medicine plane "correction instand write it down. To determine how much sugar 0-134 135-164 165-194 195-224 225-254 255-284 285-314 315-344 345-374 -If you wish to control or sugar or	sulincheck your blood sugar then, use the chart below to th insulin to give.				

Division of Health Service Regulation

STATE FORM 6899 0FMY11 If continuation sheet 3 of 9

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		-	,
		MHL092-727	B. WING		08/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA H	ALPHA HOME CARE SERVICE 3612 CAI					
			, NC 27604	DDOVIDEDIC DI ANI OF CODDECTI	ON	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	BS-120=units of insulin to give (round to the nearest whole unit) 30 BS= Blood Sugar" - No documentation on perimeters of when to					
	call the physician	ation on pointiolors of whom to				
	Review on 08/01/18 of client #3's "Blood Glucose Measure chart" checked before breakfast and before dinner revealed: -June-July 10, 2018: average ranges between 202 and 286 -June-July 31, 2018: total of 5 occasions in which levels exceeded 374 06/20-526-14 units 06/26-394- 9 units 07/07-383- 9 units 07/10-388- 9 units 07/13-395-10 units Interview on 08/01/18, the Qualified Professional reported: -April and May 2018 "Blood Glucose Measure chart" were unavailable and must have been left at the physician's office accidentally					
	she: -thought the ph contacted for high t client was given wa -would have the	18, the Administrator reported ysician would have been blood sugar levelsnormally ter as well e physician clarify the acting him for all clients				
	III. Review on 07/3 revealed: Admitted: 11/09 Diagnoses: Mile	1/18 of client #5's record				

Division of Health Service Regulation

STATE FORM 6899 0FMY11 If continuation sheet 4 of 9

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	
					F	
		MHL092-727	B. WING		08/0	7/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA H	IOME CARE SERVICE		OLYN DRIVE	≣		
RALEIGH			NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	listed Lantus 44 uninote dated 06/19/18 daye-script to phadated 07/04/18 to gunits twice a day -No indication of communication within medication on July Review on 07/31/18 for Lantus 100 u/ml -May 1-June 19 by pharmacy: "Inject twice daily" -June 19-June "22 21" units twice of dosage change was changed the dosage -July 1-15th entipharmacy: "Inject 4 daily"handwritten by doctor's order 7/ -July 11th-31: a staff listed "inject 2" daily" Review on 08/01/18 for Lantus 100u/ml - July 1-15th entipharmacy: "Inject 4 daily"entry dosage handwritten modific when the dosage of who changed the decompositional reporter.	ders: FL-2 dated 05/22/18 its twice a dayconsultation its noted Lantus 22 units twice a armacy dated 06/19/18 and fax froup home listed Lantus 21 of doctor's visit or a physician regarding changes aly 07/13/18 its of client #5's May-July MARs arevealed: ith entry pre-typed and prepared by 42 units subcutaneously ith green and prepared by 2 units subcutaneously twice after 15th "d/c units changed 13/18" is second entry handwritten by 1 units subcutaneously twice is of client #5's July 2018 MAR revealed: itry pre-typed and prepared by 2 units subcutaneously twice is of client #5's July 2018 MAR revealed: itry pre-typed and prepared by 2 units subcutaneously twice is ereflected the following eations: "22 21" (no date of hange was made or initials of losage) 08/01/18, the Qualified ed he:	V 118	DETICITION 1		
		age changes on the MARs for ecall the dates the changes				

Division of Health Service Regulation

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF (X3) DATE SUF (X4) PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) DATE SUF (X6) PLAN OF CORRECTION (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SUF (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X7) DATE SUF (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPP					
	MHL092-727	B. WING			R 07/2018
NAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE		
ALPHA HOME CARE SERVICE		ROLYN DRIVE , NC 27604	:		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
error, initial, or date to MAR -Contacted the post the dosage for Lantul initial order the doctor consultation notees passed before the dosage before the dosage before the dosage do but was resolved after physician's order from During interview on the did not know his consultation was not sure how mutured in the following about the summer of the following about the physician's order and the physician's order and the order was consultated in the order was consultated to the gave 21 order had changed in the second entry was MAR but he did not word the physician reported and the physician order had changed in the second entry was MAR but he did not word the physician of the second entry was MAR to reflect the the following interview on the pharmacy of the	ot explain why he did not put the dose changes on the charmacist after he notified as was different from the provided on the estimated a few days had be possible discrepancy was noted for he received the copy of me the pharmacist of the pharmacis	V 118			

Division of Health Service Regulation

STATE FORM 6899 0FMY11 If continuation sheet 6 of 9

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
		MHL092-727	B. WING			R 07/2018
	PROVIDER OR SUPPLIER	3612 CAR	DRESS, CITY, S COLYN DRIVE , NC 27604	ETATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 6 08/07/18, the Administrator	V 118			
	reported: -The Qualified MARs and medicat home -She felt confid not 42 units -The client must could not tell his do with staff's assistant -The pharmacis July MAR as the must guite as the medication administ determined if client as ordered by the procession of the corrected immediate residents Physiciant recommend the proglycemia in referent notification. The Qualification of the Qualification	Professional reviewed the ion systems at the group ent client #5 received 21 units at have been nervous when he sage as he self administered ace. It should have changed the edication change occurred in a litre to accurately document stration it could not be a received their medications obysician. By of a plan of protection dated by the Administrator revealed: immediately do to correct the is in order to protect clients additional harm? The MAR will diately to respond with the cian's order. The Staffs will be tely on documentation. All the is will be notified to otocol to follow for hyper ce to control and doctors unlified Professional will				
		s (#1, #3 and #5) at the facility assulin dependent diabetics.				

Division of Health Service Regulation

STATE FORM 6899 0FMY11 If continuation sheet 7 of 9

	or realtribervice ite					a
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
, I LAN	J. JOINLEONON	BERTH TO/THOM HOWBER.	A. BUILDING:		JOIVIE	
					F	₹
		MHL092-727	B. WING		08/0	7/2018
NAME OF E	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
10 10 1	NOVIDEN ON OUT FIELD		OLYN DRIVI			
ALPHA H	OME CARE SERVICE	•	NC 27604	-		
	O. II. 41 A. F.) / O.T.A.	<u> </u>				
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 118	Continued From pa	ge 7	V 118			
	The contradiction fr	om staff's recollection whether				
		of Lantus was administered,				
		o provide clarification of				
		dministered, paired with the				
		R made it impossible to				
		amount administered from				
		arameters noted on the				
		determine when a physician				
		d, even when client #3 had at				
		bove 400. Collectively,				
		ors regarding the MAR, lack of				
		an's orders and staff is deterimental to the health,				
		ng of the clients. This				
		es a Type B rule violation and				
		within 30 days. If the violation				
		nin 30 days, an administrative				
		per day will be imposed for				
		is out of compliance beyond				
	the 30th day.					
		s been cited 3 times since the				
		1/16 and must be corrected				
		deficiency constitutes a				
		d must be corrected within 30				
	days.]					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	, ,					
		03 LOCATION AND				
	EXTERIOR REQUI	_				
		l its grounds shall be				
		e, clean, attractive and orderly				
		e kept free from offensive				
	odor.					
	This Rule is not me	et as evidenced by:				

6899

Division of Health Service Regulation STATE FORM

0FMY11 If continuation sheet 8 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MIII 000 707	B. WING		F	
		MHL092-727			08/0	7/2018
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S C OLYN DRIV I	STATE, ZIP CODE		
ALPHA I	HOME CARE SERVICE		, NC 27604	_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 8	V 736			
	Based on observati governing body faile attractive and safe of Observation on 07/3 revealed: - Bedroom loc clients: hole in wall	on and interview, the ed to maintain it's facility in an manner. The findings are: 31/18 at 2:30 PM of the facility ocated upstairs shared by two				
	- Hole in wall mates admission a	08/02/18, client #5 reported: I was there prior to his room few months ago into the ure how hole was put in the				
	reported: - Maintenand light fixture on 07/3 - Not aware	08/07/18, the Administrator ce staff placed covering on the 1/18 of the hole in the wall but nance repair the wall				

6899

Division of Health Service Regulation STATE FORM

0FMY11 If continuation sheet 9 of 9