

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An Annual and Follow Up Survey was completed 08/07/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118	<p>DHSR-Mental Health</p> <p>AUG 24 2018</p> <p>Lic. &amp; Cert. Section</p>	

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

TITLE

(X6) DATE

*JAMES ABE*

*JAMES ABE*

*BS QP*

*8/24/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE</b> <b>RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure MAR was accurate, administer medications as prescribed by the physician affecting two of three clients (#1, #3 and #5). The findings are:</p> <p>I. Review on 07/31/18 of client #1's record revealed: -Admitted: 02/02/14 -Diagnoses: Moderate Developmental Disability, Diabetes Type 2, Bipolar, Anxiety and Osteoarthritis -Physician's orders: dated 05/15/18 Risperdal (antipsychotic) 3 mg one at night...dated 06/12/18 Risperdal 2 mg one at night...dated 07/09/18 Risperdal 3 mg one at night -May-July 2018 MARs listed Risperdal 3 mg one tablet at night...no reflection of the Risperdal dosage change to 2 mg in June</p> <p>Observation on 07/31/18 at 1:00 PM of client #1's medications listed Risperdal 3 mg dispensed 07/08/18</p> <p>During interview on 08/07/18, the Pharmacist reported: -Not aware of a 2 mg dosage change for client #1...Physician's orders for 05/15/18 and 07/09/18 reference 3 mg</p> <p>During interview on 08/07/18, the Administrator reported: -The change in Risperdal dosage was initiated by the Primary Care Physician not the</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 2</p> <p>Psychiatrist. She would follow up with the pharmacist to assure the correct dosage was administered</p> <p>II. Review on 07/31/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 04/20/09</li> <li>-Diagnoses: FL-2 dated 12/12/17 listed Diabetes (Insulin dependent), "Mentally challenged", Hyperlipidemia, Constipation and Anxiety Disorder</li> <li>-May-July 2018 MAR noted blood sugar levels checked twice a day</li> <li>-Physician's orders: FL-2 dated 12/12/17 listed Novolog (fast-acting insulin used to treat Diabetes) "administer 5-10 minutes before breakfast and lunch per sliding scale" and Lantus (long acting insulin used to treat Diabetes)...prescription dated 07/10/18 Novolog administer 10 units with each meal (three times daily)</li> </ul> <p>Review on 08/01/18 of a note (not dated) from the Internal Medicine physician revealed:</p> <ul style="list-style-type: none"> <li>- "correction insulin..check your blood sugar and write it down. Then, use the chart below to determine how much insulin to give.</li> </ul> <table border="0"> <tr> <td>-If Blood sugar is:</td> <td>units of insulin to give</td> </tr> <tr> <td>0-134</td> <td>0 unit</td> </tr> <tr> <td>135-164</td> <td>1 unit</td> </tr> <tr> <td>165-194</td> <td>2 units</td> </tr> <tr> <td>195-224</td> <td>3 units</td> </tr> <tr> <td>225-254</td> <td>4 units</td> </tr> <tr> <td>255-284</td> <td>5 units</td> </tr> <tr> <td>285-314</td> <td>6 units</td> </tr> <tr> <td>315-344</td> <td>7 units</td> </tr> <tr> <td>345-374</td> <td>8 units</td> </tr> </table> <p>-If you wish to do the math yourself, the formula used to calculate the insulin doses above is:</p>	-If Blood sugar is:	units of insulin to give	0-134	0 unit	135-164	1 unit	165-194	2 units	195-224	3 units	225-254	4 units	255-284	5 units	285-314	6 units	315-344	7 units	345-374	8 units	V 118	<p>Most recent order available in client's chart and the medication is being administered accordingly. The QP will continue to monitor proper documentation on a weekly basis for all residents.</p>	8/7/18
-If Blood sugar is:	units of insulin to give																							
0-134	0 unit																							
135-164	1 unit																							
165-194	2 units																							
195-224	3 units																							
225-254	4 units																							
255-284	5 units																							
285-314	6 units																							
315-344	7 units																							
345-374	8 units																							

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 3</p> <p>BS-120=units of insulin to give (round to the nearest whole unit) 30</p> <p>BS= Blood Sugar"</p> <p>- No documentation on perimeters of when to call the physician</p> <p>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</p> <p>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</p> <p>Interview on 08/07/18, the Administrator reported she: -thought the physician would have been contacted for high blood sugar levels..normally client was given water as well -would have the physician clarify the perimeters for contacting him for all clients</p> <p>III. Review on 07/31/18 of client #5's record revealed: Admitted: 11/09/08 Diagnoses: Mild Mental Retardation, Autism, Depression, Sleep Apnea, Cholesterol, Diabetes and Hypertension</p>	V 118	<p>charts for Blood Glucose readings were retrieved, client no longer on sliding scale and protocol for Blood Glucose readings has been updated and being followed.</p> <p>These will be monitored and closely supervised by QP every week.</p>	8/7/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE</b> <b>RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 4</p> <p>-Physician's orders: FL-2 dated 05/22/18 listed Lantus 44 units twice a day...consultation note dated 06/19/18 noted Lantus 22 units twice a day...e-script to pharmacy dated 06/19/18 and fax dated 07/04/18 to group home listed Lantus 21 units twice a day</p> <p>-No indication of doctor's visit or communication with physician regarding changes in medication on July 07/13/18</p> <p>Review on 07/31/18 of client #5's May-July MARs for Lantus 100 u/ml revealed:</p> <p>-May 1-June 19 entry pre-typed and prepared by pharmacy: "Inject 42 units subcutaneously twice daily"</p> <p>-June 19-June 30 entry handwritten by staff: "22 21" units twice daily (no date of when the dosage change was made or initials of who changed the dosage)</p> <p>-July 1-15th entry pre-typed and prepared by pharmacy: "Inject 42 units subcutaneously twice daily"...handwritten after 15th "d/c units changed by doctor's order 7/13/18"</p> <p>-July 11th-31: a second entry handwritten by staff listed "inject 21 units subcutaneously twice daily"</p> <p>Review on 08/01/18 of client #5's July 2018 MAR for Lantus 100u/ml revealed:</p> <p>- July 1-15th entry pre-typed and prepared by pharmacy: "Inject 42 units subcutaneously twice daily"...entry dosage reflected the following handwritten modifications: "22 21" (no date of when the dosage change was made or initials of who changed the dosage)</p> <p>During interview on 08/01/18, the Qualified Professional reported he:</p> <p>-Made the dosage changes on the MARs for Lantus...could not recall the dates the changes</p>	V 118	<p>MAR was corrected as appropriate and dated.</p> <p>Staff has been retrained on proper documentation.</p> <p>QP will continue to monitor on weekly basis -</p>	8/7/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE</b> <b>RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 5</p> <p>were made...could not explain why he did not put error, initial, or date the dose changes on the MAR</p> <p>-Contacted the pharmacist after he notified the dosage for Lantus was different from the initial order the doctor provided on the consultation note...estimated a few days had passed before the dosage discrepancy was noted but was resolved after he received the copy of physician's order from the pharmacist</p> <p>During interview on 08/01/18, client #5 indicated he did not know his dosage of medication and was not sure how much he received.</p> <p>During interview on 08/01/18, staff #1 reported the following about the July 2018 MAR for Lantus:</p> <p>-He administered medications based on what would have been documented on the MAR and the physician's order</p> <p>-His initials were documented the 1st-10th...he administered 42 units to client #5 then the order was changed later in the month...later, he clarified his statement and indicated he gave 21 units as the physician's order had changed in June 2018...not sure why the second entry was documented on the July MAR but he did not write it</p> <p>During interview on 08/01/18, the Qualified Professional reported:</p> <p>-The pharmacy did not change the July 2018 MAR to reflect the 06/19/18 dosage change for Lantus...he was sure client #5 received 21 units...staff #2 worked the evening of July 10-15th, which reflected 21 units administered...staff #1 would have known of the change in dosage...he could not explain why Lantus entry on the July MAR was different 07/31/18 and 08/01/18</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE</b> <b>RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 6</p> <p>During interview on 08/07/18, the Administrator reported:</p> <ul style="list-style-type: none"> <li>-The Qualified Professional reviewed the MARs and medication systems at the group home</li> <li>-She felt confident client #5 received 21 units not 42 units</li> <li>-The client must have been nervous when he could not tell his dosage as he self administered with staff's assistance.</li> <li>-The pharmacist should have changed the July MAR as the medication change occurred in June 2018.</li> </ul> <p>*Note: Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician</p> <p>Review on 08/07/18 of a plan of protection dated 08/07/18 submitted by the Administrator revealed:</p> <p>"-What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? The MAR will be corrected immediately to respond with the most current Physician's order. The Staffs will be re-trained immediately on documentation. All the residents Physicians will be notified to recommend the protocol to follow for hyper glycemia in reference to control and doctors notification. The Qualified Professional will monitor this process weekly.</p> <p>-Describe your plans to make sure the above happens. The Qualified Professional will facilitate these measures and monitor weekly for correspondence."</p> <p>Three of five clients (#1, #3 and #5) at the facility were identified as insulin dependent diabetics.</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 7</p> <p>The contradiction from staff's recollection whether 42 units or 21 units of Lantus was administered, client #5's inability to provide clarification of amount of insulin administered, paired with the discrepancy of MAR made it impossible to determine accurate amount administered from July 1st-10th. No parameters noted on the diabetic protocol to determine when a physician should be contacted, even when client #3 had at least one reading above 400. Collectively, documentation errors regarding the MAR, lack of adhering to physician's orders and staff competency which is detrimental to the health, safety and well being of the clients. This deficiency constitutes a Type B rule violation and must be corrected within 30 days. If the violation is not corrected within 30 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 30th day.</p> <p>[This deficiency has been cited 3 times since the original cite on 09/01/16 and must be corrected within 30 days. This deficiency constitutes a recited rule area and must be corrected within 30 days.]</p>	V 118		
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:</p>	V 736		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
--	--

(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	<p>Continued From page 8</p> <p>Based on observation and interview, the governing body failed to maintain it's facility in an attractive and safe manner. The findings are:</p> <p>Observation on 07/31/18 at 2:30 PM of the facility revealed:</p> <ul style="list-style-type: none"> <li>- Bedroom located upstairs shared by two clients: hole in wall near client #5's bed</li> <li>- Light fixture in hallway downstairs no covering</li> </ul> <p>During interview on 08/02/18, client #5 reported:</p> <ul style="list-style-type: none"> <li>- Hole in wall was there prior to his room mates admission a few months ago into the group home...not sure how hole was put in the wall</li> </ul> <p>During interview on 08/07/18, the Administrator reported:</p> <ul style="list-style-type: none"> <li>- Maintenance staff placed covering on the light fixture on 07/31/18</li> <li>- Not aware of the hole in the wall but would have Maintenance repair the wall</li> </ul>	V 736	<p>Light fixture in the bedroom downstairs has been covered, hole in the wall by client's bed has been repaired.</p> <p>PP will continue to tour the facility weekly for any damage to the building or fixtures and ensure <sup>house</sup> keeping is maintained by working with company handyman to correct such promptly.</p>	8/7/18