

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-749</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/22/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICES INC II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4517 WATERBURY ROAD RALEIGH, NC 27604</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 22, 2018. A deficiency was 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 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></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 failed to ensure the home was maintained in a safe, clean and orderly manner, kept free from offensive odor. The findings are:</p> <p>Observation on 8/21/18 at 9:30 AM revealed: -A very strong odor upon entrance to the home. -Client bedroom window was difficult to open, needed to call over assistance to open. -Client bathroom upstairs had wall paper and parts of the wall peeling off. -Client bathroom door would not completely close shut.</p> <p>During interview on 8/21/18 Staff #1 stated: -She was not sure what the smell was, only been working at the home a few days. -Had cleaned the home, but could not locate the smell.</p>	V 736	<p>DHSR-Mental Health</p> <p>SEP 04 2018</p> <p>Lic. &amp; Cert. Section</p> <p>Odor resolved. 8/28/18</p> <p>Bedroom window opened. 8/22/18</p> <p>Wall paper repaired. 8/22/18</p> <p>Door repaired. 8/22/18</p>	

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



TITLE

Administrator

(X6) DATE

9/2/18

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Not aware of the others areas of the home needing fixed, as she is "fill in."</li> </ul> <p>During interview on 8/21/18 The Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- Upon arrival to the home, noticed the smell, "maybe there is a leak, smells like something is rotten."</li> <li>-Not aware of the repairs needed to the bathroom, will contact their maintenance guy.</li> <li>-The home is always clean.</li> </ul>	V 736		
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