

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-791</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICES, INC III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3716 ARROWWOOD DRIVE 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 October 4, 2018. 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>	V 000	<p style="text-align: center;"><b>RECEIVED IN OCT 23 2018 CONSTRUCTION SECTION</b></p>	
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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 safe and orderly manner. The findings are:</p> <p>Observation and tour on 10/04/18 between 12:15-12:30 PM of the facility revealed: -Water Stains on the walls of both the upstairs and downstairs bathrooms used by the clients -Upstairs bedroom: Occupied by client #3- bedroom door damaged- with panel torn enough to see inside of door frame -Downstairs- water stain on carpet</p> <p>Interview on 10/04/18, the Qualified Professional reported he: -was not aware of the water stain markings in bathroom or damaged bedroom door for client #3 prior to tour -was aware of the water stain on the carpet</p>	V 736		<p><i>Walls repainted and repaired. 10/22/18</i></p> <p><i>Carpet will be cleaned. 10/23/18</i></p>

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



TITLE  
*Administrator*

(X6) DATE  
*10/22/18*

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V 736	Continued From page 1  downstairs due to the flooding post recent hurricane (9/13/18-9/19/18). The water only reached the inside area near the doorway not the other area of the downstairs -would contact the maintenance person immediately	V 736		