	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C 01/22/2019	
		MHL092-791	B. WING			
AME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
LPHA HC	ME CARE SERVICES,					
			H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	8	V 000			
	were substantiated (#NC000146871). De This facility is license	2, 2019. The complaints Intake #NC00147429 and ficiencies were cited. ed for the following service 27G .5600A Supervised				
V 512	10A NCAC 27D .030	hts - Harm, Abuse, Neglect 4 PROTECTION FROM GLECT OR EXPLOITATION	V 512			
	(a) Employees shall abuse, neglect and e with G.S. 122C-66.	protect clients from harm, exploitation in accordance not subject a client to any				
	sort of abuse or negl 27C .0102 of this Ch	ect, as defined in 10A NCAC				
	purchased from a clie established governin	ent except through				
	aggressive client and governing body polic is necessary depend characteristics of the	r secure a violent and d which is permitted by y. The degree of force that s upon the individual c client (such as age, size				
	of aggressiveness di intervention procedu Subchapter 10A NCA (e) Any violation by (a) through (d) of this	ntal health) and the degree splayed by the client. Use of res shall be compliance with AC 27E of this Chapter. an employee of Paragraphs s Rule shall be grounds for				
	dismissal of the emp	ioyee.				
	This Rule is not met Based on record revi	as evidenced by: iew and interview, one of				

STATEMEN	of Health Service Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL092-791	B. WING		R-C 01/22/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE					
		3716 AR						
ALPHA HO	OME CARE SERVICES,	INC III RALEIG	H, NC 27604					
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE		
V 512	Continued From pag	e 1	V 512					
		aff #1) subjected four of five 2, #3 and #6) to abuse. The						
	-Hired: May 25,	of staff #1's record revealed: 2014 e, Neglect and Exploitation						
	he: -Worked for the	01/14/19, staff #1 reported company at another facility this particular group home for						
	revealed: -Admitted: 02/27 -Diagnoses inclu Disorder (bipolar typ Disorder, Obesity, H and Parkinson -Age: 52	19 of client #6's record 7/14 usive of Schizoaffective e), Obsessive Compulsive ypothyroidism, Hypertension ulation of distance						
	clients reported: -Sunday (01/13/ staff #1 during mealt about staff #1's resp not want to get in tro the information. -Two clients exp cursing, standing over manner, lifting his ha want to do" to the clii causing gravy to spil and went to his room	01/14/19, four of five audited 19), client #6 threw a cup at ime. All expressed concerns onse and expressed they did uble with staff #1 for sharing dained: Staff #1 responded by er client #6 in an intimidating ands and saying "what you ent and kicked the trash can I on the wall. Client #6 cursed b. They thought client #6 was oth indicated they were fearful						

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
	ST CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		R-C 01/22/2019	
		MHL092-791	B. WING			
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	OME CARE SERVICES,	NC III 3716 AR	ROWWOOD DRIVE	E		
		RALEIG	H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 512	Continued From page	e 2	V 512			
		ed staff #1 as "hateful, mean" e needed to be in the group				
	During interview on 0 he:	01/14/19, client #6 reported				
	-Did not recall much about 01/13/19, except he threw a cup at staff. -Had a chance to think about it, it was his fault The cup had water in it. Staff told him to go to his room.,,,can't recall exactly what happened. Staff #1 said "now what you gonna do? He didn't raise his voice much. it was elevatedscared I'm gonna get kicked out I don't want to get kicked out."					
	01/16/19, staff #1 reported: -01/14/19: Had an incident of verbal behavior on yesterday (01/13/19). Client #6 used some profane language. Client #6 left his plate on the table and said "don't you work here? you can do it." Client #6 "had just visited with family. Nothing					
	else happened. It's n done that before." In something and throw	ot like he's (client #6) not the past, client #6 had taken				
	responded calmly an "Sometimes its rando an illness." *Note: sta thrown at him by clie	. Staff #1 reported he d let client #6 calm down. om. He (client #6) does have aff #1 did not reference a cup nt #6 during this interview.				
	can maneuver aroun them to wait until I'm get done. I guess the	plates were served. Just so I d the small house, I like finished. They don't let me were hungry, can't wait.				
	was already drinking	ng beverages. [Client #6] , I bypassed him & gave it to the drink in kitchen. [Client own that he wanted				

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		MHL092-791				/22/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ALPHA HO	OME CARE SERVICES,			E		
			6H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 3	V 512			
	something to drink. I that, get your own dr kicked the trash can. finished a portion of t left. He said you so f said he was sorry an said it was his fault a does that cursing all probably used profar done things different tone." B. Review on 01/14/7 revealed: -Admitted: 09/07 -Diagnoses inclu Dementia and Depre During interview on 0 he: -Had issues rem normally wrote things his journal -Recalled a cup (01/13/19)he was no the circumstances, th could not locate anyt situation. -"Do you think I was talking to [staff # had a brain injury and so I should just keep have a brain injury bu someone says some -Felt staff #1 wo	said if you talk to me like ink. I guess I was upset, I He (client #6) had already that meal, so he got up and *****g lazy, you get itHe d didn't mean it. [Client #6] nd the illness. He (client #6) the time all of a sudden. I hity. I probably should've ly, not kicked the trash can, 19 of client #1's record 7/13 usive of Brain injury, ssion 01/14/19, client #1 reported the advomention the said I thrown on Sunday ot sure who threw the cup or hought it was over sodahe hing in his journal about the will not amount to anything? I fd would not amount to much, getting my checkI may ut you can remember when thing to hurt your feelings" uld retaliate against him s "loud and he raises his				
	-Witnessed staff	i #1 raise his voice at other ome. He just went to his				
	room	onio. Lie just wellt to llis				
sion of Her	alth Service Regulation					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COM	SURVEY PLETED
			A. BUILDING:			
		MHL092-791	B. WING		R-C 01/22/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALPHA HO	OME CARE SERVICES, I	NC III	ROWWOOD DRIVE H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 4	V 512			
	-Staff #1 often requested clients to remain in their room.					
	he:	1/16/19, staff #1 reported				
	-Did not recall any conversation with clients in which he spoke of their diagnoses in a non therapeutic manner					
	-Did not recall making any comments about client #1 having a brain injury or obtaining a job					
	C. Review on 01/14/19 of client #2's record revealed: -Admitted: 11/08/18					
	-Diagnoses inclusive of Schizoaffective Disorder, Personality Disorder, Morbid Obesity, Diabetes and Hyperlipidemia					
	-He did not atten	During interview on 01/14/19, client #2 reported: -He did not attend a day program and was				
	day"all day" -Staff #1 asked h	ne with staff #1 during the				
	some grass" that mea	ass"he interrupted "tear up ant to fight outside dicated he needed some				
	bedroom. It was the t	sted client #2 to go to his one in which he would say ashI'm a person just like				
	-Last week, he c Professional to comp	alled the Qualified lain about how staff #1				
	treated him and the o Professional came ov but "I just can't take to	ver and spoke with staff #1				
	Professional reported					
		I/10/19, he did receive a call d not give specifics but				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED R-C	
		MHL092-791	B. WING			/22/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
LPHA HC	OME CARE SERVICES, I	NC III	ROWWOOD DRIVE H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 5	V 512			
	 expressed concerns of how staff #1 spoke to and treated clients at the home as well as staff smoking. He came over the same day and provided verbal directives to the staff regarding tone and delivery. Since January 10, 2019, no one had told him anything else regarding staff #1 inclusive of the 01/13/19 trash can kicking incident. During interview on 01/16/19, staff #1 reported: At other home, he had more flexibility and time to himselfall clients were at the day program during the day and he did transportation if needed for the other homes. 					
	phone and shared he had not necessarily to					
	During interview on 0 -Within the past come outside like he was sitting there eatin on meother clients	1/14/19, client #3 reported: month, staff #1 "asked me to was going to kick my a**I ngHe didn't put his hands were there but I can't recall problems with himif he				
	-He heard staff # outside to tear up sor (client #3's) approach	1/14/19, client #2 reported: 41 invite client #3 to "go me grasswhen the mom ned staff about it, staff said it t say nothing because I did redhe (staff #1) got				

STATEMEN	of Health Service Regu of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-791	B. WING		R-C 01/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3716 AR	ROWWOOD DRIVE			
ALPHA HO	OME CARE SERVICES, I	NC III RALEIG	H, NC 27604			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 512	Continued From page	e 6	V 512			
	except to smoke or to mechanism. -"Probably", raise was a more aggressi do talk in a firm mann -For most people been told he had a "c presence. It maybe th myself." Review on 01/15/19 of 01/15/19 submitted b -"What will you in above rule violations from further risk or additional harm? T immediately. All othe abuse, neglect, and e communication skills -Describe your p happens. The Qualifit these measures and weekly for correspon	ed his voice at the clients. "It ve tone than anything elseI her." e, he's a tall person, and had demanding/intimidating he way I carry of a plan of protection dated by the Licensee revealed: mmediately do to correct the in order to protect clients The staff was removed r staff will be retrained on exploitation, and lans to make sure the above ed Professional will facilitate monitor dence."				
	Schizoaffective Disor having had the requir and services for clien diagnoses staff #1 wa at least 6 different oc month employment a	reast inclusive of matic Brain Injury, Dementia, reder and Depression. Despite red training in providing care its with mental health as abusive to the clients on ccasions during his short one it this group home. Staff #1 guage insinuating the desire				
	to fight in saying to cl some grass", degrad client's mental health in life, physical intimi	lient did he want to "tear up ing comments regarding a diagnosis and his self-worth dation with invading close ents in threatening posture				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		MHL092-791	B. WING			K-C 1/22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
LPHA H	OME CARE SERVICES, I	NC III	ROWWOOD DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 512	Continued From page	e 7	V 512			
V 736	kicking trash can duri used against clients of employment at this fa were fearful of staff # other clients in the gr constitutes a Type A1 abuse and must be c administrative penalty is imposed. If the viol 23 days, an additiona \$500.00 per day will facility is out of comp 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS	V 736			
	was not maintained in The findings are: Observation on 01/14 of the facility revealed	n and interview, the facility n a safe and orderly manner. 4/19 between 5:15-5:30 PM d: nt #1's bedroom ceiling tile				
	-	9, client #1 reported is of Traumatic Brain Injury f how long the ceiling tile had				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		MHL092-791	B. WING			/22/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
LPHA HO	ME CARE SERVICES, I	NC III				
(X4) ID	SUMMARY ST		H, NC 27604	PROVIDER'S PLAN		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET DATE
V 736	Continued From page	e 8	V 736			
	protruded downward					
	Interview on 01/15/19					
		e group home for onthnot noticed any issues				
	with client #1's ceiling tile Interview on 01/15/19, the Qualified Professional reported he: -Was not aware of the ceiling tile issue in client #1's bedroom.					
	-Would contact the maintenance person					
	immediately					
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					
	and must be correcte	a within 30 days.				