

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
--	--

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 15, 2019. 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		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
--	--

(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 administer medications according to physician's orders and failed to document correctly on the MAR for 1 of 3 clients (#2). The findings are:</p> <p>Observation on 2/14/19 at 10:14am of client #2's medications revealed:</p> <ul style="list-style-type: none"> - 1 packet of fluphenazine 10mg with instructions to take 1 in the morning and 2 in the evening. The instructions to take 2 in the evening were manually crossed off with a pen. This packet was dated as filled by the pharmacy on 11/6/18. Pills had been dispensed from this packet. - a 2nd packet of fluphenazine 10mg with instructions to take 2 tabs twice daily. This packet was filled by the pharmacy on 1/2/19. This was a full packet as there were no pills dispensed from this packet as of 2/14/19. - Aspirin 81mg 1 tablet (tab) daily (qd) - Metformin 500mg 1 qd - Ezetimibo (Zetia) 10mg 1 qd - Cogentin 0.5mg 1 bid - Geodon 20mg 1 bid - Depakote 500mg 2 at hour of sleep (hs) - Prevastatin 80mg 1 qhs - Hydrochlorothiazide 25mg 1 qd - Lisinopril 40mg 1 bid <p>a. Review on 2/14/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 7/20/15 - diagnoses including Paranoid 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
--	--

(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>Schizophrenia, Hypertension, High Blood Pressure, Diabetes, Dyslipidemia, Chronic Obstructive Pulmonary Disease associated with chronic Bronchitis Thrombocytopenia and Palmar Erythema</p> <ul style="list-style-type: none"> - doctor's orders to take her blood sugar level (BS) twice daily - a doctor's order dated 11/14/18 with: "D/C (discontinue) fluphenazine 10mg 1 tab in the morning and 2 tabs at hour of sleep...will increase fluphenazine to help with hallucinations..." - no details on the order of 11/14/18 to what level fluphenazine would be increased - MARs for January and February, 2019 with Fluphenazine 10mg listed with instructions to take 2 tabs twice daily. Initials on the January and February MARs documented she was administered 2 tablets twice daily during that time - MAR documentation for January, 2019 had: <ul style="list-style-type: none"> - no BS levels documented on the 15th, 16th, 18th, 19th, 20th and 31st - no initials on the 18th for Aspirin, Metformin, Ezetimibo Depakote, Prevastatin and Hydrochlorothiazide - MAR documentation for February, 2019 had: <ul style="list-style-type: none"> - no initials on the 1st in the evening and the 2nd in the morning for Fluphenazine, Cogentin, Lisinopril and Geodon 20mg - no initials on the 5th through the 12th for the evening dose of Geodon 20mg - MAR documentation for December, 2018 had: <ul style="list-style-type: none"> - no BS levels documented on the 1st through the 9th <p>During an interview on 2/14/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she worked at the facility only for the past week - she did have medication administration 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
--	--

(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>training</p> <ul style="list-style-type: none"> - she administered client #2's medications from the directions on the packets. She gave her 1 tab of fluphenazine in the morning and 2 tabs in the evening as directed from the packets. - she initialed off the MAR that documented to give 2 tabs twice daily as that was the only line on the MAR for fluphenazine. <p>During an interview on 2/14/19, staff #2 reported:</p> <ul style="list-style-type: none"> - she had worked at this facility for over 2 years - she did have medication administration update training in 2018 - she gave client #2 1 tab of fluphenazine in the morning and 2 in the evening - she signed the MARs as soon as she gave the medications - she never noticed any blanks on the MARs <p>During an interview on 2/14/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she had not caught the discrepancy during her reviews of the MARs - she was responsible for changing the MARs when physicians made medication changes. She usually asked the pharmacy to reprint the MAR - staff should have been working off the last medication order instead of the medication packets - she would make the corrections immediately <p>During an interview on 2/15/19, the Director/Administrator reported:</p> <ul style="list-style-type: none"> - staff were often nervous when being interviewed by the state - she was not confident staff #2 would have been able to recall what she gave client #2 without looking at the medications and MAR while 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/15/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
--	--

(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	Continued From page 4 being interviewed. (Staff #2 was interviewed by phone as she was not scheduled to work.)	V 118		