

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2019
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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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>INITIAL COMMENTS</p> <p>A Complaint Survey was completed January 23, 2019. The complaint was substantiated (Intake #NC00143121). 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	<p>DHSR-Mental Health</p> <p>FEB 18 2019</p> <p>Lic. & Cert. Section</p>	
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <p>(1) assure to the client the right to deposit and withdraw money;</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a personal fund account payment for treatment or</p>	V 542	<p>We will create a binder for the house for filing monthly pharmacy bills.</p> <p>Upon receipt of monthly allowances, staff will document the deposit of the \$66.00 on the available resident's form/Log and then debit the amount of copay as listed on pharmacy report. Staff will prompt residents to acknowledge the deposits as well as the amount of medication co-payment. Staff will ensure that this process is passed to any relief staff. QP will monitor the documentations monthly.</p>	

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

TITLE

(X6) DATE

[Signature] BS-QP

2/18/19

Division of Health Service Regulation

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V 542	<p>Continued From page 1</p> <p>habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide for the keeping of adequate financial records on all transactions affecting funds for three of three audited clients (#1, #2 and #6). The findings are:</p> <p>During interview on 01/15/19, the Licensee reported:</p> <ul style="list-style-type: none"> -Clients eligible for special assistance monies were provided a total of \$66 per month as required. -Copays for medicines are subtracted from the \$66 special assistance money monthly. -Printed monthly, the pharmacy bills would be deducted from the special assistance funds the preceding month (i.e...December pharmacy bill deducted from January special assistance funds) -The agency utilized a note..group to maintain client's monthly allowance..group home staff counted and signed receipt of the client money. <p>A. Record review on 01/14/19 for client #1 revealed:</p> <ul style="list-style-type: none"> -Admitted: 04/20/09 -Diagnoses: "Mentally challenged", Hyperlipidemia and Anxiety Disorder -No "Resident fund" log prior to 11/08/18 <p>Review on 01/15/19 of the monthly pharmacy bill</p>	V 542		
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V 542	<p>Continued From page 2</p> <p>logs printed 12/02/18 and 01/01/19 provided by the Licensee revealed client #1's name was not printed on the list.</p> <p>Review on 01/15/19 of the facility's monthly financial notebook revealed no evidence allowances had been made for client #1</p> <p>Review on 01/16/19 of client #1's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between July 25, 2018-January 15, 2019:</p> <table border="0"> <tr> <td>Date:</td> <td>Balance:</td> <td>Last payment & amount</td> </tr> <tr> <td>07/25</td> <td>\$9.15</td> <td>07/25/18 - \$24.08</td> </tr> <tr> <td>10/24</td> <td>\$64.64</td> <td>-</td> </tr> <tr> <td>10/27</td> <td>\$33.21</td> <td>10/27/18-\$31.47</td> </tr> <tr> <td>11/26</td> <td>\$56.42</td> <td>-</td> </tr> <tr> <td>11/28</td> <td>\$20.21</td> <td>11/28/18-\$36.21</td> </tr> <tr> <td>12/14</td> <td>\$48.82</td> <td>-</td> </tr> <tr> <td>12/20</td> <td>\$28.61</td> <td>12/20/18-\$28.61</td> </tr> </table> <p>Review on 01/14/19 of client #1's resident fund log between 11/08/18-01/13/19 revealed:</p> <ul style="list-style-type: none"> -Evidence of deposits, withdrawals, balances and client/staff signatures -Deposits: 11/08/18 - \$28.65 12/05/18 - \$66.00 01/12/19 - \$66.00 -Balance as of 01/15/19 -\$41.65 <p>During interview on 01/14/19, staff #1 reported:</p> <ul style="list-style-type: none"> -Agency had recently purged client records...the resident fund logs prior to November 2018 for client #1 must have been removed from the record maintained at the group home. -He was not in charge of how the monthly amount given to each client was determined...he only 	Date:	Balance:	Last payment & amount	07/25	\$9.15	07/25/18 - \$24.08	10/24	\$64.64	-	10/27	\$33.21	10/27/18-\$31.47	11/26	\$56.42	-	11/28	\$20.21	11/28/18-\$36.21	12/14	\$48.82	-	12/20	\$28.61	12/20/18-\$28.61	V 542		
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V 542	<p>Continued From page 3</p> <p>counted and signed for the amount received from management.</p> <p>During interview on 01/15/19, the Licensee reported: -Client #1 did not owe any money on his pharmacy bill, therefore, his name was not on the listing provided by the pharmacy</p> <p>B. Record review on 01/14/19 for client #2 revealed: -Admitted: 06/06/18 -Diagnoses: Schizoaffective Disorder, Bipolar Disorder, Borderline Intellectual Disability, Post Traumatic Stress Disorder and Autism Spectrum Disorder</p> <p>Review on 01/15/19 of the monthly pharmacy bill logs dated 12/03/18 and 01/03/19 for client #2 provided by the Licensee revealed: -12/03/18 log: Last payment on 11/29/18 for \$19.75...balance \$9.61 -01/03/19 log: Last payment on 11/29/18...balance \$39.28</p> <p>Review on 01/15/19 of the facility's monthly financial notebook maintained by the Licensee revealed</p> <p>Review on 01/16/19 of client #2's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between August 1, 2018-January 15, 2019:</p> <table border="0" data-bbox="211 1554 763 1732"> <tr> <td>Date:</td> <td>Balance:</td> <td>Last payment & amount</td> </tr> <tr> <td>07/20</td> <td>\$193.38</td> <td>-</td> </tr> <tr> <td>08/15</td> <td>\$227.33</td> <td>-</td> </tr> <tr> <td>09/07</td> <td>\$241.01</td> <td>-</td> </tr> <tr> <td>10/31</td> <td>\$260.76</td> <td>-</td> </tr> <tr> <td>11/01</td> <td>\$107.72</td> <td>Adjustment \$153.04</td> </tr> </table>	Date:	Balance:	Last payment & amount	07/20	\$193.38	-	08/15	\$227.33	-	09/07	\$241.01	-	10/31	\$260.76	-	11/01	\$107.72	Adjustment \$153.04	V 542		
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V 542	<p>Continued From page 4</p> <table border="0"> <tr> <td>11/01</td> <td>\$19.75</td> <td>11/01/18 - \$87.97</td> </tr> <tr> <td>11/29</td> <td>\$8.36</td> <td>11/29/18 - \$19.75</td> </tr> <tr> <td>12/31</td> <td>\$48.89</td> <td>-</td> </tr> </table> <p>Review on 01/14/19 of client #2's resident fund log maintained by the facility revealed the following between July 16, 2018-January 15, 2019:</p> <ul style="list-style-type: none"> -Evidence of deposits, withdrawals, balances and client/staff signatures -Deposits: 07/16/18 - \$64.38 10/07/18 - \$52.32 11/08/18 - \$46.42 12/05/18 - \$46.25 01/07/19 - \$39.28 -Balance as of 01/14/19: \$20.76 <p>Interview on 01/15/19, (after comparing her monthly book keeping client fund note, her records from the pharmacy bills and the group homes client fund record for client #2), the Licensee reported:</p> <ul style="list-style-type: none"> -An error occurred in her records in the amount of \$10....she was not aware of the error until this interview -Client funds were reviewed every few months...she was not sure if the discrepancy had been reconciled <p>C. Record review on 01/14/19 for client #6 revealed:</p> <ul style="list-style-type: none"> -Admitted: 02/02/16 -Diagnoses: Intellectual Developmental Disability (Moderate), Diabetes Type 2, Bipolar, Anxiety and Osteoarthritis <p>Review on 01/15/19 of the monthly pharmacy bill</p>	11/01	\$19.75	11/01/18 - \$87.97	11/29	\$8.36	11/29/18 - \$19.75	12/31	\$48.89	-	V 542		
11/01	\$19.75	11/01/18 - \$87.97											
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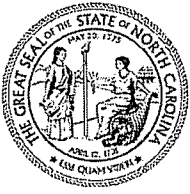
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V 542	<p>Continued From page 5</p> <p>log dated 01/03/19 for client #6 provided by the Licensee revealed: last payment 09/11/18 -\$131.35..... new charge \$16.99..... total balance \$16.99</p> <p>Review on 01/15/19 of the facility's monthly financial notebook maintained by the Licensee revealed</p> <p>Review on 01/16/19 of client #6's pharmacy bill provided by the Pharmacy dated 01/15/19 noted the following between September 2018-January 15, 2019:</p> <table border="0"> <tr> <td>Date:</td> <td>Balance:</td> <td>Last payment & amount</td> </tr> <tr> <td>09/10</td> <td>\$58.05</td> <td>-</td> </tr> <tr> <td>09/11</td> <td>+\$73.30</td> <td>09/11/18 - \$131.35</td> </tr> <tr> <td>10/31</td> <td>+\$48.01</td> <td>-</td> </tr> <tr> <td>11/30</td> <td>+\$24.80</td> <td>-</td> </tr> <tr> <td>12/31</td> <td>+\$16.99</td> <td>-</td> </tr> </table> <p>Review on 01/14/19 of client #6's resident fund log maintained by the facility revealed the following between June 14, 2018-January 15, 2019:</p> <p>-Evidence of deposits, withdrawals, balances and client/staff signatures</p> <p>-Deposits: 07/07/18 - \$49.50 08/07/18 - \$60.00 11/08/18 - \$27.50 11/14/18 - \$30.00 01/07/19 - \$66.65</p> <p>-Balance as of 01/14/19: \$26.00</p> <p>*Note: Based on the 01/15/19 pharmacy bill documentation and the agency's policies regarding determination of client's monthly fund distribution, record keeping practices for clients</p>	Date:	Balance:	Last payment & amount	09/10	\$58.05	-	09/11	+\$73.30	09/11/18 - \$131.35	10/31	+\$48.01	-	11/30	+\$24.80	-	12/31	+\$16.99	-	V 542		
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V 542	<p>Continued From page 6</p> <p>#1, #2 and #6 would not be accurate per their "resident fund" logs.</p> <p>During interviews between 01/15/19 and 01/23/19, the Licensee reported:</p> <ul style="list-style-type: none"> -Sometimes if pharmacy did not send pharmacy balances for the client, she would hold fees until it is resolved...clients were aware of their pharmacy balances because paperwork was maintained in the main office in a book.. She did not provide clients with monthly account statements "It would be too much for them to process." -The pharmacy information shared with Division of Health Service Regulation and the pharmacy information provided to her were different. She would follow up with the pharmacy -In regards to record keeping, she would discuss with the assistant responsible for clients funds and establish a clear method that would provide receipts of the co-payment amounts owed as well as document that information that the client could clearly see how the company established their monthly fund allowances. 	V 542		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 12, 2019

DHSR-Mental Health

Juliet Okwoshah, Administrator
Alpha Home Care Services, Inc.
PO Box 41153
Raleigh, NC 27629

FEB 18 2019

Lic. & Cert. Section

Re: Complaint Survey completed January 23, 2019
Alpha Home Care Service, 3612 Carolyn Drive, Raleigh, NC 27604
MHL # 092-727
E-mail Address: juliet@alphahealthservices.com
Intake #NC00143121

Dear Mrs. Okwoshah:

Thank you for the cooperation and courtesy extended during the Complaint Survey completed January 23, 2019. The complaint was substantiated (Intake #NC00143121).

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiency

Time Frames for Compliance

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is March 23, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 12, 2019
Juliet Okwoshah
Alpha Home Care Services, Inc.

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

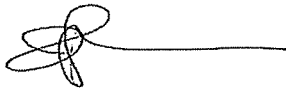
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
File