

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-819	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2019
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES, INC IV	STREET ADDRESS, CITY, STATE, ZIP CODE 613 ELLYNN DRIVE CARY, NC 27511
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/24/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service Category 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>DHSR-Mental Health</p> <p>APR 16 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE BS QP MANAGER	(X6) DATE 04/15/2019
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure strategies were developed to address one of three (#2) audited clients behaviors. The findings are:</p> <p>Review on 1/23/19 of client #2's record revealed: -Admission date of 6/10/14 -Diagnoses of Mild Mental Retardation, Hypertension. -Treatment Plan date of 5/1/18.</p> <p>During interview on 1/23/19 Client #4 stated: -There had been issues at the home with client #2 stealing food from the kitchen. -Client #2 had been taking food from the kitchen at night. -Staff #1 forgot to lock the kitchen and client #2 stole stuff. -Client #2 had taken some of his money from his room and staff #1 had to get on him for that.</p> <p>During interview on 1/23/19 Client #3 stated: -Client #2 stole his wallet about a month ago. -Had been looking for it about three weeks. -Staff #1 noticed in client #2's room while the door was open one day there was a wallet on his bed that matched the description of his. -Staff #1 checked the wallet and realized it was his. -Client #2 had thrown out all his cards (social security and ID). -Aware client #2 had stole food from the kitchen, Staff #1 had to lock the kitchen at night.</p> <p>During interview on 1/24/19 Staff #1 stated: -Started working in the home around July 2018. -Around September/October 2018 noticed</p>	V 112	<p>QP met with the resident and addressed these issues in-depth. Resident agreed to follow agreed house rules which stated that no resident should visit another's, & should not take anything that does not belong to you without the consent of the rightful owner! Resident agreed to practice safety skills in the facility and at all times. Resident will notify staff if or when he needs anything from the kitchen or refrigerators for safety and hygiene purposes. Staff will continue to conduct hourly checks on residents. Staff will ensure that drinking water is available on the dining table during the night for residents and attend to their requests. Staff will report any</p>	

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V 112	<p>Continued From page 2</p> <p>client #2 was going into the kitchen at night and steal food, lunch meat, snacks, bread.</p> <ul style="list-style-type: none"> -Had to start locking the kitchen door to keep him out. -This would occur approximately two times a week for a few months, then stopped. -Client #2 stole client #3's wallet a few weeks ago. -Client #3 stated he was missing his wallet and they had looked everywhere. -One day saw client #2 with his bedroom door open and noticed three wallets on his bed and one matched the description of client #3's missing wallet. -At first client #2 denied he took it, then he later confessed to it. -There had been a few situations since the wallet, things were missing. -Had to monitor client #2 closely to keep him out of others bedrooms. <p>During interview on 1/24/19 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -Not aware of client #2 had been stealing things. -There was an "isolated" incident where he stole food from the kitchen. -Staff had only mentioned one incident to him regarding food. -Not aware of any other incidents of taking things from clients. -Not aware the kitchen had been locked due to client #2 stealing. -Told staff to monitor client #2 closely. -Ask client #2 to let staff know if there was anything he needed. -Told client #2 not to go to anyone's room. <p>Further review on 1/23/19 of client #2's Treatment Plan did not reflect any strategies and goals to</p>	V 112	<p>Issues to the QP in details as soon as they occur.</p> <p>QP will continue to meet with residents on twice monthly basis and review their living situations with a view to ensure that issues are addressed and documented as soon as they occur.</p> <p>QP will make such issues available to the Administrator accordingly.</p> <p>Resident's PCP had been updated.</p>	
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V 112	<p>Continued From page 3</p> <p>address stealing food and other clients' personal belongings in the last six months.</p> <p>During interview on 1/24/19 the Licensee stated: -Client #2 had been with them for many years. -Never heard of him having issues stealing. -The QP would have told her if this was going on. -Did remember a while back there was an issue where they had to lock the kitchen, but fresh water and cups were left out for clients. -Will address this with the QP.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Fire Drills were conducted quarterly for each shift. The findings are:</p>	V 114	<p><i>staff has been retrained on quarterly fire drills and to ensure that one is done on 3rd shifts and documented.</i></p> <p><i>QP will follow up on this every quarter to ensure that the rule is followed.</i></p>	

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V 114	<p>Continued From page 4</p> <p>Review on 1/24/19 of Fire Drill log revealed: -"6/19/18- 12:03 AM -6/28/18-7:15 AM -7/29/18-6:00 PM -8/23/18-7:00 AM -11/2/18- 7:30 PM -12/21/18- 5:00 PM -1/19/19- 7:30 AM"</p> <p>During interview on 1/25/19 The Licensee stated: -Her staff were to complete Fire/Disaster drills monthly. -The drills were to be completed on the same day. -Not aware the drill had not been completed on third shift. -Will follow up to ensure drills are completed on each shift as required.</p>	V 114		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size</p>	V 512		

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V 512	<p>Continued From page 5</p> <p>and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview one of one former staff (FS#1) subjected two of four clients (#3, #4) to abuse. The findings are:</p> <p>Review on 1/24/19 of FS's #2 record revealed: -Hire date of 10/29/18</p> <p>A. During interview on 1/23/19 Client #4 stated: -FS #2 had worked at the home a few weeks ago. -FS #2 had threatened him one day. -Client #4 stated he was sitting on the couch and FS #2 began to yell at him for not completing his chores. -Client #4 stated FS#2 told him, "I'm gonna whip your a#!." -Client #4 stated he told the Licensee's husband what FS #2 said to him. -Client #4 stated the Licensee's husband told him he would talk to FS #2 because he could loose his job for that kind of stuff. -Client #4 stated he was not aware if the Licensee's husband ever spoke to FS #2, but he never threatened him again.</p> <p>During interview on 1/24/19 The Licensee's husband stated: -He works for the company in maintenance and grocery services. -He did not provide direct care to clients.</p>	V 512		

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V 512	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Did not recall client #4 ever telling him about FS #2 threatening him. -If client #4 would have told him this, he would have referred him to the Qualified Professional (QP) for them to handle it. <p>B. During interview on 1/23/19 Client #3 stated:</p> <ul style="list-style-type: none"> -FS #2 worked in the home a few weeks ago, and did not like him. -One day, "I did something he didn't like, so he started following me around the house." -Client #3 stated he walked out the front door to cool off. -FS #2 followed him out the front door saying, "hit me, hit me." -Client #3 stated he did not want to hit FS #2, he just needed to cool off and FS #2 was acting like he wanted him to fight him. -After that, "I got on the phone and called [QP] so he would talk to [FS #2] about it." -The QP told him he would "handle" it, and then they moved FS #2 to a sister facility. -Not sure if QP talked to FS #2, but they just moved him. <p>During interview on 1/24/19 The QP stated:</p> <ul style="list-style-type: none"> -He was not aware of any allegations made against FS #2 from the clients. -FS #2 was moved to a sister facility in the middle of December 2018 due to needing to relieve another staff. -FS #2 had worked in the home for about a month. -FS #2 had worked for the company five years ago, with no concerns. -Had not received a phone call from client #3 regarding any issues with FS #2 verbally threatening him. -The Licensee's husband had not 	V 512		

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V 512	<p>Continued From page 7</p> <p>communicated any information regarding the threats made on client #4 by FS #2.</p> <p>During interview on 1/24/19 The Licensee stated:</p> <ul style="list-style-type: none"> -She had not been made aware of any complaints or issues at the home with FS #2. -FS #2 is no longer employed with the company. -FS #2 was recently terminated from a sister facility due to allegations of verbal abuse towards clients. -No one at the home had mentioned he had threatened or taunted them, "we would have immediately relieved him and completed all paperwork HCPR, incident report." -Client #3 called her for everything, he had her personal cell phone number and had used it many times in the past when he was upset about something, so this was surprising he would have not informed her of these allegations. -Had constant contact with her QP daily, there had been no mention of these things reported to him. <p>Review on 1/24/19 of Plan of Protection completed by the Licensee dated 1/24/19 revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumers in your case? <p>The staff in question was already terminated. The company will follow up monthly on Abuse and Neglect training and meetings."</p> <ul style="list-style-type: none"> -Describe your plans to make sure the above happens: <p>The QP will meet with all the residents twice a month for concerns. The QP will meet with the staffs for compliance with company protocol."</p>	V 512	<p><i>FS #2 has been terminated from the company. House manager and other staff members have been retrained on Abuse, Neglect and Exploitation. QP had met with and encouraged residents to report directly to him, any matter of abuse, neglect or exploitation by supervising staff. All residents know or have QP's cell number and may call anytime. QP will continue to meet with residents at least twice a month to have a first hand report of concerns, if any. QP will continue to meet with staff monthly to ensure compliance and refrain on Abuse, Neglect and Exploitation.</i></p>	

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V 512	Continued From page 8 Clients #3, and #4 in the group home had mental health diagnoses inclusive of Schizophrenia, and Mild Intellectual Disability. FS #2 used threatening language insinuating the desire to fight in saying to client, "hit me, hit me," with physical intimidation following client outside in a threatening posture during an argument and telling another client "I'm going to whip your ass" when arguing with client about chores not completed during his one month of employment at this facility. Clients indicated they had informed other employees of the company of what was happening. This type of staff behavior resulted in serious abuse. The violation constitutes a Type B rule violation and must be corrected within 45 days. If the violation is not corrected within 45 days, an additional administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 512		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain the home in a safe, clean, attractive manner and shall be kept free from offensive odor. The findings are: Observation on 1/23/19 at 3:00 PM revealed the	V 736		

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V 736	<p>Continued From page 9</p> <p>following:</p> <ul style="list-style-type: none"> -Client #4's mattress was worn and showed areas of indentation in the middle. -Client #3 and #4's room had a very strong body odor. -Vacant client room mattress was worn and indented in the middle. -The downstairs area had a strong body odor. <p>During interview on 1/23/19 the Licensee stated:</p> <ul style="list-style-type: none"> -There used to be a client in the downstairs with issues urinating on the floor and they had recently removed all carpet and deep cleaned the area. -Client #4 had hygiene issues with bathing and wearing clean clothes. -Had purchased new mattresses for several clients that were to be delivered Saturday. -Staff #1 is a very good house keeper, cleaned the house a lot. -Not noticed any smell on her last visit a week ago. 	V 736	<p>Client #4's mattress has been replaced as well as the mattress in the vacant room.</p> <p>The odor referred to in the house has been eliminated with the use of appropriate disinfectant and constant cleaning. The identified client known to have contributed to the odor was discharged from the facility even before the survey.</p> <p>QP will continue to supervise staff and ensure that residents' rooms are kept clean at all times and concerns reported as soon as noticed.</p> <p>QP will maintain weekly visit to the house and report back to the Administrator as needed.</p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 4, 2019

Ms. Juliet Okwoshah
Alpha Home Care Services Inc.
P.O. Box 41153
Raleigh, NC 27629

RECEIVED IN
APR 16 2019
CONSTRUCTION SECTION

Re: Annual Survey completed 1/24/19
Alpha Home Care Services, Inc. IV, 613 Ellynn Drive, Cary, NC 27511
MHL # 092-819
E-mail Address: juliet@alphahealthservices.com

Dear Ms. Okwoshah:

Thank you for the cooperation and courtesy extended during the annual survey completed 1/24/19.

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

- Type B rule violation is cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (tag 512).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is 3/9/19. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Alpha Home Care Services Inc. for each day the deficiency remains out of compliance.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 3/24/19.

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.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

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.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

4/4/19
Juliet Okwoshah
Alpha Home Care Services Inc.

- 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.

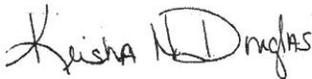
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

If we can be of further assistance, please call Rene Kowalski at 919-552-6847.

Sincerely,



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keisha N. Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc DHSR@Alliancebhc.org