STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL076-001	B. WING		04/	24/2019	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
ALPHA H	IOUSE		_ STREET DRO, NC 27203	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	UMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	E ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on April 24, 2019. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Adults with Substance Abuse.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	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.		,				
	Based on observat failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained d attractive manner. The					
	-There were numer throughout the facil	rous wrinkles on the carpet					
	12:34 p.m. reveale	4/19 of the Living area at d: tery was peeing off.					
	at 12:40 p.m. revea	t stains about an inch wide on					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL076-001	B. WING			R 24/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ALPHA H	IOUSE		STREET DRO, NC 2720	3		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From page 1		V 736			
	Observation on 4/24/19 of the upstairs' bedroom to the left at 12:42 p.m. revealed: -One of the walls had paint peeled off.					
	Interview on 4/24/19 with the Administrator revealed:					
	-She was aware of the stains on the carpet; had them professionally cleaned, but stains returned. Due to monetary constraints, she has not been able to resolve issue. -She had received an estimate to have carpets replaced with flooring and was over \$20,000. -A cork board used to be located in the upstairs bedroom which was taken down and created and the paint to be peeled off. -She would have her maintenance person paint					
	clean spots from sh -She acknowledged	ea in the upstairs' bedroom and nower's ceiling. d that the facility grounds were clean, safe and attractive				
			1			1

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