PRINTED: 04/24/2019 FORM APPROVED

If continuation sheet 1 of 2

Division	of Health Service Re	egulation		•			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL076-001	B. WING	04	R /24/2019		
NAME OF	PROVIDER OR SUPPLIER	· STREET AD	DRESS, CITY,	STATE, ZIP CODE			
ALPHA HOUSE 373 HILL STREET ASHEBORO, NC 27203							
(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)	CH CORRECTIVE ACTION SHOULD BE COMPLETE S-REFERENCED TO THE APPROPRIATE DATE		
V 000	V 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.			RECEIVED  By DHSR - Mental Health Lic. & Cert. Section at 2:35 pm, Apr 29, 2019			
				,	:		
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
					:		
	failed to ensure fac	on and interview, the facility lity grounds were maintained attractive manner. The					
	-There were numer throughout the facil	ous wrinkles on the carpet		Pastor Doug Hefner with St. John's Lutheran Church and board member is looking into options for flooring to resen to the Board of Directors.	4/28/19		
	Observation on 4/2-12:34 p.m. revealed -Furniture's upholst			Purchased sofa and loveseat covers unfurniture can be replaced.	ril 4/29/19		
	at 12:40 p.m. revea -Several black spot the shower's ceiling	stains about an inch wide on		Cleaned and used Kilz on the ceiling in bathroom.	4/29/19		
ivision of H ABORATOR	ealth Service Regulation OIRECTOR'S OR PROVID	DANNER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE		

Division of Health Service Regulation										
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COM ELIZED					
		MHL076-001	B. WING		R <b>04/24/2019</b>					
			DDESC OTTY	CTATE ZID CODE	0-02-112010					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  373 HILL STREET										
ALPHA HOUSE ASHEBORO, NC 27203										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRECEDED BY FU			PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)						
V 736	Continued From pa	ige 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.		St. John's Lutheran Church Vol sanded and painted entire bedro							
	revealed: -She was aware of them professionally Due to monetary coable to resolve issueshe had received replaced with floories A cork board used bedroom which was the paint to be peeled are over the peeled are clean spots from she acknowledged.	an estimate to have carpets ng and was over \$20,000. to be located in the upstairs s taken down and created and led off. er maintenance person paint ea in the upstairs' bedroom and		<ul> <li>Driveway</li> <li>Re-graveled middle, front and back parking area with 2 ton donated gravel.</li> <li>Fixed retaining wall board nex driveway</li> <li>Pressure washed side of hous adjacent to driveway.</li> <li>Walkway</li> <li>Moved the dirt off the front sidewalk.</li> <li>Pulled weeds and vines away for house and front porch.</li> <li>Re-bricked brick on side of the</li> </ul>	t to e 4/28/19 step and rom side					
				<ul><li>Front Porch</li><li>Pressure washed front porch</li><li>Pulled vines of porch pillars</li></ul>	4/28/19					
!				<ul> <li>Outbuilding</li> <li>Replaced door latch on building</li> <li>Fixed door and repainted whit of the door.</li> </ul>						
				Back Yard  • Staff donated 15 landscaping place the recycling and trash	i					

**Mailing Address** 

P.O. Box 2543 Asheboro, N.C. 27204 Office: 336.625.1637

FAX: 336.625.0527

**Alpha House** 

373 Hill Street Asheboro, NC 27203 rfh@randolphrecovery.com

rfh@centurylink.net

**Mangum House** 

841 East Pritchard Street Asheboro, NC 27203



April 29, 2019

Mr. Garrido
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulations
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Plan of Correction (Alpha House 076-001 Annual & Follow-up 4-24-19)

Dear Mr. Garrido:

Thank you for your feedback during our monitoring completed on April 24, 2019.

Following, you will find the original completed Plan of Correction. We have addressed each deficient item cited during the Monitoring and have included measures we will or already have put in place to correct the deficient areas, measures to prevent any re-occurrence of the problem going forward, who will monitor and how often the monitoring will occur. I also signed the document, included my credentials, title and date signed.

In reference to the re-cited standard level deficiencies of replacing carpet. We attached the quote; however, the Board of Directors are working on possible solutions to replace the carpeting/ flooring throughout the facility. Board will develop a plan to resolve by date required May 24, 2019.

Please let us know if you need any further information at 336-953-6222.

Sincerely,

Lori B. Brady

Director, A.S., B.A., CSAC-R, QP

Randolph Fellowship Home Inc.

CC: Rodney Trogdon, Board President <a href="mailto:rtrock64@gmail.com">rtrock64@gmail.com</a>, Pastor Doug Hefner, Board Member <a href="mailto:pastorhefner@aol.com">pastorhefner@aol.com</a>, McMickle, Susan R, Susan.McMickle@dhhs.nc.gov, DHSR\_Letters@sandhillscenter.org; Pridgen, Pam Pam.Pridgen@dhhs.nc.gov