

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/17/2019 |
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| NAME OF PROVIDER OR SUPPLIER ALPHA RESIDENTIAL SERVICES-OAKLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 2103 OAKLAND AVENUE HENDERSON, NC 27537 |
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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 and complaint survey was completed 4/17/19. The complaint (Intake #NC00148962) was not substantiated. Deficiencies were cited.</p> <p>This facility is license for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the governing body failed to assure the facility was maintained in a clean and attractive manner. The findings are:</p> <p>Observation on 4/11/19 between 3:25 - 3:40 PM revealed the carpets were stained and dirty in clients' bedrooms and throughout the facility, upstairs and downstairs.</p> <p>During an interview on 4/15/19, the Qualified Professional (QP) reported he had just began work at the facility in February2019. The QP reported he was on site several times per week.</p> | V 736 | | |
| V 744 | 27G .0304(b) Safety | V 744 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 744 | <p>Continued From page 1</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the governing body failed to assure the facility was maintained to ensure safety of clients, staff and visitors. The findings are:</p> <p>Observation on 4/11/19 between 3:25 and 3:40 PM revealed cigarette ashes in the upstairs bathroom commode.</p> <p>During an interview on 4/11/19, the staff #1 reported client #1 knew better than to smoke in the house. Staff #1 reported there was a designated area to smoke outside.</p> <p>During an interview on 4/16/19, the Administrator reported smoking in the facility was a violation of facility rules.</p> | V 744 | | |