

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-921</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1037 WHETSTONE COURT</b> <b>RALEIGH, NC 27615</b>
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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><b>INITIAL COMMENTS</b></p> <p>An Annual and Follow Up Survey was completed on May 9, 2019. 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		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	V 291		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate services between facility operator and other qualified professionals responsible for one of four audited client's (#4) system of care. The findings are</p> <p>Observation on 04/11/19 at 4:00 PM revealed client #4 in the house and a bandage wrapped on his left hand.</p> <p>Unsuccessful attempts between 04/11/19 and 05/09/19 were made to interview client #4 as he refused</p> <p>Review on 04/11/19 , 04/16/199 of client #4's record revealed the following: -admitted: 07/20/18 -diagnoses inclusive of Traumatic Brain Injury, Schizophrenia, Leukopenia and Gastroesophageal Reflux Disease -no notes or documentation regarding treatment or services of the hand -no notes or documentation regarding client's refusal</p> <p>A. Review on 05/09/29 a not dated document provided by the Qualified Professional (QP) revealed he wrote a note indicating client refused treatment.</p> <p>During interviews between 04/11/19 and 05/09/19, the QP reported about client #4: -did not recall when the issue with client #4's hand was initially noted...estimated a few weeks before April 11, 2019 -refused to go to hospital said it was no pain.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>-initially it was on left hand, then he did it on the right hand that needed to be wrapped. -said he didn't sprain right hand but loved feeling of bandage. -around April 8-9, 2019 he noticed the left hand wrapped with bandage ...client #4 someone gave him the bandage...client #4 reported the person was a former resident. -"we don't have a medical expert saying whether it was sprain or not."</p> <p>B. Review on 04/11/19 of the North Carolina Incident Reporting Improvement System revealed the following entry on 04/07/19: "At about 10am on Sunday April 7, 2019, [client #4] signed himself out and left the group home to take a walk within the neighborhood. He did not return as expected. For his safety, staff called Raleigh Police for assistance. Police visited the group home and obtained his information. [Client #4] returned to the group home about 4pm same day. Staff called and notified Police Department of his return. An Officer came to the house to verify his return and his name was removed from missing persons list."</p> <p>During interview on 05/09/19, the QP reported the following about client #4: -in reference to the 04/08/19 elopement, agency had a discharge notification for 60 days should he refuse therapy and other services. -since 04/08/19, he had not gone to therapy sessions because his therapist office was merging with another therapist's office -the next scheduled appointment was 05/24/19 but they were not sure of when the transition was effective -agreed to go to the next therapist appointment</p>	V 291		