Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
ANDILAN	SI CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMIT LETED					
		MHL092-791	B. WING		R 08/16/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ALPHA HOME CARE SERVICES, INC III										
		RALEIGH	, NC 27604							
(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	INITIAL COMMENTS		V 000							
	completed on August	and complaint survey was 16, 2019. The complaint (NC00154650). A deficiency								
		d for the following service 27G .5600A Supervised Mental Illness.								
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736							
		EMENTS								
	-									
	- the upstairs hal baseboards, walls. T tub/shower and there crevices between the the tub. There was n paper towel holder was - the walls throughottom and top floor a and stained	shout the house on both the and in the stairwell were dirty bathroom was locked. It was								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
7.1.2 1 2.1.1 0.1 0	001.11.2011011	152111110711101111011152111	A. BUILDING: _							
		MHL092-791	B. WING		R 08/16/2019					
NAME OF PRO\	VIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
AL PHA HOME CARE SERVICES, INC. III. 3716 ARROWWOOD DRIVE										
ALPHA HOME CARE SERVICES, INC III  RALEIGH, NC 27604										
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE					
V 736 C	Continued From page 1		V 736							
the defendence of the control of the	verweight males had ownstairs level - several cupboar he kitchen were chair - there were 2 wo eck that had pieces of the closet in clie eet high with discarded - all but one bedriganizing  During an interview or - he had worked at other factured and worked at other factured the bathroom do ecause there were 2 he clients used - clients "preferred the bod/snacks because they preferred the bod/snacks because of the cupboards, whould not be locked - clients are allow the asked to wash the ne refrigerator	In their bedrooms on the ards and the refrigerator in med or padlocked boden boards on the upstairs chipped away ent #3's room was piled 3 ed, disheveled clothes oom needed cleaning and an 8/15/19, staff #1 reported: there for a few months but acilities for this agency also ponsible for the upkeep in the bathrooms bownstairs was locked a bathrooms upstairs that all d" the upstairs bathroom bowed in the kitchen for water in to ask staff for of prior pilfering of food	V 736							

Division of Health Service Regulation

STATE FORM YEVM11 If continuation sheet 2 of 2