

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-832</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  
**ALPHA HOME CARE SERVICES INC VI**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**105 OAKWOOD DRIVE  
WAKE FOREST, NC 27587**

(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
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V 000 INITIAL COMMENTS

An annual survey was completed on August 12, 2019. A deficiency was cited.

V 000

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

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.

DHSR-Mental Health  
AUG 26 2019  
Lic. & Cert. Section

This Rule is not met as evidenced by:  
Based on observation and interview, the governing body failed to maintain the facility in a safe, clean, and orderly manner. The findings are:

- Observation on 8/8/18 at 12:05pm revealed:
- the sinks in the 3 bathroom had no stoppers in the drains
  - the master bedroom 's bathroom sink was clogged and did not draining well
  - the shower liner in the hall bathroom was discolored and needed changing or cleaning
  - there was a doorknob size hole in the wall near the first closet in the master bedroom
  - the closet used by client #3 in the master bedroom had clothes and other personal items thrown in the closet without any organization. It could not be determined if clean and dirty clothes were mixed together. The side of the bedroom

→ Completed 8/11/19 8/11/19

→ Completed 8/11/19

→ estimated <sup>to be</sup> completed 8/30/19

→ estimated by 8/28/19

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Delia McLean QP/BA Alpha Home Care.*

8/23/19

STATE FORM

6899

DY0D11

Division of Health Service Regulation

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V 736	Continued From page 1  used by client #3 had craft supplies and personal items strewn about the floor and bed. - there was a broken panel and some small pieces of broken glass in front of a glass case in the master bedroom - the quilt and pillow in client #5's bedroom were blood stained - electric plate covers were cracked or missing in the master bedroom and hallway  During an interview on 8/8/19, the Qualified Professional (QP) and Staff #1 together reported: - client #3 had just returned from a home visit and had not put her things away yet. Also reported they have tried to get her to organize her closet without success. - the glass in the cabinet was not broken yesterday. they would clean it up and remove broken glass immediately - the QP would immediately submit a work order for the remaining items that needed repair	V 736	<p>→ Completed</p> <p>→ removed - completed</p> <p>→ Completed</p> <p>Corrections to be made by: weekly walk throughs by House Manager and QP. QP will train staff on how to review the facility for deficiencies. QP will monitor and train staff to identify maintenance needs of facility. QP will conduct weekly walk throughs in facility to observe repairs needed in the facility. The make <del>visit</del> maintenance request/work order.</p>	<p>8/14/19</p> <p>8/16/19</p> <p>8/16/19</p>