

Division of Health Service Regulation

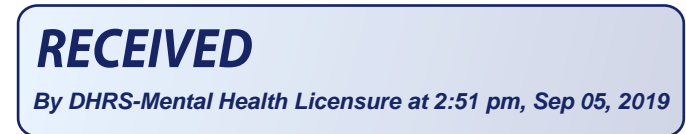
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-791</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>08/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICES, INC III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3716 ARROWWOOD DRIVE RALEIGH, NC 27604</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, follow up and complaint survey was completed on August 16, 2019. The complaint was unsubstantiated (NC00154850). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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 interview, the governing body failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/15/19 at 10:45am revealed:</p> <ul style="list-style-type: none"> <li>- the upstairs hall bathroom had dirty floors baseboards, walls. There were tile missing in the tub/shower and there was black mold in the crevices between the tiles and along the rim of the tub. There was no stopper in the sink and the paper towel holder was broken.</li> <li>- the walls throughout the house on both the bottom and top floor and in the stairwell were dirty and stained</li> <li>- the downstairs bathroom was locked. It was very clean and new looking. Two heavily</li> </ul>	V 736	<p>→ All fixtures will be replaced by a license contractor estimate completion by 9/15/19</p> <p>→ Fixtures will be replace with new towel holder by 9/17/19</p> <p>→ All walls throughout the house will be painted and alcon by contractor by 9/15/19. Staff will weekly clean the house/ maintain by OP weekly.</p>	

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

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V 736	<p>Continued From page 1</p> <p>overweight males had their bedrooms on the downstairs level</p> <ul style="list-style-type: none"> <li>- several cupboards and the refrigerator in the kitchen were chained or padlocked</li> <li>- there were 2 wooden boards on the upstairs deck that had pieces chipped away</li> <li>- the closet in client #3's room was piled 3 feet high with discarded, disheveled clothes</li> <li>- all but one bedroom needed cleaning and organizing</li> </ul> <p>During an interview on 8/15/19, staff #1 reported:</p> <ul style="list-style-type: none"> <li>- he had worked there for a few months but had worked at other facilities for this agency also</li> <li>- clients were responsible for the upkeep in their own rooms and the bathrooms</li> <li>- the bathroom downstairs was locked because there were 2 bathrooms upstairs that all the clients used</li> <li>- clients "preferred" the upstairs bathroom</li> <li>- clients were allowed in the kitchen for water but they preferred them to ask staff for food/snacks because of prior pilfering of food</li> </ul> <p>During an interview on 8/15/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- the cupboards, refrigerator and bathroom should not be locked</li> <li>- clients are allowed to go into the kitchen but are asked to wash their hands before going into the refrigerator</li> <li>- acknowledged the house needed some cleaning and repairs</li> </ul>	V 736	<p>Locks removed by 9/7/19. Staff will clean weekly and monitor by QP weekly. Contractor will replace the wooden boards on the upstairs deck by 9/8/19. Staff will complete room inspections weekly/monitor by QP weekly.</p> <p>Staff will be trained on how to review and monitor the up keep of the facility. QP will conduct a weekly walk through with staff. QP will make work orders for any needed repairs. QP and staff will set a schedule day a week for deep cleaning of the facility.</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

August 22, 2019

Juliet Okwoshah, Director  
Alpha Home Care Services Inc.  
PO Box 41153  
Raleigh, NC 27629

Re: Annual, Follow-up and Complaint Survey completed August 16, 2019  
Alpha Home Care Services, Inc. III 3716 Arrowwood Drive, Raleigh, NC 27604  
MHL # 092-791  
E-mail Address: juliet@alphahsalthservices.com  
Intake #NC00154650

Dear Ms. Okwoshah:

Thank you for the cooperation and courtesy extended during the annual, follow-up and complaint survey completed August 16, 2019. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Re-cited standard level deficiency.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is September 15, 2019.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski Ames at 919-552-6847.

Sincerely,



Marie Anctil  
Facility Survey Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
File

ALPHA HOME CARE SERVICES Inc.

5842 FARINGDON Drive suite 2 raleigh, nc 27609  
Tel (984) 232-8887, Fax (984) 232-8984

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**FAX TRANSMITTAL FORM**

TO: Marie Archi

FROM: Alpha Home Care

NAME: Alpha Home Care

DATE SENT: 9/5/2019

FAX NUMBER:

919-715-8078

NUMBER OF PAGES pages (including fax cover page)

(5)

MESSAGE:

Plan of Correction

**Disclaimer:** The information in this electronic mail is sensitive, protected information intended only for the addressee(s). Any other person, including anyone who believes she/he might have received it due to addressing error, is requested to notify sender immediately by return electronic mail or phone (919-819-3882) and to delete it without further reading or retention. The information is NOT to be forwarded or shared unless in compliance with Alpha Home Care Services Inc. policies on confidentiality and/or with the approval of the sender.

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P.O. BOX 41153, RALEIGH, NC 27629

**RECEIVED**

By DHRS-Mental Health Licensure at 2:51 pm, Sep 05, 2019