

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-749	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/03/2020
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 4517 WATERBURY ROAD RALEIGH, NC 27604
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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>A Follow Up and Complaint Survey was completed on January 3, 2020. The complaint was substantiated (Intake #NC00159121) with no deficiencies cited. A deficiency was recited.</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 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, record review and interview, the governing body failed to assure the facility was maintained in an orderly manner. The findings are:</p> <p>Review on 01/03/20 of the facility's public file maintained by Division of Health Service Regulation revealed: -10/17/19 and 08/22/18 Statement of Deficiency reports included citation regarding Facility Grounds and Maintenance</p> <p>Observation on 01/03/20 between 11:15-11:45 revealed the following: -Upstairs living room-bulbs out in light system -Upstairs bathroom-curtain rod rusted, circular brown stains/spots on the ceiling</p>	V 736		

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

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Upstairs client bedroom (single occupant) on right- disconnection noted between wall and ceiling causing a crack -Second upstairs client bedroom (single occupant) on right- two circular spots on the ceiling, one noted near the fire alarm -Upstairs hallway-light switch plate cracked -Stairway leading to downstairs-hanging wired noted -Doorway to entrance of the group home broken <p>During interview on 01/03/20, the Maintenance Personnel reported:</p> <ul style="list-style-type: none"> -He had been ill and not able to resolve the citations noted in October 2019. -He was in the process of resolving the identified citation within the next few hours/days <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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