PRINTED: 01/27/2020 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/23/2020	
		MHL092-819				
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE			
ALPHA H	OME CARE SERVIC	ES INCIV				
		CARY, N	IC 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 1/23/20. A deficiency was cited.					
	This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	,			
	Based on observat	et as evidenced by: ion and interview the facility ne home in a safe and The findings are:				
	11:05am of the fac issues: -Client #1's bedroo the middle the size -Downstairs hallwa machine, discarded	y filled with broken washing d mattress, and discarded 37 ch made it diffcult to walk				
	staff #1 reported: -Client #1's mattree -Does need a new	0 at approximately 11:10am ss was just replaced. mattress. n the hallway 3 or 4 weeks				

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Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-819	B. WING		01/	23/2020
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
LPHA H	IOME CARE SERVIC		LYNN DRIVE NC 27511			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 736	Continued From page 1		V 736			
	maybe. -Waiting on maintenance man to come and remove old items from the hallway.					
	Interview on 1/23/20 at approximately 3:00pm Qualified Professional reported: -Will replace client #1's mattress. -Maintenance will come remove those items from					
	-Maintenance will c the downstairs hall		n			

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