Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C MHL092-749 B. WING 08/25/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4517 WATERBURY ROAD ALPHA HOME CARE SERVICES INC II RALEIGH, NC 27604 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 RECEIVED A Complaint Survey was completed 08/25/20. The complaints were substantiated (Intakes #NC00167250, #NC00166573 and SEP 1 5 2020 #NC00166206). A deficiency was cited. CONSTRUCTION SECTION This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. V 291 27G .5603 Supervised Living - Operations V 291 10A NCAC 27G .5603 **OPERATIONS** (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's DHSR-Mental Health licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the SEP 1 5 2020 qualified professionals who are responsible for treatment/habilitation or case management. Lic. & Cert. Section (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court Division of Health Service Regulation LABORATORY DIRECTOR'S OF ROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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PRINTED: 09/01/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C B. WING MHL092-749 08/25/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4517 WATERBURY ROAD ALPHA HOME CARE SERVICES INC II RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 1 V 291 or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other qualified professionals responsible for the care for one of one former clients (#10). The findings are: Review on 07/23/20-08/06/20 of Former Client (FC) #10's record revealed: -Admitted: 12/05/09 -Discharged: 06/24/20 -Diagnoses: Mild Intellectual Disability -Age: 60 -Served as own guardian -January-May 2020 Monthly weights completed by group home staff: January 15-(170); February 8-(170); March 11-(160); April 14-(168); May 3-(150) Review on 08/06/20 of FC #10's record maintained by her Primary Care Physician (PCP) revealed the following encounters between February 25, 2020-June 9, 2020: Type of Visit: In person -02/25/20-Weight: 172 History and Physical report: c/o (complains of) left knee pain Assessment/Plan: Continue with PT (Physical Therapy)

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exam

-03/03/20-

Order only and Physical Exam

Type of visit: In person...Physical

Weight: (not documented) History and physical report: Lab

Assessment/Plan: "Reviewed exellent labs with patient. Excellent job on weight

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C MHL092-749 B. WING 08/25/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4517 WATERBURY ROAD ALPHA HOME CARE SERVICES INC II RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 291 Continued From page 2 V 291 loss...Goal weight 165" -05/08/20: Type of Visit: Telehealth (Telephone Encounter) Weight: not referenced History and Physical Report: Acute pain of both knees, right shoulder pain..FC #10 reported not going to PT due to COVID-19 (Coronavirus are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases). Never seen Orthopedics nor had xrays of knees or shoulder. FC #10 disclosed she injured her knees 10 years ago in a car accident. Pain reported during ambulation as well as her knees caps felt "stiff." Assessment/Plan: "Application of Ice or cold to the area of concern reviewed"...follow up with office if no improvement -05/22/20-Type of Visit: Referral Order History and Physical Report: Acute pain of both knees Assessment/Plan: Referred to Orthopedics -06/09/20-Type of Visit: In person Weight: 149.2 Height: 63 inches (5 feet 3 inches) History and physical Report: Unintentional weight loss, constipation, edema of both legs, Epigastric Abdominal pain Assessment/Plan:"Concerning clinical picture (with) w/right loss and edema...will start w/labs...likely will need CT imaging to further assess..Further plans based on results of testing...Note: This patient has been evaluated and found to have conditions which place him/her at least moderate risk for complications, that required the consideration of at least moderate risk diagnosis within the reasonable differential diagnosis."

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Review on 07/31/20 of the Orthopedic Service

PRINTED: 09/01/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL092-749 B. WING 08/25/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4517 WATERBURY ROAD** ALPHA HOME CARE SERVICES INC II RALEIGH, NC 27604 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 291 Continued From page 3 V 291 Provider (OSP)'s records for FC #10 revealed the following: -PCP referral dated 05/26/20 by PCP. Referral information included in February 2020, FC #10 fell at a basketball game on hard tile. Treatments included sessions of PT and medications. Pain subsided while on pain medication. Flare up noted with a medication prescribed "last month." Review on 08/07/20 of Communication between the PCP and the OSP submitted by the PCP revealed the following: -05/26/20- PCP submitted referral to OSP -05/28/20- OSP noted attempted to reach client, unable to leave message, no other phone number provided -06/10/20- OSP noted reason for decline of referral unable to reach patient Review on 08/12/20 of the facility's "Treatment Appointment" dated 05/08/20 completed by the facility's Qualified Professional (QP) revealed "Phone visit with Primary Care. Discussed [FC #10's] weight loss, knee pains, feet pain. Staff informed doctor of [FC #10]'s weight loss and pains. Doctor prescribed medication..." A. During interview between 08/04/20 and 08/13/20, staff #1 reported the following about FC #10's weight loss: -She visited her family in 2019 around the holidays. During the visit, her mom had an agreement to pay her \$50 if she lost weight. Her family wanted her to "slim down." -Between March-May 2020, she ate less food. In May, she was very excited about the

weight loss and wanted her mom to pay her the

-She didn't look as if she had lost weight. "I

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i t	she looked. [FC #10] I That was [FC #10]'s o told [FC #10] she didn down to 150 pounds. I asked to be paid the S -In May, "after she she jumped up and do to pay her her money." -FC #10 was weig telehealth appointmen appointment was to ac pain/swelling in her kne lossShe was present call. She did not discus during the 05/08/20 Te During interviews betw 08/11/20, the QP repor #10: -"I didn't think it was (drastic would be) mayl period. Maybe 15-20 lb she lost between 15-20 again, it would depend a doctor so I don't know weight loss would be." During interview on 07/2 Nurse reported: -Even during the pas still being seen at the of out on leave and returned #10 was seen by an ass in the absence of her re	sick, but I didn't like the way iked the way she looked. wn wish to lose weight. I 't look good. [FC #10] got She called her mother and 50." It found out she lost weight, wn and called her parents 't hed before the 05/08/20 to The purpose of the ldress constipation, ees/shoulder not for weight during the entire Telehealth is weight loss with the PCP lehealth appointment. It weight loss with the PCP lehealth appointment. It weight loss over a se would not be drastic. If pounds in a month, on the individual, I am not whow much an average 23/20, FC#10's PCP Indemic, the patients were fice. FC #10's PCP was led in mid June 2020. FC sociate PCP at the office gular PCP. Telehealth appointment, weight loss. The 18	V 291			

weight loss quickly."

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V 291	Continued From page	5	V 291			
	-During the 06/09	/20 visit, "Visually, she didn't				
	look well or like hersel	f in passing." The other				
	doctor mentioned to m	ne about the weight loss				
	during that visit and th	e constipation. Her last				
	bowel movement was a week prior to the May appointment. Anemia and constipation due to the					
	diet. Labwork would have been completed					
	-FC #10's weight I	loss may have caused the	100 110 100 100 100 100 100 100 100 100			
	Anemia		7 90 90 90 90 90 90 90 90 90 90 90 90 90			
	-A healthy weight pounds per week	loss consisted of 1-2				
	podrids per week					
	During interviews betw	een 07/27/20 and				
	08/13/20, FC#10 repor	ted she had not:	The state of the s			
	-Intentionally try to	lose weight.	***************************************			
	parents that if she lost	going agreement with her	***************************************			
	parents that if she lost weight, they would give her money -Received money from her family for weight		STATE OF THE PARTY			
			1000			
	loss as an incentive					
	During interviews betwe	een 07/31/20 and				
	During interviews between 07/31/20 and 08/14/20, FC #10's employment specialist					
	reported she:					
	-Assisted FC #10 at work prior to January					
13	2020Visited FC #10 at her work location or		THE SALES OF THE S			
	communicated with her		10 mm m m m m m m m m m m m m m m m m m			
	month on average.	via Toloricaliii twice a				
	-Had never heard F	C #10 discuss weight loss				
	or an ongoing monetary	incentive from her family	No contract of the contract of			
t	o lose weight					
	3. During interview on 0	7/00/00 50 ///0				

Physical Therapist reported:

lower back and knees.

-She had received office visit services between January-March 2020 due to pain in her

-FC #10 decided due to COVID-19 and the stay at home orders, she wanted to suspend her

Division	of Health Service Regu	lation				D: 09/01/202 M APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 291	Continued From page	6	V 291			
	sessions. At home exe	ercises were recommended aff was present during her	V 231			
	#10: -Telehealth Appoint purpose of the appoint constipation, pain/swell not for weight loss. "I cher pain." Staff #1 initia The QP was not there later on and took her to can't recall if it was the -PT: She attended 2020. She stopped atted During COVID-19, the exercised three days a not agree to walk or paints of the control of th	arted the following about FC Intment on 05/08/20: The ment was to address ling in her knees/shoulder alled twice but it was for ated the call about the pain. When I called. She came pick up the prescription. I same day." PT sessions until April ending due to COVID-19. group home residents week by walking. She did rticipate. She came hers. Her legs were				
	between March-May 20. not allow visitors -FC #10's birthday of group home allowed the	er reported: sister was "active" urant, exercised) because of COVID-19, 20, the group home did was in early June. The				

visit.

been made for FC #10 prior to the family's June

-During the June visit "as soon as we saw her on her birthday, we saw she had lost significant

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DAT	(X3) DATE SURVEY	
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V 291	Continued From page	7	V 291			-
	was not the same. He that was shocking. Sh she barely ate one piz This was drastic changer. "My folks said a construction of the weight loss, fluid and decreased appetit The change due to the noticeable as soon as serious health issues, quarantine. It's not up to who noticed that or tell appetite, etc. She is in During interviews between the weight loss, and decreased appetit The change due to the noticeable as soon as serious health issues, quarantine. It's not up to who noticed that or tell appetite, etc. She is in During interviews between the weight loss. In May 2020, a rediscussed. OSP was to June, no contact from the group home. -After the 06/09/20 left a voice message will was received by the groof FC #10's 06/24/20 dichome, no appointment from the issue because she were considered.	couple of years ago, that if she lost weight, they would ned that they (group home) he internal medical issues diretention in the feet/legs e that resulted in anemia. Use health issues, it was we saw her. These are it was not due to to the client to be the one the doctor the things of a group home." Therefore, the GP was a call the group home. In DSP had been received to the OSP. No response out the OSP. No response out home. The osh arge from the group had been scheduled or with OSP. "I didn't press was gone."				
(08/12/20, the Licensee in about FC #10: -Telehealth appoint.	reported the following ment on 05/08/20: The				

group home did address with the PCP the matter

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V	291	Continued From page	8	V 291			
		not reflect the topic of documentation. The C weight loss in her note -Coordination with used one phone for bo client was on the telep	weight loss in their P would have noted the				
	E C C t P	08/21/20 submitted by Manager revealed: -"What will you implementation of from further risk or add COVID-19, we have do coordination of service. The facility automatical monthly and will continuental and medical near reported to their various accordingly. The staffs coordination of resident -Describe your plantappens. The Qualified residents care monthly." Between April-June 202 decline in her physical in the legs, pains in knees mabits. A few days prior felehealth appointment,	ue the same process. All eds of the residents will be a licensed providers were trained on s's care. In the storm of the s				
	a s c d	oss was not discussed of appointment only the parawelling were noted. The are of the client's completrimental resulting in a	during her Telehealth ins to her back, legs, and e failure to coordinate				

on nutrition. Her overall mobility and functioning

Division	of Health Service Regu	ulation			FORM APPROVED
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V 291	the lack of coordination OSP was not establish been discharged from deficiency constitutes must be corrected within sont corrected within penalty of \$200.00 per	laily living were impacted by on of care with the OSP. The hed until after the client had the group home. This a Type B rule violation and hin 45 days. If the violation 45 days, an administrative r day will be imposed for out of compliance beyond	V 291	"Agency will ensure treatment is proper with providers by the (Professional." "Observed health cond reported promptly as with client, health and legally responsible (If any) or family a view to address such mediately." "Agency will follow in by service providers as necessary." "Qualified Professional Clients treatment programs." "Staff and clients will be following agreed hows time allowed on the house and fen clients to afer there is a beep indicated, white on the period of the peri	cerns will be not discussed care providers to person when with chi issues ecommendation and document will monitor ers on monthly eretrained on e rules regarding a monitor there is the when the whole the shoot to have a shoot to have a shoot to have a shoot

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If continuation sheet 10 of 10