Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL092-791	B. WING			C 12/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
ALPHA HOME CARE SERVICES, INC III 3716 ARROWWOOD DRIVE RALEIGH, NC 27604								
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	OPPECTION	(VE)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	rs	V 000					
	on 3/12/21. The cor (intake #NC001727	low up survey was completed mplaint was substantiated (00). Deficiencies were cited.						
		C 27G. 5600A Supervised						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736					
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive						
	failed to maintain the attractive and order Observation on 2-1	on and interview, the facility ne facility in a safe, clean, ly manner. The findings are: 7-21 at 10:00am revealed: bose, cracked and half of tile						
	-kitchen sliding doo -kitchen ceiling fan and dirt -upstairs bathroom -walls throughout th floor were dirty and -the closet sliding d #5's bedroom were	r wobbling and off track was heavily coated with dust paint peeling above the mirror ne house on bottom and top						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BOILDING.	·		c	
		MHL09	2-791	B. WING			12/2021	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALPHA HOME CARE SERVICES, INC III 3716 ARROWWOOD DRIVE RALEIGH, NC 27604								
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 736					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					С		
		MHL092-791	B. WING		03/12/202	1	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ALPHA HOME CARE SERVICES, INC III 3716 ARROWWOOD DRIVE RALEIGH, NC 27604							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (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) (3)			
V 736	Continued From pa	ge 2	V 736				
	fixed "just haven't d	lone it" ything up to the window in the					
		been cited 4 times since the 4-18 and must be corrected					

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