Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-791	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 3/12/21. The complaint was substantiated (intake #NC00172700). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	V 000	DHSR - Mental Health MAR 25 2021 Lic. & Cert. Section	
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: Observation on 2-17-21 at 10:00am revealed: -kitchen floor tiles loose, cracked and half of tile missing -refrigerator handle loose -kitchen sliding door wobbling and off track -kitchen ceiling fan was heavily coated with dust and dirt -upstairs bathroom paint peeling above the mirror -walls throughout the house on bottom and top floor were dirty and stained -the closet sliding doors in client #2's and client #5's bedroom were off track and unable to close -client #2's and client #5's bedroom had several	V 736	All identified areas are being addressed by 3/23/21 management and our handymen. They are expected to be completed on or before April 13, 2021. QP will continue to conduct room checks for cleaniness and orderliness. QP will also conduct monthly checks and walk through of the house and ensure that any identified needed repairs or replacements are attended to promptly. in compliance with the rules.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: JAMES ABE | TITLE: QP/MANAGER | (X6) DATE: 03/23/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-791	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 1 empty juice/soda/water bottles and empty chip bags laying on the floor -client #2 did not have sheets on his bed -ceiling in client #2's and client #5's bedroom had two brown spots one the size of a baseball and one the size of a softball -bathroom in client#2's and client 5's bedroom was missing a curtain or blinds at the window -bathroom in client #2's and client 5's bathroom had black mold in the crevices between the tiles and along the rim of the tub -hole in the medication closet door in the hallway the size of a tennis ball -downstairs closet door laying against the wall in the hallway -downstairs hallway ceiling peeling with a brown spot the size of a baseball. During an interview on 2-17-21 at 11:00am, Qualified Professional reported: -she has only been working at the house for 6 months -the house does need some cleaning -was not aware of the amount of "trash" in client #2's and client #5's bedroom -will inform her supervisor of the needed repairs in the home -she will start doing bedroom checks to make sure they are putting there trash in the trash cans During an interview on 2-17-21 at 11:15am, Staff #1 reported: -she just started 2 days ago -not sure of what needs to be done at the home. During an interview on 2-17-21 at 11:30am, Client #2 reported: -he will clean the room -just doesn't put the trash in the trash can -the closet door has been off the track, it can be	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-791	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 2 fixed "just haven't done it" -he doesn't want anything up to the window in the bathroom -staff hasn't been in his room This deficiency has been cited 4 times since the original cite on 10-4-18 and must be corrected within 30 days.	V 736		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

3-15-21

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

Re: Complaint and Follow Up Survey completed 3/12/21
Alpha Home Care Services, Inc III, 3716 Arrowwood Drive, Raleigh, NC 27604
MHL # 092-791
E-mail Address: juliet@alphahealthservices.com
(Intake #NC00172700)

Dear Ms. Okwoshah:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 03-12-21. The complaint was substantiated.

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 deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is 4-11-21.

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.

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 at 919-552-6847.

Sincerely,

Keisha N. Douglas

Keisha N. Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant