STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-922	A. BUILDING: _____ B. WING _____	R 10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA HOME CARE SERVICES #9	712 ROCKVILLE ROAD WAKE FOREST, NC 27587

(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 An annual and follow up survey was completed on October 7, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness A sister facility is identified in this report. The sister facility will be identified as facility B. Sister facility B is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Staff and/or clients will be identified using the letter B and a numerical identifier.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and	V 108		

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V 108	Continued From page 1 trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) and 1 of 3 Qualified Professionals (QP #2) were trained in first aid and cardiopulmonary resuscitation (CPR). The findings are: Review on 9/17/21 of staff #1's personnel record revealed: -Hire date of 6/30/21 -Certificate of course completion from Emergency Medical Services (EMS) Safety dated 8/11/21 by the Administrator/QP Interview on 9/20/21 staff #1 reported: -The course was taken online. -Test was taken for CPR/First Aid at the office and faxed to the agency. QP #1 observed her demonstrating chest compressions and rescue breaths on a pillow. -She worked alone with the clients Review on 9/17/21 of the QP #2's personnel record revealed: -Hire date of 09/01/20	V 108		

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V 108	Continued From page 2 -Certificate of course completion from EMS Safety dated 2/09/21 by the Administrator/QP Interview on 9/16/21 with the QP #2 reported: -Had to read a brochure on CPR/First Aid, read some information and take a test online -Did not demonstrate CPR/First Aid competency skills on a mannequin, or perform any other form of skill demonstration -She provided transportation for clients and worked alone with the clients Interview between 9/15 and 9/21/21 the QP #1 reported: -He is not a certified CPR/First Aid instructor Interview on 9/22/21 the Administrator/QP reported: -QP #1 is not a certified CPR/First Aid instructor and should not be certifying staff competencies -She is the certified CPR/First Aid instructor Interview on 9/20/21 EMS Safety CPR/First Aid course staff reported: -The instructor can choose to teach the course via online or by face to face classroom style instruction -The online part of the course is taught by watching videos. -The classroom instruction will earn the student a certificate of attendance and course completion, but will not certify them. -They must complete the demonstration piece with the instructor to be certified. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be	V 108		

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V 108	Continued From page 3 corrected within 45 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	Continued From page 4	V 109		

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure 3 of 3 Qualified Professionals (QP #1, QP #2 and Administrator/QP) demonstrated the knowledge, skills and abilities required by the population served. The findings are

I.
A. Cross reference 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) and 1 of 3 Qualified Professionals (QP #2) were trained in first aid and cardiopulmonary resuscitation (CPR).

B. Cross reference 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record review and interview, the facility failed to ensure one of two staff (#1) demonstrated the knowledge, skills and abilities to meet the needs of the population served.

C. Cross reference 10A NCAC 27G .5602 Supervised Living for Adults with Mental Illness-Staff (V290). Based on record review and interview, the facility failed to have minimum staff-client ratios to meet the needs of 2 of 2 clients (#1 and #5).

D. Cross reference 10A NCAC 27E .0101 Least Restrictive Alternative (V513). Based on observations, record review and interviews, the

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governing body failed to assure the home promoted a respectful environment and used the least restrictive setting and methods for 5 of 5 clients (#1-#5).

E. Cross reference 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on observation, record review and interview, the facility failed to assure the home was maintained in a safe, clean, attractive and orderly manner.

II.
Interviews between 9/16/21-9/22/21 the QP #1 reported:
-His responsibilities included scheduling appointments for the home. The QP (#2) for the home assisted him with the scheduling of the appointments. A designated staff or the QP assigned to that home provided the transportation and attended the appointments for clients
-He was responsible for the supervision of all of the Qualified Professional Staff across the agency
-On 9/16/21, he was informed client #5 had been exposed to someone who tested positive for COVID (Coronavirus) at the day program. Client #5 would be quarantined at the home and tested Saturday or Sunday (9/18/21 or 9/19/21).
-On 9/20/21, that as of 9:00 AM, he was not aware of the results of the COVID test results for clients #1-#5 that occurred over the weekend. He would seek clarification from the QP #2.
-On 9/21/21, he had not received the test results from the QP #2.

Interviews between 9/16/21-9/22/21 the QP #2 reported:
-She did not assist the QP #1 with the scheduling of appointments. The agency used to

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V 109	Continued From page 6	V 109		

have other staff that assisted with appointment scheduling. Each week, the home managers/staff submitted appointments needs for their assigned homes to the QP #1 at the corporate office. He either assigned a QP or a staff to handle the appointment. Weekly, a transportation/appointment schedule was distributed to each home.

-On 9/16/21, she was informed by the QP #1 that client #5 had tested positive for COVID

-As of 9/20/21, she was not aware of the COVID test results for clients #1-#5 from over the weekend. She reported the QP #1 would have the clients' COVID test results. She did not take clients to be COVID tested over the weekend

-On 9/20/21, she took clients #1-#5 to be tested for COVID. Due to staffing, the clients were not taken over the weekend as originally planned. Prior to this interview, she had not attempted to retrieve their COVID test results.

-On 9/21/21, she had problems accessing the results of the clients. She had to go to the testing site for assistance.

-After reviewing the clients' test results on 9/22/21, she affirmed all clients were negative.

Interview on 9/22/21, the Administrator/QP reported:

-She apologized for any confusion regarding the COVID status of the clients

-To her knowledge, there was only an exposure and clients #1-#5 were tested for precautionary reasons

-She was not involved in the specific conversation as to who would have been responsible for scheduling the appointment or assuring clients were tested.

Review on 10/7/21 of the facility's Plan of Protection (POP) dated 10/7/21 submitted by the

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Administrator/QP revealed:

-"What immediate action will the facility take to ensure the safety of the consumers in your care?

10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals/v110: All Paraprofessionals will be retrained on population served, documentation, and CPR/First Aid; and monthly supervision will be maintained by an Administrative Qualified Professional.

10A NCAC 27G .0202 Personnel Requirements/v108: All staffs were retrained on CPR & First Aid

10A NCAC 27G .5602 Supervised Living for Alternative Family Living -Staff /v290: All staffs and Qualified Professionals were re-retrained on staff-client ratio.

10A NCAC 27G .0303 Location and Exterior Requirements /v736: A contractor repaired all environmental needs; and an Administrative QP will observe the facility interior and exterior environmental needs monthly.

10A NCAC 27E .0101 Clients Rights-Least Restrictive Alternative/513: the lock was removed from the refrigerator; and an Administrative QP will monitor monthly for compliance.

-Describe your plans to make sure the above happens.

All the aforementioned will be monitored monthly by an Administrative Qualified Professionals."

The facility's organizational structure for supervision consisted of the QP #2, the QP #1 and the Administrator/QP. These levels of management were unaware of the day to day operational needs of the home. Monitoring of fire drill procedures, home maintainance issues, restricting client access to the refrigerator,

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V 109	Continued From page 8 scheduling of appointments and general knowledge of client medical status were shared responsibilities of the QP #1 and the QP #2. The QPs (#1 and #2) were not able to clearly define which one was responsible for scheduling staff assigned to transport clients to appointments, had different prosperectives regarding the client's rights to have access to the refrigerator. The Administrator/QP was the agency's CPR Instructor and was unaware of processes used by the QP #1 to certify facility staff. These deficient practices were detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:	V 110		

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V 110	Continued From page 9 (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of two staff (#1) demonstrated the knowledge, skills and abilities to meet the needs of the population served. The findings are: Review on 9/17/21 of staff #1's personnel record revealed: -Hired: 6/30/21 -Title of House Manager/paraprofessional staff Review on 9/10/21 at 3:00 PM of the facility's fire drill log revealed a pre-filled fire drill form dated 9/10/21: -Drill was conducted at 6:00 PM. -All 5 clients (#1-#5) participated. -All 5 clients reported to the mailbox -No issues or concerns noted Interview on 9/10/21, staff #1 reported she:	V 110		

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V 110	Continued From page 10 -Was going to conduct the fire drill -Did not respond to questions regarding why the form was pre-completed hours before the time noted on the fire drill form Interview on 9/13/21, client #4 reported: -A fire drill was completed by staff #1 on Sunday (9/12/21) Due to the staff pre-filling fire drill log entry it could not be determined if the January 2021-September 2021 fire drills reviewed during this survey were conducted as documented. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 110		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the	V 290		

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V 290	Continued From page 11 following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have minimum staff-client ratios to meet the needs of 2 of 2 clients (#1 and #5). The findings are: Review on 9/10/21 of the facility's public file maintained by Division of Health Service Regulation (DHSR) revealed:	V 290		

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V 290	Continued From page 12 -Mental Health License certificate with a December 31, 2021 expiration date and capacity of 6 - Licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness Review on 9/10/21 and 9/21/21 of client #1's record revealed: - Admitted: 7/20/15 - Diagnoses: Schizoaffective Disorder,Obesity and Hypothyroidism Interview on 9/15/21, Qualified Professional (QP) #2 reported the following about client #5: -Admitted: 6/15/21 -Diagnosis: Bipolar Review on 9/9/21 of sister facility B's records revealed: -Client B11 Admitted: 5/18/21 Diagnoses: Intellectual Developmental Disability (IDD), Seizure Disorder, Anxiety, history of falls and headaches. -Client B12 Admitted: 6/7/21 Diagnoses: Impulse Control Disorder, Bipolar disorder, Moderate IDD, Seizure Disorder, Overactive Bladder, Breast Cancer Survivor and Osteoarthritis -Client B13 Admitted: 8/23/21 Diagnoses: Bipolar Disorder unspecified and Mild IDD -Client B14 Admitted: 12/01/14	V 290		

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V 290	Continued From page 13 Diagnoses: Down Syndrome, Mental Retardation, Hypertension, Hyperlipidemia and Obstructive Sleep Apnea -Client B15 Admitted: 3/14/19 Diagnoses: Autism Spectrum and IDD During interviews between 9/13/21 and 9/15/21, Clients B11- B15 reported the following about 8/27/21: -On 8/27/21, staff B22 left them at this facility while she went for an appointment. -4 clients reported staff B22 who was assigned to their home transported a client from this facility to a doctor's appointment. -All clients from sister facility B remained with staff #2. -They ate lunch at this location and did not return to their facility until after dinner -Client #2 and #3 were to their day treatment programs. -Client #4 went to the doctor with Staff B22. -Clients #1 and #5 remained in their bedrooms at the facility. -Clients B11-B15 were in the living room. -Staff #2 was on duty. -Staff #2 worked alone with all 7 clients. Interviews between 9/13/21 and 9/20/21, staff #2 and staff B22 reported: -All 5 clients (B11-B15) from sister facility B were at this facility when client B11 fell -Neither were aware of the time length the clients were at this facility. Interview on 9/21/21 the QP #2 reported the following: -Prior to 8/20/21, she was not aware staff B22 left her assigned clients (B11-B15) at the facility	V 290		

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V 290	Continued From page 14 while she provided transportation for client #4 to his appointment. -Processes of designated staff drivers were already established prior to her employment with the agency. She had not given thought about what staff did with their assigned clients as they provided transportation to clients of sister facilities. Interviews between 9/22/21 and 10/5/21 the Administrator/QP reported: -She was not aware that the sister facility was over census on 8/27/21 -She thought client #1 was at the day program on 8/27/21 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 290		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that	V 512		

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V 512	Continued From page 15 is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, one of two staff (#2) neglected 1 of 5 clients (B11) from sister facility B. The findings are: Review on 9/17/21 of staff #2's personnel record revealed: -Hired: 10/1/18 - (Cardiopulmonary Resuscitation) CPR/First Aid training certificate dated 7/15/20 Review on 9/13/21 of client B11's record revealed: -Admitted: 5/18/21 -Diagnoses: Anxiety/Depression, Seizure Disorder, history of falls and headaches -Age 73 years old (yo) Review on 9/10/21 of the facility's plan of action-incident reporting protocol dated 4/17/14 revealed to report an incident/accident "first call [The Qualified Professional (QP) #1 and phone numbers]. if no response, Then call [Administrator/QP's husband and phone number]. If you cannot reach both within 5 minutes, call [Administrator/QP and phone number] Follow instructions from these management	V 512		

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V 512	Continued From page 16 staff members." Review on 9/10/21 of North Carolina Incident Response Improvement System revealed an incident report submitted 8/30/21 noted: -Client B11 was at sister facility B. -"Client lost her balance and fell. She hit her head and left knee. She sustained a cut on her right eyebrow. Staff called EMS (Emergency Management System). She was transported to [local hospital] for evaluation and treatment. She was admitted for observation and further treatment." Review on 9/13/21 of a local EMS report dated 8/27/21 for client B11 revealed: -EMS was called 5:58 PM -EMS was on the scene at 7:34 PM. -Assessed by EMS at 7:37 PM with the following narrative "C- Left Knee H- Fall appro (approximately) 2 hours ago A- Upon our arrival found a 73 yo female alert and oriented x 3. Patient has swelling to left knee and unable to bare weight. No obvious deformity noted. No bleeding or crepitus. Patient does move all extremities well. Patient does have small cut just above right eye that was bandaged prior to EMS arrival, Patient denies any LOC (loss of consciousness). Patient denies any other injuries or complaints during assessment. R- Continued to monitor without changes or complications T- [Local hospital] as requested E- patient is part of group home who was visiting another site for the group home. No documentation was available about the patient. However, patient was able to answer some questions..."	V 512		

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V 512	Continued From page 17 -Fall occurred on same level floor. Review on 9/10/21 of local hospital records for client B11 revealed: -She was admitted 8/27/21 and discharged 9/3/21 to a rehabilitation center -Weighed 110 pounds -On 8/27/21 at 8:30 PM, she was triaged in the emergency department and an adult physical examination was conducted. The physical examination yielded the following: "approximately 3 cm (centimeter) laceration noted to the right eyebrow with hematoma" "...complains of pain and tenderness to the lateral left hip and inner upper thigh and tenderness to palpation in the groin" "Swelling noted to the left anterior knee with tenderness to palpation and limited range of motion" -On 8/28/21 at 2:11 AM, results of computerized tomography (CT) scan noted the following impression of the left knee: "...transverse predominate oriented fracture involving inferior pole of patella with primary component showing distraction by approximately 31 mm (millimeter). Smaller adjacent comminuted fragments about this area." - On 8/28/21 at 2:14 AM, results of CT scan impressions of the hip noted the following: "Moderate left hip osteoarthritis..." -CT scan impressions from 8/28/21 were compared to impressions from 05/27/21 in which client fell prior to group home admission. Interviews between 9/13/21-9/16/21, clients B12-B15 reported they were: -At this facility when client B11 fell while staff #2 was on duty -Not sure of the time client B11 fell	V 512		

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V 512	Continued From page 18 -Not able to provide the length of time between client B11's fall and when EMS was called Interview on 9/15/21, B11's sister/Power of Attorney (POA) reported the following: -On 8/27/21, she had a missed phone call from B11 around 2:45 PM. -She returned client B11's phone call around 3:15 PM. During this call, client B11 had disclosed she had fallen. Client B11 was not able to provide information on her location except she was at a sister facility managed by the Agency. When asked to speak with the on duty staff, staff #2 refused to talk to her on the phone. -Unsuccessful attempts were made to connect with the QP #2. After around 4:30 PM, she was able to connect with the QP #1. The QP #1 was unaware of the fall and conducted a three way communication that included her and staff #2. Interviews between 9/14/21 and 9/21/21, staff #2 reported the following about 8/27/21: -She was not sure how long the clients from sister facility B had been at the home -The clients B11-B15 had argued and she had to call staff B22 to help calm them down. -Client B11 got up out of her chair and headed towards the kitchen area near the trash can. -Her back was turned away from client B11 and the next thing she "heard was a fall." Nothing was on the floor and no one pushed client B11 as the other clients (B12-B15, #1 and #5) were seated either in the living room, at the dining room table or in their bedroom. -She did not know the time of the fall but estimated it occurred around 4:00 PM -Client B11 got up by herself. She sat at the	V 512		

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kitchen table chair and then was assisted to the couch. She did not recall whom if anyone assisted client B11 from the dining room to the living room.

-She did not observe any bleeding because client B11 would not let her touch her. The way client B11 was sitting, she did not see any blood or laceration initially. Later and prior to EMS arrival, she applied first aid and a bandage to the eyebrow.

-As client B11 sat on the couch client #5 sat beside her and "provided comfort."

-Client B11 did complain of her leg/knee hurting. Ice compact applied to the eyebrow and knee as well as elevate her leg. Client B11 was administered tylenol as instructed by staff B22.

-She cleaned the eyebrow area and applied a bandage. She did not observe any swelling of the knee or leg.

-She tried to contact the QP #1 and the QP #2. She did not receive an answer or call back from either of the QPs.

-She was able to make a second phone contact with staff #2 who was at a doctor's appointment in a city approximately 30 miles away from the facility. During this conversation, client B11's fall and her inability to make contact with either of the QPs was discussed.

-When the QP #1 contacted her, he asked her to call 911.

-She needed permission from a supervisor or manager in order to call 911.

-As the QP #1 was on the phone and told her to contact 911, staff B22 simultaneously entered the door of the group home. They called 911 together.

Interview between 9/14/21 and 9/21/21, staff B22 reported the following about 8/27/21:

-She was assigned as the driver and staff to

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take client #4 from this location to an appointment approximately 30-40 minutes away depending on traffic.

-The appointment was scheduled for 1:00 PM, she ran late because of traffic and estimated she arrived at 2:00 PM and returned to this facility around 5:00 PM.

-While at the doctor's appointment, she received at least three calls from staff #2. She estimated it was after 4:00 PM when she received a call from staff #2 that client B11 had fallen. Staff #2 did not indicate if client B11 was hurt, or bleeding. Staff #2 did report client B11 complained of her leg/knee area.

-Upon her return to this facility, she observed client B11 on the couch and refused to allow staff to see her eyebrow/eye. She did notice client B11's leg was swollen. She was going to take client B11 to the urgent care but the QP #1 told her to call EMS

-Client B11 would not move from the couch as she explained she was in pain.

-She estimated EMS arrived 30 minutes to an hour after being called. The local fire department responded first and stopped the bleeding to the eyebrow.

Interviews between 9/10/21 and 9/20/21, the QP #1 reported:

-He was not sure of the time frame between client B11's fall and when EMS was called.

-Staff #2 should have called EMS immediately. Staff #2 did not need management's permission to contact EMS.

-"Immediately she (staff #2) may not have known of the swelling but within an hour, she would've noticed it."

-On 8/27/21, staff #2 did not follow the incident reporting protocol for management notification.

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V 512	Continued From page 21 -QP #2 did not work on Fridays as 8/27/21 was her day off. Interview on 9/22/21, the Administrator/QP reported the following: -An investigation was completed into Client B11's 8/27/21 fall incident. -She did not have the paperwork regarding the investigation with her at the time of the interview. -She would submit the outcome of the investigation as well as any statements by 9/23/21 -All staff who worked with her agency were crossed trained to work with all clients -Prior to this interview, she was not sure of the length of time between when the injury occurred and when EMS was contacted. Review on 10/7/21 of a Plan of Protection (POP) dated 10/7/21 submitted by the Administrator/QP revealed the following: -"What immediate action will the facility take to ensure the safety of the consumers in your care? All staffs were retrained on Clients Rights-Harm, Abuse, Neglect, and immediate incident reporting protocol; like calling EMS or 911 immediately for all medical and behavioral emergencies. This plan will be monitored monthly by an Administrative QP. -Describe your plans to make sure the above happens. All the aforementioned will be monitored monthly by an Administrative Qualified Professionals." Client B11 was a 73 year old female, weight of 110 pounds, diagnoses of Anxiety/Depression, Seizure Disorder and history of falls. Client B11	V 512		

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V 512	Continued From page 22 was visiting from sister facility B. While at this group home she fell and sustained a laceration along her eyebrow and fractured her patella. Staff #2 was on duty and neglected to seek medical attention for more than 2 hours after the injury. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people	V 513		

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V 513	Continued From page 23 trained in its use. This Rule is not met as evidenced by: Based on observations, record review and interviews, the governing body failed to assure the home promoted a respectful environment and used the least restrictive setting and methods for 5 of 5 clients (#1-#5). The findings are: Observation on 9/9/21 between 4:00 PM-5:00 PM of the kitchen shared by 5 clients (#1-#5) revealed: -A metal chain and lock on the kitchen counter Review on 09/15/21 of client records revealed: Client #1 Admitted: 7/2/15 Diagnoses: Schizophrenia, Obesity and Hypothyroidism Treatment Plan dated 07/31/21 listed no strategies or rationale for locking the refrigerator No doctor's order for restricting access to the refrigerator -Client #2 Admitted: 7/12/15 Diagnoses: Paranoid Schizophrenia, Personality disorder and Hyperlipidemia Treatment Plan dated 08/01/20 listed no strategies or rationale for locking the refrigerator No doctor's order for restricting access to the refrigerator -Client #3 Admitted: 5/1/09 Diagnoses: Paranoid Schizophrenia,	V 513		

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V 513	Continued From page 24 Dyslipidemia,Uncomplicated Asthma, hyperlipidemia, elevated blood pressure, urinary incontinence, constipation, thrombocytopenia, allergic rhinitis and palmar erythema Treatment Plan dated 07/31/10 listed no strategies or rationale for locking the refrigerator No doctor's order for restricting access to the refrigerator -Client #4 Admitted: 8/13/21 Diagnoses: Huntington's Disease, Hypertension, Agitation, Major Depressive disorder, severe and paranoia Treatment Plan dated 08/13/21 listed no strategies or rationale for locking the refrigerator No doctor's order for restricting access to the refrigerator Interview on 9/15/21 the Qualified Professional (QP) #2 reported the following about client #5: -Admitted: 6/15/21 -Diagnosis: Bipolar Disorder Interview between 9/10-9/14/21 Staff #1 reported: -The refrigerator was locked up every night with the chain and lock -No clients have access to the refrigerator at night -Client #2 was restricted from tea and coffee and they had to lock the refrigerator to prevent him from drinking coffee or tea during the night -Client #2 was only allowed coffee or tea once a week Interview on 9/15/21 client #2 reported: -He was not on any liquid or diet restrictions from a physician or anyone	V 513		

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V 513	Continued From page 25 Interview on 9/15/21 client #1 reported: -The refrigerator was locked at night -She did not know why it was locked -She did not consent, or sign any written agreement regarding the locked refrigerator Interview on 9/15/21 client #5 reported: -The refrigerator was locked at night -She was not certain as to why it was locked, she believed a female client may have been getting food from the refrigerator at night -She did not consent, or sign any written agreement regarding the locked refrigerator Interview on 9/15/21 the QP #1 reported: -He was not aware of anything being locked or clients being restricted from anything at the facility -If there was a restriction which involved something being locked, they have a protocol in place which includes an agreement among the residents, and all clients sign the agreement and any client guardians are made aware -He was not specifically aware of Client #2 being restricted from the refrigerator Interview on 9/16/21 the QP #2 reported: -She was not aware that the refrigerator was being locked at night, and to her knowledge, the refrigerator was not supposed to be locked -She had heard of other homes using an agreement that all clients signed, which gave consent not to access the refrigerator without staff, but she was unaware of such an agreement for this facility This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A	V 513		

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V 513	Continued From page 26 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 513		
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, record review and interview, the facility failed to assure the home was maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/10/21 between 1:30 PM-5:00 PM and 9/15/21 between 3:00 PM -5:00 PM revealed: -Male Bathroom: Sink Faucet Knob only able to be maneuvered up for on and down for off . No way to regulate the water from hot to cold Strong smell of urine Paint peeling on the wall -Wood plank flooring separated with gaps in between planks throughout the home (entrance, living room, dining room and female clients bedroom) -Rip in ceiling throughout the home (kitchen, female clients bedroom)	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-922	A. BUILDING: _____ B. WING _____	R 10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA HOME CARE SERVICES #9	712 ROCKVILLE ROAD WAKE FOREST, NC 27587

(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 27 -Kitchen- Flooring in kitchen warped Pull out drawer missing near stove -Living room- Cardboard underneath couch in the living room -Female Clients Bedroom with bathroom Blinds were bent and dusty Paint peeling in ceiling Sink in bathroom slow to drain Review on 9/10/21 of public file maintained by Division of Health Service Regulation revealed: -Local sanitation record dated 10/22/20 as part of the 2021 renewal process. -The local sanitation report noted a score of 19 demerits and violations that included but not limited to the following... "Front face of the kitchen drawer to the left of the oven missing." "Ripped cushions to white chairs in the dining room" "Peeling/Warped flooring in the kitchen" Review on 10/4/21 of a local sanitation report dated 9/15/21 revealed the following: -A total of 18 demerits listed for the home that included some of the above references of the faucet, repairs to the kitchen, flooring warped or missing spaces throughout the facility. Interview on 9/13/21, staff #1 reported: -The cardboard under the couch came from furniture delivered a long time ago. She was not sure when the couch was purchased or how long it had been at the home Interview on 9/16/21, the Qualified Professional (QP) #2 reported she: -Had worked for the company for one year	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 28 -Visited the home weekly -Was not aware of any environmental issues at this home. She responded no when asked specifics about knowledge of concerns regarding flooring separating, rips in seat cushion of dining room chairs, cardboard underneath couch she was not aware. Interview on 9/22/21, the Administrator/QP reported: -The agency had obtained estimates for the flooring at the home. -She would provide documentation of estimate for the repairs by 12 Noon on 9/23/21 (Note: On 9/30/21, documentation was presented for another address not this location.) This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 736		