Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL092-791	B. WING		C 01/26/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AL DUA U	ME CADE SEDVICES II	3716 ARRO	OWWOOD DRI	VE		
АГРПА П	OME CARE SERVICES, II	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)		
V 000	INITIAL COMMENTS		V 000			
	An On-site Survey was completed on January 26, 2022. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
	The survey sample consisted of audits of 5 current clients.					
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures		V 752			
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.					
		n, record review and ailed to ensure the water ntained between 100-116				
	- Admission: 8/9/1	ntion Deficit Hyperactivity				
	Admission: 7/13/Diagnoses: Bord	client #2's record revealed: 19 erline Personality Disorder, lopmental Disability (IDD)				

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

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL092-791	B. WING		C 01/26/2022	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ALPHA H	OME CARE SERVICES, I	NC III	OWWOOD DRI' NC 27604	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
V 752	Continued From page	======================================	V 752			
	and ADHD					
	- Admitted: 1/4/22 - Diagnoses: Schi. Type, Hypertension, or Disease and history of the Property of the Proper	zophrenia Disorder, Bipolar Gastroesophageal Reflux of Seizures f client #4's record revealed: 1/11 d Disorder and Mild IDD f client #5's record revealed: 1/2/21 zophrenia, Autism and Type I f the facility's public file 1/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/				
	8:50 AM-10:00 AM.	the CC #1 reported: vey was conducted between res in the upstairs hall				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	COWIFLETED		
		MHL092-791	B. WING		01/2	26/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
AI DUA U	OME CARE SERVICES, I	3716 ARI	ROWWOOD DRI	VE			
ALFIIAII	OME CARE SERVICES, I	RALEIGH	I, NC 27604				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 752	Continued From page	2	V 752				
	bathroom and the client's master bathroom registered the same reading.						
	Interview on 1/26/22 following about the 1/	the CC #2 reported the					
	- DHSR arrived at	•					
	, ,	bathroom was checked					
	during this second vis	rature had increased by 4					
	degrees overnight, staff #1 reported he would						
regulate the water for the clients until							
	temperature issue was resolved. - Staff #1 was given a log to document water temperatures for the next 15 days. The completed log should be faxed to DHSR Construction Section for review. Observation on 1/26/22 between 12:00 Noon-1:00 PM revealed the following						
	temperatures above	_					
	 Upstairs hallway bathroom sink and shower were 140 degrees Upstairs master bedroom sink was 130 degrees. Interview on 1/26/22 staff #1 reported: Worked for the company for 2 years 						
	- He was a live in						
		d in the hallway bathroom.					
		temperature checks twice a					
	month and recorded to						
	 During temperature checks, the water never exceeded 116 degrees. Paperwork for the temperature readings were located in his room. 						
		to locate" them in his room					
	as he had "paperwork everywhere." - Initially he was unable to locate the thermometer he used to conduct water						
temperatures.							

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		С		
		MHL092-791	B. WING		01/26/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
A1 DUA U	OME CARE SERVICES II	NC III 3716 ARR	OWWOOD DRI	VE		
ALPHA III	OME CARE SERVICES, I	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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 752	Continued From page	e 3	V 752			
	- Later during this interview, he had located the thermometer in the medication closet. Observation on 1/26/22 at 1:15 PM of the facility's thermometer revealed a digital thermometer commonly used to check body temperature. Interview on 1/26/22 the DHSR Construction Section Team Leader reported: - A digital thermometer normally used to check body temperature does not register high temperatures "I don't think you would get an accurate reading." Interview on 1/26/22 clients #1-#5 reported: - No issues with the water temperature being too hot Interview on 1/26/22 the Administrator/Qualified Professional reported: - She found out about the issue regarding the water temperature on 1/25/22 by staff #1 On 1/26/22, three plumbers were scheduled to resolve the hot water issue. "Whichever one shows up first" would be paid for the hot water resolution.					
	dated 1/26/22 completed Administrator/Qualified following: - "What immediated ensure the safety of to the water temper plumber came out an temperature as well."	ed Professional revealed the e action will the facility take to the consumers in your care? erature was reduced and a				

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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		
			A. BOILDING.		С		
		MHL092-791 B. WING		01/26/2022			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALPHA H	OME CARE SERVICES, I	NC III	OWWOOD DRI	VE			
	0.11.11.15.4.07			DD0//DD0/ D144/ 05 00DD5 07/0			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 752	Continued From page	e 4	V 752				
VIGE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 102				

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