	f Health Service Regu	lation	AND MILITIPLE	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED
AND PLAN O	F CORRECTION	ROLLIN IN TOTAL	A. BUILDING	is applications and y scan face unlamped an experience as execution of the consequence of	
		outral desired	D MANG		C 01/26/2022
		MHL092-791	D. VVIIVO		V II EVI EVIE
NAME OF DE	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE	
		3716 ARF	ROWWOOD DRIN	/E	
ALPHA HO	ME CARE SERVICES, I	A17 10	I, NC 27604		
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
(X4) ID	(FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE DATE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	TORIC
and the same of th					
1,000	INITIAL COMMENTS	3	V 000		
V 000	INITIAL COMMENTS			All water faucets are correct	od and in
		as completed on January 26,			
			And the second s	compliance. Staff will contin	iue to check
	2022. A deficiency v	vas citeu.		water temperature weekly.	
	This facility is license	ed for the following service		QP will monitor temperature	check sheet
	sets sone 40A NCAC	27G .5600A Supervised		monthly.	02/14/22
	Living for Adults with	Mental Illness	n-bangwagen general		02/14/22
	FIAIR IOI Vocates seren	t 1416 trout our name.			
	The survey sample of	consisted of audits of 5	geocetano		
	current clients.		and the second		
			and the second s		
V 750	27G .0304(b)(4) Hot	t Water Temperatures	V 752	The second secon	
V / 52	213.0304(0)(4)110	Cantion touristance	average of the second s		
	104 NCAC 27G .03	04 FACILITY DESIGN AND			
	EQUIPMENT				
	(b) Safety: Each fac	cility shall be designed,			
	constructed and equ	uipped in a manner that	eige de la company de la compa		
	ensures the physica	al safety of clients, staff and	A		
	visitors.		ege-en-catalo	The state of the s	visionaliprofit
	(4) In areas o	f the facility where clients are	and production of the control of the		
	exposed to hot water	er, the temperature of the	-		
		tained between 100-116	and the second		
	degrees Fahrenheit	t.	Case de la		
particular de la companya del companya de la companya del companya de la companya			National Property Control of Cont		
The state of the s	This Rule is not me	et as evidenced by:	equinum and the second		-
Approximation of the control of the	Based on observati	on, record review and	nation of the second of the se		
The state of the s	interview the facility	/ failed to ensure the water	Quantition		
-		aintained between 100-116		ingeneral control of the control of	A) all and a second a second and a second an
	degrees Fahrenhei	t. The findings are:		1	
	Poviou on 1/26/22	of client #1's record revealed:	Branch Control of the		
	- Admission: 8/9		al-parameter and a second and a	- seasoning	System of the state of the stat
physical		tention Deficit Hyperactivity	sub-material states and states an		
	Disorder (ADHD) a				
	טופטועפו (תטווט) מ	is and the supplies on the succession of			
Control of the Contro	Review on 1/26/22	of client #2's record revealed:	e de la constante de la consta		
The state of the s	- Admission: 7/1		- Adesessables-		
	5 2000 1 4 44 May 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	orderline Personality Disorder,	Repubblication		
	Mild Intellectual De	evelopmental Disability (IDD)	La constitue de la constitue d		
Division of h	lealth Service Regulation		-	- 00	WENDATE 2/1

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE LATOYA M. Brown

TITLE QP

(X6) DATE 2/14/22

STATE FORM

3BLD11

6899

If continuation sheet 1 of 5

STATEMENT	F Health Service Regul OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/26/2022
		MHL092-791			
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STAT		
AI PHA HO	ME CARE SERVICES, I	NC III RALEIGH, I	WWOOD DRIV	Size	
N 6441 X 10 4 X 10		, to to the total	T T	PROVIDER'S PLAN OF CORRECTION	V (X5)
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 752	Continued From page	9 1	V 752		
	and ADHD				
	Review on 1/26/22 or - Admitted: 1/4/22 or - Diagnoses: Schi Type, Hypertension, Disease and history Review on 1/26/22 or - Admission: 11/1 - Diagnoses: Mod Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Diabetes Review on 1/26/22 or - Admission: 12/2 - Diagnoses: Schi Dia	zophrenia Disorder, Bipolar Gastroesophageal Reflux of Seizures f client #4's record revealed: 4/11 od Disorder and Mild IDD f client #5's record revealed: 2/21 izophrenia, Autism and Type I of the facility's public file ivision of Health Service revealed the following: onsite survey was conducted ion Section. "At the time of served that the hot water 0 degreesAt the time of the ved that the door to the hot edStaff was told to correct is survey was completed by			
	CC #2. Interview on 1/26/2: - The 1/25/22 st 8:50 AM-10:00 AM.	2 the CC #1 reported: rvey was conducted between			

Division of Health Service Regulation STATE FORM

3BLD11

Division of	of Health Service Regu	lation			ngunen den meneral men	mention communication and an article of the communication of the communi
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		GOMPLE	:IED
		varia Anglia			C	, section of
		MHL092-791	B. WING		1	6/2022
		[181 (PANY) A 1	<u> Limbono de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composici</u>		1 9116	U) the U fire the
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		3716 ARRO	WWOOD DRI	VE		CIPPE
ALPHA HO	OME CARE SERVICES, I	NC III RALEIGH,	NC 27604			
	A 12 42 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1	PROVIDER'S PLAN OF CORRECTION	A.E.	(1/5)
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
1/750	O U	- 7	V 752			
V 752	Continued From page	3 2	V / 52			
	bathroom and the clie	ent's master bathroom				
	registered the same i		d'active de la constant de la consta			
	9	3				
	Interview on 1/26/22	the CC #2 reported the	and delication			
	following about the 1	•	Baylana Baylan			
	- DHSR arrived at		and described		1	
		bathroom was checked	advirente de la constitución de		1	
	during this second vis		and the second s		ļ	
		rature had increased by 4	postanti di		,	
		taff #1 reported he would	is between the second s			
	regulate the water for		mana(vee)	Anny Property of the Control of the		
	temperature issue wa		to consequent	A		
		en a log to document water	are construction of the co	4		
	temperatures for the		d jacobrana.			
	completed log should		alian paragraphic			William .
	Completed log should		or and a second			THE STATE OF THE S
	Constitution Section	TOT TEVIEW.	a Alexandra			The state of the s
	Observation on 1/26/	22 hotwoon 12:00	engineranismos		,	and the same of th
	Noon-1:00 PM revea		and the same of th	Months in the		
		_	works and the second se	deconnected		The state of the s
	temperatures above	bathroom sink and shower		a picking a markan a		- Auggregate
	were 140 degrees	Datificonii Siirk and Snowei	The state of the s	TO STATE OF THE ST		The state of the s
		bedroom sink was 130	the state of the s	Y THE STATE OF THE		The state of the s
	1	Dedicioni Sirik was 150	Nanovi ista	P T T T T T T T T T T T T T T T T T T T		Www
	degrees.		A CONTRACTOR OF THE CONTRACTOR			Billion .
	Interview on 4100100	staff did you arted				and all the same of the same o
	Interview on 1/26/22		and the same of th			alpharane.
	1	company for 2 years	successive statement of the statement of	A Paragraphy of the Control of the C		STATE OF THE STATE
	- He was a live in		Office and the second			
		d in the hallway bathroom.				and the same of th
	1	r temperature checks twice a	Requestion			and the second s
	month and recorded			a principal control of the control o	9	and the second
		ure checks, the water never	persistence			
	exceeded 116 degree		E-street, and a street, and a	The state of the s		E .
		e temperature readings were		- Andrews		
	located in his room.		ere d'augiste	The state of the s		West of the second seco
		e to locate" them in his room	Name of the state			unanapara de la constitución de
Į	as he had "paperwor		emplanes			
		inable to locate the	especial control of the control of t			
	thermometer he used	d to conduct water	- Contraction of the Contraction			
	temperatures.		Poliumenant			

Division of Health Service Regulation

Division o	f Health Service Regu				(X3) DATE SURVEY				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	COMPLETED				
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	anugat and review equipment of the contract of the extension of the extens					
		The opposite of the Control of the C	SCHOOL STATE OF STATE		С				
		MHL092-791	B. WING		01/26/2022				
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE					
	3716 ARROWWOOD DRIVE								
ALPHA HO	ALPHA HOME CARE SERVICES, INC III RALEIGH, NC 27604								
	OF BUILDING	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTION	(X5)				
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE				
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE				
				to but 1 of the Co.					
V 752	Continued From page	9.3	V 752						
V 102									
		interview, he had located the	New York Control of the Control of t						
	thermometer in the n	nedication closet.							
	Observation on 1/26	/22 at 1:15 PM of the facility's	de character de ch						
	thermometer reveale	ed a digital thermometer							
	commonly used to cl	heck body temperature.			and the same of th				
	Interview on 1/26/22	the DHSR Construction	apata para						
	Section Team Leade		na ana ana ana ana ana ana ana ana ana						
		meter normally used to check	properties and the second						
	body temperature do	oes not register high							
	temperatures.		Merenesia		The state of the s				
	- "I don't think yo	ou would get an accurate	SLI Prince and the state of the						
	reading."								
		2 clients #1-#5 reported:							
	- No issues with t	the water temperature being	To a second seco						
	too hot								
	Interview on 1/26/22	the Administrator/Qualified							
	Professional reporte								
		about the issue regarding the							
		on 1/25/22 by staff #1.							
		ee plumbers were scheduled							
		ater issue. "Whichever one	-						
	shows up first" woul	d be paid for the hot water	Au Cartina Car	And and an analysis of the state of the stat					
	resolution.		sil-sections.	The Colonia of the Co					
		of Plan of Protection (POP)		Service Control of the Control of th					
	dated 1/26/22 comp			and interesting the state of th					
	Administrator/Qualif	fied Professional revealed the		1					
	following:			- Andrews - Andr					
		te action will the facility take to	and the same	The state of the s					
		the consumers in your care?		de de la constante de la const					
		perature was reduced and a	- Comprehension of the Compreh						
		and adjusted the water	BO-Latin Box						
confinence		. The staff will continue to	and property control of the control	Table 1					
Principal Control of C		nperature in all faucets daily to	economic and a second						
AN A	ensure that the read	ding falls between 100-116	separatetis		,				
ppys-engoli	degrees Fahrenheit		ni-printerprinter						

Division of	of Health Service Regu	lation							
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN O	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	- Constant			
report de la constant									
- Communication of the Communi			B. WING		С				
		MHL092-791	D. VVIIAG		01/26/2022	e prototypik			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE					
TOTAL OF THE	NOVIDEN ON OOM LIEN								
ALPHA HO	ALPHA HOME CARE SERVICES, INC III 3716 ARROWWOOD DRIVE								
		RALEIGH,	NC 27604						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)				
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	.			
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IATE DATE				
				DET TOTETY (-consumbos			
V 752	Continued From page	a A	V 752						
	 Describe your plant 	ans to make sure the above		=		-			
	happens.					octatorista			
		ssional will monitor the				on the same			
	aforementioned plan	weekly for compliance."				-			
			- Community		The state of the s	Discussion			
	Five clients whose or	imary diagnosis of mental	-			Constitution			
		hizophrenia and Bipolar				***************************************			
	Disorder resided in th		agraement of the control of the cont			-			
		onsistent between 130-140				-			
		or two consecutive days at	permanent			- Companies			
		by clients. Facility staff did	-			9			
		e hot water heater to turn	Colorate						
general services and services are services and services are services and services and services and services are services are services and services are services and services a		erature. The facility did not				-			
American			disease of the second			To the same of the			
		of temperature checks being	Application			***************************************			
	conducted. The facilit				we will be a second of the sec				
		check body temperatures	No.			The second			
neg production of the control of the		mometer recommended for	and the second			-			
		ecks. This would have given	Albertanne.		The state of the s				
		readings. Therefore, it was				-			
	difficult to determine I								
		n above 130 degrees. This	w do not have						
	deficiency constitutes	a Type A2 rule violation as	desame		***************************************				
	clients were placed a	t substantial risk of serious	-			-			
	harm and must be co	rrected within 23 days. An				9			
y	administrative penalty	of \$500.00 is imposed. If	-						
		rrected within 23 days, an							
		ive penalty of \$500.00 per							
		or each day the facility is out							
	of compliance beyond				and the second s				
		a sie mora delys				-			
						mhman			
						-			
					and the second s	the second			
					and a second sec	-			
						and the same of th			
						STATE OF THE PERSON NAMED IN			
						9			
						Difference			
						- Control			

Hot Water Temp Record Name of Facility Alpha Hene Care Services III. Surveyor Scott Greenwood

Date -	Reading Location	Temperature	Signature	Print Names	Commen
2/7/22 spm	machine room	107.6	kleys	Taiwo . O	
27712=300	Control of the contro	106-6	Kling	Iqiwo O	
13/22 8 CM	procept too	106.1	Ideigo	Talword	
2/7/12 70m	HATTLORY	162.3	Kleye	Talmoro	
5/2/53 1566	Maraba roum Kilchen	108.4	Mey	Talword	
5/6/55 15hm	Challway Staff	103.7	Icley	Tains . o	
5/8/22 864		102.4	Kluye	19:40.6	
5/3/20 3 M	Challman .	190.9	they	Tainsic	
1912 20m 1	MARKETERN	101.6	Ichey.	19140.0	
lala a D	Tolling -	3.30	Iclan	Tallwood	
3122 - 11	marks when t	64.6	Pelin	Taiward	
lala la la	COLUMN TO THE REAL PROPERTY.	108-3	Clay	Taiwa 10	
elic A	The French	01.3	they-	1014000	
M 18	allows !	e3: 5 03:3	10 len	Taino 10	
122 2 IN	Called How I	03.6	Ithen	. Tarmero	
10/22 3 an &		03.7	Ichen	Tains. c	
22 12pm 1	Marian Company of the	03.3	Klin	Taine - C	
123 12 pm 5/	man !	01-1	Wing	1 Change	

Hot Water Temp - 100-116 Deg

Recommend Record Temp once/wool

Maintain this log of hot water temperatures showing measurements made three times a day for three consecutive days

Return completed los to

Hot Water Temp Record
Name of Facility Alpha Hene Care Sewces III.
Surveyor South Greenward

Date -	Reading Location	Temperature	Signature	Print Names
Falsolaz Epa	FALLS.	- 105 5	Klerk	Tainer
2/10/22 200	HATTER MY	184.3	leline	Jewane e
White gran	To the line	127:3	Wiles	100/400
10 122 1980	Stall and	103.6	Klen	Tains.
2/11/12 1200	may be	104.7	Vleye	TI RILLE
2/12/20 Ren	Hand and	102.1	Elene	TICKY 91
	more han In Johnson	Total Vocal	IVI TO THE REAL PROPERTY.	Taiw.
	2-11-6-	188:3	Klip	Tamor
Wals 34 1	570[]	Tree 1	Kline	Trains
	and a second	106.5	Kling	Taire
and the second	staff or as one or of a	1222	Kley	Talus
Manager Land	all way	103: 6	Meline	Trans
	4. 10.	7 501	Hey	Talka
	EL ATE	103:3	the	Tales
	1444	1104 3	Men	. I give
	1911-2-1	102-1	Klen	Talm
PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O	Tek-	197 7	Helique	1414
1 - A - A - A - A - A	Laft.	106.3	Kley	1914
	Action 1	10113	Klein	Tiene

Hot Water Temp - 100 - 116 Deg

Recognizated Record

Mointain this has of hot water temperatures abouting measurements in ade three times

Return completed log to:

JAN-30-2022 14:39 From: 9198098676

To:3475212471

Page:2/2

Hot Water Temp Record Name of Facility Alpha Home Care Services III Surveyor Scott Greenwood

Date -	Reading Location	Temperature	Signature	Print Names	Comment
2/14/2214	marten nos		Meye	19:000	
2/14/22 3pm	Hallman Staff master room kitchen	103.2	Kleys	191010	
2/14/22 8/11	Hallman				
	•				
•					
			The second second		
-					
Hot Water 1 of	2p- 100-116		no.	commend Record Te	