STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 20.22to. <u>-</u>		С
		MHL092-791	B. WING		01/26/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
ΔΙ ΡΗΔ Η	OME CARE SERVICES, II	3716 ARF	ROWWOOD DRI	VE	
ALFRAR	JIME CARE SERVICES, II	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	2022. A deficiency was This facility is licensed category: 10A NCAC Living for Adults with I The survey sample of current clients.  This Statement of Def April 7, 2022 due to a received from the informeeting on April 7, 20.0304 Facility Design	d for the following service 27G .5600A Supervised Mental Illness. onsisted of audits of 5 ficiencies was amended on dditional information			
V 752	violation.  27G .0304(b)(4) Hot \		V 752		
	10A NCAC 27G .0304 EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of texposed to hot water,	FACILITY DESIGN AND			
	temperature was mair degrees Fahrenheit.	n, record review and ailed to ensure the water ntained between 100-116			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		A. BOILDING					
		MHL092-791	B. WING		C 01/26/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
AL DUA II	3716 ARROWWOOD DRIVE						
ALPHA H	OME CARE SERVICES, I	RALEIGH	, NC 27604				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE		
V 752	Continued From page	e 1	V 752				
	- Admission: 8/9/19 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Depression						
	<ul><li>Admission: 7/13/</li><li>Diagnoses: Bord</li></ul>	client #2's record revealed: 19 erline Personality Disorder, elopmental Disability (IDD)					
	<ul><li>Admitted: 1/4/22</li><li>Diagnoses: Schiz</li></ul>	client #3's record revealed: zophrenia Disorder, Bipolar Gastroesophageal Reflux of Seizures					
	- Admission: 11/14	client #4's record revealed: I/11 d Disorder and Mild IDD					
	- Admission: 12/22	client #5's record revealed: 2/21 zophrenia, Autism and Type I					
	maintained by the Div Regulation (DHSR) re - On 1/25/22, an o by DHSR Construction the survey it was observed water tank was locked this deficiency." This Construction Consultation - "On January 26, conducted to verify if corrected at the time	ensite survey was conducted on Section. "At the time of erved that the hot water degreesAt the time of the ed that the door to the hot dStaff was told to correct survey was completed by ant (CC) #1.					

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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	
				c		
		MHL092-791	B. WING		01/26/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA H	OME CARE SERVICES, II	NC III 3716 ARRO RALEIGH,	OWWOOD DRI'	VE		
(X4) ID	SUMMARY ST	<u> </u>	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 752	Continued From page	2	V 752			
	facility was place under a plan of protection." This second survey was completed by both CC #1 and CC #2.					
	8:50 AM-10:00 AM.	res in the upstairs hall ent's master bathroom				
	Interview on 1/26/22 to following about the 1/2 policy of the policy of	the CC #2 reported the 26/22 survey: 8:45 AM. bathroom was checked sit. rature had increased by 4 aff #1 reported he would the clients until the is resolved. en a log to document water next 15 days. The be faxed to DHSR for review.				
	Noon-1:00 PM reveal temperatures above - Upstairs hallway were 140 degrees	ed the following				
	<ul><li>He was a live in s</li><li>Clients #1-5 used</li><li>Conducted water</li><li>month and recorded t</li></ul>	ompany for 2 years staff. d in the hallway bathroom. temperature checks twice a				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. BOILBING.		C		
		MHL092-791	B. WING		01/26/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ALPHA H	OME CARE SERVICES, I	NC III	OWWOOD DRI' NC 27604	VE		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE	
V 752	Continued From page	e 3	V 752			
	located in his room.  He was" not able as he had "paperwork Initially he was u thermometer he used temperatures.  Later during this thermometer in the modern on 1/26/22 thermometer revealed commonly used to characteristics.	e temperature readings were to locate" them in his room k everywhere." nable to locate the to conduct water interview, he had located the redication closet.  22 at 1:15 PM of the facility's d a digital thermometer eck body temperature.  the DHSR Construction reported: meter normally used to check				
		ı would get an accurate				
		clients #1-#5 reported: ne water temperature being				
	Professional reported - She found out at water temperature on - On 1/26/22, three to resolve the hot wat shows up first" would resolution.  Review on 1/26/22 of	oout the issue regarding the 1/25/22 by staff #1. e plumbers were scheduled er issue. "Whichever one be paid for the hot water				
	dated 1/26/22 comple Administrator/Qualifie following:	eted by the ed Professional revealed the				

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PRINTED: 04/27/2022 FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICES, INC III   STREET ADDRESS, CITY, STATE, ZIP CODE  3716 ARROWWOOD DRIVE RALEIGH, NC 27604   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3716 ARROWOOD DRIVE RALEIGH, NC 27604  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 752  Continued From page 4  - "What immediate action will the facility take to ensure the safety of the consumers in your care?  The water temperature was reduced and a plumber came out and adjusted the water temperature as well. The staff will continue to check the water temperature in all faucets daily to ensure that the reading falls between 100-116 degrees Fahrenheit.  - Describe your plans to make sure the above happens.  A Qualified Professional will monitor the aforementioned plan weekly for compliance."  Five clients whose primary diagnosis of mental illness inclusive of Schizophrenia and Bipolar Disorder resided in the facility. Water temperatures were consistent between 130-140 degrees Fahrenheit for two consecutive days at water sources utilized by clients. Facility staff did not have access to the hot water heater to turn down the water temperature. The facility did not have documentation of temperature checks being conducted. The facility utilized a digital thermometer used to check body temperatures	AND PLAN OF CORRECTION IDENTIFICAL		IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
ALPHA HOME CARE SERVICES, INC III  3716 ARROWWOOD DRIVE RALEIGH, NC 27604  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 4  - "What immediate action will the facility take to ensure the safety of the consumers in your care? The water temperature was reduced and a plumber came out and adjusted the water temperature as well. The staff will continue to check the water temperature in all faucets daily to ensure that the reading falls between 100-116 degrees Fahrenheit.  - Describe your plans to make sure the above happens.  A Qualified Professional will monitor the aforementioned plan weekly for compliance."  Five clients whose primary diagnosis of mental illness inclusive of Schizophrenia and Bipolar Disorder resided in the facility. Water temperatures were consistent between 130-140 degrees Fahrenheit for two consecutive days at water sources utilized by clients. Facility staff did not have access to the hot water heater to turn down the water temperature. The facility utilized a digital thermometer used to check body temperatures	MHL092-791		B. WING		C 01/26/2022		
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water temperature checks. This would have given the facility inaccurate readings. Therefore, it was difficult to determine how long the water temperature had been above 130 degrees. This deficiency constitutes a Type A2 rule violation as clients were placed at substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 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 752	- "What immediate ensure the safety of to The water temperature as well." check the water temperature as well." check the water temperature that the reading degrees Fahrenheit Describe your plantappens.  A Qualified Proferaforementioned plantappens.  A Qualified Proferaforementioned plantappens.  Five clients whose proferaforementioned plantapperatures were concept to the same and the water sources utilized not have access to the down the water temperature documentation conducted. The facility thermometer used to as opposed to a thermometer used to as opposed t	e action will the facility take to the consumers in your care? crature was reduced and a digitated the water. The staff will continue to the staff will monitor the staff will monitor the staff will monitor the staff will water to the staff will be the staff will be the staff will be the water to turn the water to turn the staff will be the water to turn the staff will be the water to turn the water to tur	V 752			

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