

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-832	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/29/2022
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES INC VI	STREET ADDRESS, CITY, STATE, ZIP CODE 105 OAKWOOD DRIVE WAKE FOREST, NC 27587
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 4/29/22. The complaint was substantiated Intake #NC00186922. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assess whether or not the facility could provide services to address the needs for 1 of 3 audited client (#5). The findings are:</p> <p>Review on 4/25/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/13/22 - diagnoses of Schizophrenia and Intellectual Developmental Disorder <p>I. During interview on 4/25/22 client #2 reported:</p> <ul style="list-style-type: none"> - she and client #5 were in an altercation on 4/20/22 - client #5 wanted juice however it was not enough for everyone - told client #5 she had to drink water like the others - client #5 threw water from a cup on her - then she (client #5) threw the cup and hit her (client #2) in the head - no injuries <p>II. During interview on 4/27/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #3 went with her guardian to get her nails done on 4/25/22 - client #3 returned to the facility with a soda - client #5 took the soda and went outside and drunk half of it - later client #5 grabbed the back of client #3's neck - she (staff#1) immediately separated them and called the police - staff were supposed to document hourly checks on all the clients - no documentation from 4/20/22 - 4/24/22 	V 105		

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V 105	<p>Continued From page 3</p> <ul style="list-style-type: none"> - she was on vacation during that time <p>During interview on 4/26/22 staff #2 reported:</p> <ul style="list-style-type: none"> - she worked alone 4/20/22 - 4/24/22 with all 3 clients <p>During interview on 4/25/22 & 4/27/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - client #5 was admitted to the sister facility in March 2022 - she attempted to choke a client at the sister facility - she (QP) asked the Licensee to move client #5 to this facility - client #5 was hospitalized prior to admission to the facility for medication management - she and another staff provided 1:1 on alternate days to assist with the behaviors - food caused client #5's behaviors - the facility could not meet client #5's needs <p>During interview on 4/27 & 4/29//22 the Licensee reported:</p> <ul style="list-style-type: none"> - client #5 was hospitalized prior to admission and another time after admission to the facility - attempted to get her medication adjusted - client #5 had 1:1 service and if the 1:1 was not there, staff were supposed to document hourly checks for client #5 - client #5 was discharged from the facility on 4/25/22 	V 105		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes:</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>(A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an identification face sheet, documentation of the screening and assessment and emergency information were maintained in 1 of 3 audited clients (#5) record. The findings are:</p> <p>Review on 4/25/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/13/22 - diagnoses of Schizophrenia and Intellectual Developmental Disorder - only a FL2 & discharge information from the local hospital <p>During interview on 4/25/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she ensured the clients' records maintain with the required documents - client #5's face sheet, admission assessment and other documents were saved on her computer - had not printed and placed in client #5's record <p>During interview on 4/27/22 the Licensee reported:</p> <ul style="list-style-type: none"> - client #5's completed record was maintained at the office - would ensure a copy of the record was also at the facility 	V 113		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 132		

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V 132	<p>Continued From page 6</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an allegation of abuse to the Health Care Personnel Registry (HCPR) within 5 working days for 1 of 2 audited staff (#1). The findings are:</p> <p>During interview on 4/25/22 the Qualified Professional Manager reported:</p> <ul style="list-style-type: none"> - completed an investigation in February 2022 - it was alleged staffed #1 hollered at FC#3 - the incident happened on 2/20/22 & he was notified on 2/21/22 - FC#3's guardian removed her from the facility on 2/20/22 - he completed the internal investigation on 2/21/22 - submitted the investigation through the IRIS system <p>During interview on 4/28/22 a representative with HCPR reported:</p> <ul style="list-style-type: none"> - a client alleged abuse by staff on 2/21/22 - the facility faxed in the 5 working day report on 3/8/22 and it was supposed to be submitted by 3/1/22 <p>During interview on 4/29/22 the Licensee reported:</p> <ul style="list-style-type: none"> - all allegations of abuse and neglect will be submitted within 5 working days 	V 132		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	<p>Continued From page 8</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit,</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1)</p>	V 367		

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V 367	<p>Continued From page 10 through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report all Level II incidents to the Local Management Entity/Managed Care Organization (LME/MCO). The findings are:</p> <p>Review on 4/25/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - no level II's were submitted <p>I. During interview on 4/25/22 client #2 reported:</p> <ul style="list-style-type: none"> - she and client #5 were in an altercation on 4/20/22 - client #5 wanted juice however it was not enough for everyone - told client #5 she had to drink water like the others - client #5 threw water from a cup on her (client #2) - client #5 then threw the cup and hit her in the head - no injuries - the police was called <p>During interview on 4/26/22 staff #2 verified the 4/20/22 incident</p> <p>II. During interview on 4/27/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #3 went with her guardian to get her nails done - returned with a soda 	V 367		

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V 367	<p>Continued From page 11</p> <ul style="list-style-type: none"> - client #5 took the soda and went outside and drunk half of it - later she grabbed the back of client's #3 neck - she immediately separated them and called the police <p>During interview on 4/27/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the QP's were responsible for submitting incident reports through IRIS <p>During interview on 4/29/22 the Licensee reported:</p> <ul style="list-style-type: none"> - will ensure the QP's were trained on how to submit incident reports through the IRIS system 	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the governing body failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 4/25/22 at 12:37 of the facility revealed:</p> <ul style="list-style-type: none"> - a kitchen cabinet door near the stove protruded from the wall & hung off the hinges 	V 736		

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V 736	<p>Continued From page 12</p> <p>During interview on 4/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - she saw kitchen cabinet needed repaired yesterday after her return from vacation - called maintenance on yesterday - would call again today (4/25/22) <p>During interview on 4/26/22 staff #2 reported:</p> <ul style="list-style-type: none"> - she was a floater staff for the sister facilities - the cabinet door was like that when she arrived on 4/20/22 <p>During interview on 4/29/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the cabinet door was repaired <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		