STATEMENT	f Health Service Requirements of Deficiencies of Correction	BÜON (X1) PROVIDER/SUPPLIER/CILIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		WHL092-727	B. WING	**************************************	06/0	2/2022
NAME OF PR	ROVIDER OF SUPPLIER	STREET ADDI	RESS, CITY, STAT	TE, ZIP CODE		
ALPHA HO	OME CARE SERVICE	3612 CARO RALEIGH, 1				
(X4) tD XISSSES XAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (CENCY)	O BE	(X5) COMPLETE DATE
V 800	INITIAL COMMENTS		V 000	,		6/9/2022
	An annual and compi on June 2, 2022. The unsubstantiated Intal Deficiencies were cit	ce #NC00189233.		*		
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
	census of 3. The sur	ed for 6 and currently has a vey sample consisted of lents and 1 former client,			Jaino.	
V 108	27G .0202 (F-I) Pers	sonnel Requirements	V 108	anew Chapman	d.	
	(g) Employee training	ation shall be documented. ng programs shall be		anew chapman has been ordere phand staff we retrained.	LS.	
	following: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to mee	ational orientation; if rights and confidentiality as CAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the	1	administer will supervise apervise ame	and and a	
Printerior de la companya della companya della companya de la companya della comp	plan; and (4) training in infection bloodborne pathoge (h) Except as permi .5602(b) of this Sub- member shall be av- times when a client member shall be tra	etious diseases and ens. Itted under 10a NCAC 27G inchapter, at least one staff vailable in the facility at all its present. That staff ined in basic first aid	Carried and Control of the Control o			
Division of H	to provide cardiopu trained in the Heimi	anagement, currently trained Imonary resuscitation and lich maneuver or other first aid those provided by Red Cross,		3.3777	Oniversity of the second seco	7 37AG (8X)

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	the American Heart	Association or their iving airway obstruction.				
		ody shall deve op and				
		and procedures for identifying.				
		ing and controlling infectious diseases of personnel and				
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11	This Rule is not me	et as evidenced by: ion, record review and				
		/ failed to ensure 2 of 2 staff				
		fessional (QP)) were trained to				
	meet the mivot ne	eds of the clients. The findings				
anner.		r v - vov	equalities ?			
· ·	Review on 5/24/22 - admitted Nove	of client #3's record revealed:				
-	- diagnoses: Mi	ld Autism, Intellectual				
,	Developmental Dis	sability and Sleep Apnea				
***************************************		rview on 5/24/22 at 1:32pm				
	with staff #1 reveal	led: o the (CPAP) Continuous				
-	Positive Airway Pri	essure machine on the				
-	nightstand near cli	ent #3's bed radio? I do not hear enything,*				

· services		erview with the QP on 5/26/22 at				
venance	12:11pm revealed	; d over to the CPAP machine on				
and and	client #3's nightsta	and				
Constitution of the Consti	- If the CPAP r	nask was not on top of the d have thought it was a radio				
44						
*	During interview o	in 5/24/22 client #3 reported:				

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	is une o checoth	ing machine" on his				rineste di la constante di la
	nightstand	and indeximo promo				wayqu
		ecause he "snored"				*****
		nachine since 2017				***************************************
						779000
	Observation on 5/24	I/22 immediately after client				24,000
	#3 stated he had the	CPAP machine since 2017,				200040
		prised in his tone and said "				
	since 20171°		•			T
	During intensions on	5/24/22 staff #1 reported:	1			1
During interview on 5/24/22 staff #1 reported: - had worked at the facility for a year						
	- dld not know w	hat Sleep Apnea or a CPAP				and the same of th
	machine was			1		-
-	- the QP & man	agement had not informed him				ì
-	about the CPAP me					
-	•	ed fraining on Steep Apnea or				
	CPAP					
	During intentions of	5/26/22 the QP reported:				
	. client #3 may	need to be scheduled for a				
versa	sleep study					
	- was not aware	he had Sleep Apnea or used a				
	CPAP machine					
-		red any training on Sleep Apnea				
	or a CPAP machin	e a salasania ta hala bira				
		need Melatonin to help him				
1	sleep better at nig he provided to	ealphor to staff				
	Be provided u	provide training on Sleep Apnea	1			
1	and the CPAP ma	chine, if he had not received	******			
	any training					
	During interview of	on 6/2/22 the				
	Administrator/Lice	ensee reported:				
	- client #3 had	a sleep study done in 2017				
-	staff #1 & the	QP had training on Sleep				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aprica and the Cl	PAP machine in First nary Resuscitation (CPR)				
	(rary) (baddachianan (an 15)				The second secon
}	training	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		WWW.		0 000 000

Division of Health Service Regulation

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name of P	ASPARTS AS ESTANOS	STREET AD	ORESS, CITY, STA	TE, ZIP ÇODE	******	, consideration residents
HAHAHA	OME CARE SERVICE		OLYN DRIVE NC 27604			
OI (AK) PRESTA DAT	DARKET PARTIE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INPORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROBS-REFERENCED TO THE APPROPE DEFICIENCY)	96	(X9) COMPLETE OATE
80£.V	Continued From page	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	V 108	***************************************	4444444444	6/9/2021
	staff #1 & the QF Apnea and the CPAF	will be retrained on Sleep machine				· ·
V 109	27G .0203 Privileging	g/Training Professionals	V 109			
	QUALIFIED PROFE ASSOCIATE PROFE (a) There shall be no qualified professions (b) Qualified professions (c) Qualified professions and abilities required (d) At such time as a employment system then qualified profes professionals shall of (d) Competence shall of (d) Competence shall (d) Competence shall (d) Competence shall (d) Competence shall (1) technical swaren (2) cultural awaren (3) analytical skills; (4) decision-making (5) interpersonal st (6) communication (7) clinical skills (e) Qualified profes NCAC 27G .0104 (1) met the requirement employment system MH/DD/SAS (f) The governing b develop and implem for the initiation of a plan upon hiring ear (g) The associate p supervised by a que population served for	essionals privileging requirements for so or associate professionals, sionals and associate emonstrate knowledge, skills if by the population served, a competency-based is established by rulemaking, sionals and associate emonstrate competence, all be demonstrated by including; adge; ass; skills; and sionals as specified in 10A 8)(a) are deemed to have to of the competency-based in the State Plan for ady for each facility shall tent policies and procedures in individualized supervision ch associate professional,		opened staff war etvained sleep Aprilate PCP was update to include Crap machine administrator of superuse opened Staff once a mis	ap ad III	

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Alrway Pressure (C-PAP Machine) - use dally at							deventa
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times per week	******	times per week					alvania
Citizanistica & lateral gravity tha CVD as CVD 123 at		Ciberon maine 9 laters	to column an cirt and discussion				· ·
Observation & interview with the QP on 5/26/22 at 12:11pm revealed:			ubasi asirti una ciu. Bu duscuss (8)				applicate of
- the QP walked over to the CPAP machine on			over to the CPAP machine on				and the second
client #3's nightstand							oppopul
- If the CPAP mask was not on top of the							Andreas de la constitución de la
machine, he would have thought it was a radio		magnine, ne would !	स्वत्रव काठमवितर ह अवस्व छ इत्रसाठ				Andrews Andrews
During interview on 9/26/22 the QP reported:	* phorpicis	During interview on	5/26/22 the QP reported:			}	Personal
was not aware client #3 had Sleep Apries or	name of the	 wise not aware 	client #3 had Sleep Apries or			*****	- Control of Control
used a CPAP machine Division of Health Service Regulation	**************************************		06 	negocioreno con escentido de la constante de l	***************************************	and the state of t	meneral

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ALPHA HC	ME CARE SERVICE		ROLYN DRIVE		The second secon
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₩ 109	and the CPAP mach any training the was respons freatment plans did not recall if CPAP machine in d he completed a During interview on Administrator/License	ning to staff ovide training on Sleep Apnea ine, if he had not received iible for completion of the the put anything about the ient #3's treatment plan tot of treatment plans	V 109		6/9/2
× 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	until he was retrained 27G .0204 Training Paraprofessionals 10A NCAC 27G .02 SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession associate profession professional as specific professional as specific professional as specific professional as specific profession served. (d) Paraprofession knowledge, skills a population served. (d) At such time as employment system then qualified professionals shall	/Supervision 204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for tals shall be supervised by an anal or by a qualified actified in Rule .0104 of this tals shall demonstrate and abilities required by the as a competency-based in is established by rulemaking, assionals and associate a demonstrate competence, thall be demonstrated by lis including: wiedge: timess; is;	V 119	administrator was follow upon the and staff market the chapmachine is maintain base of the doctor writers	190

Division of Health Service Regulation

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ALPHA H	ome care service	3612 CARO RALEIGH,	DLYN DRIVE NC 27604		
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	develop and impleme	kills; and dy for each facility shall nt policies and procedures individualized supervision			ege-ex-pression control contro
	knowledge, skills and population served. The Review on 5/24/22 of revealed: hire date 10/15/2	n, record review and affect to ensure 1 of 1 if (#1) demonstrated the if abilities required by the he findings are: If staff #1's personnel record			
	admitted Novem diagnoses: Mild Developmental Disal a physian's orde (CPAP) Continuous I times a week	ber 2008 Autism, Intellectual Autism, Intellectual bility and Sleep Apriea or dated 1/21/22 - clean Positive Airway Pressure 2-3			
	May 2022 MARs (me record) revealed: - CPAP being des	f client #3's March, April & edication administration aned was initialed deliy by			
	During interview & of	oservation on 5/24/22 with			

Division of Health Sarvice Regulation

Division	of Health Service Requ	lation			
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3	CONSTRUCTION	COMPLESED (XC) DALE STRAEL
		MHL092-727	B. WING		05/02/2023
	POVIDER OR SUPPLIER OME CARE SERVICE		CORESS, CITY, STA	ate. 2P code	
	despessed and and added and and and a second	RALEIGH	I, NC 27604	CT II NO III	to the state of th
(X4) ID PREFIX TAG	(EACH DEFICIENC	RATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FOLL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERSNOED TO THE APPROX DEFICIENCY)	DE SCHOLETE PRIATE DATE
V 110	- staff #1 walked and turned the dial - asked "is it a rad During interview on the dial and worked at it - did not know who machine was - he initialed the I CPAP machine becapersional told him During interview on Administrator/License	e on client #3's nightstand over to the CPAP machine dio? I do not hear anything." 5/24/22 staff #1 reported: he facility for a year nat Sleep Apnea or a CPAP MARS for the cleaning of the ause the last Qualified in to 6/2/22 the see reported: be retrained on Sleep Apnea	V 110		
Vill	only be administere order of a person at drugs. (2) Medications shat clients only when at client's physician. (3) Medications, including administered only bunicensed persons pharmacist or other privileged to prepar (4) A Medication Adalf drugs administered only bunicensed persons pharmacist or other privileged to prepar (4) A Medication Adalf drugs administered order.	09 MEDICATION	V 118	Grand Staff he been retrained administration in the decta conditions. Administrator with following the december of the decemb	dieder dieder the ders

STATEMENT	of Health Service Regul FOF DEFICIENCIES OF CORRECTION	ation (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE S COMPL	
		MHL092-727	B. WING		06/0	2/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET AC	IDRESS, CITY, STATI	E, ZIP CODE		
alpha H	ome care service		ROLYN DRIVE I, NC 27604			AND THE PROPERTY OF THE PROPER
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETE CATE
V 118	MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials o drug. (5) Client requests for checks shall be reconstant.	after administration. The following:	V 118			доводоворов поста по
	were administered of physician for 2 of 3 of are: A. Review on 5/20/2 revealed: - admitted 4/20/0 diagnoses: Genutellectual Developi Hyperlipidemia, Hyperlip	n, record review and failed to ensure medications in the written order of a dients (#2 & #3). The findings are alicents are alicen				

Division of Health Service Regulation

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PREPR TAG DEFICIENCY WURT OF PRECEDED BY SULL REQUATORY OF USO BENTRYING INFORMATION) V118 Continued From page 9 (blood pressure) BP - Valsartan 80-12.5mg everyday (BP) - check BP once a week, goal is 130/80 - call if above 180/100 or below 80/60 - hold Propranolol and Valsartan Holz if systolic BP if < (less than 100) - no self administration physicien's order for the Novolog Review on 5/24/22 of client #2's primary physician's consultations revealed: - "2/4/22; saw for new pattent appointment. He enjoys fruit sodes and that may be why his sugars have been higherfollow up in 1 month" - "3/3/22 - please bring updated glucose 65 and BP logs" - "3/3/122 - his 85 and pressure logs were left at home today but GH (group home) worker sald his 85 have been running under 200" - "5/5/122 - return in 8 weeks with BP 8 85 logs" Review on 5/24/22 dt the facility's BP log for client #2 revealed; - no BP checks were documented from March 2022 - May 2022 Review on 5/24/22 & 6/2/22 of the facility's B5 log	STATEMENT	Division of Health Service Regulation ETATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL092-727		(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTOR	(x3) DATE SURVEY COMPLETED 06/02/2022	
CORJUD SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLAN OF CORRECTION PROPERTY TAG SUMMARY STATEMENT OF DEFICIENCY MAD SERVICE PROPERTY TAG SUMMARY STATEMENT OF DEFICIENCY MAD SERVICE PROPERTY AND	NAME OF P	ROVIDER ON SUPPLIER	STREET AC	IDRESS, GITY, STATE	, zie cope		
PREPIX TAG REQUATORY OF USE SHERT PINCEDED BY OUL. PREPIX TAG CROSS-REPERBINGED TO THE APPROPRIATE DEFICIENCY) V 118 Continued From page 9 (blood pressure) BP - Valsarian 80-12.5mg everydsy (BP) - check BP once a week, goel is 130/80 - call if above 180/100 or below 80/60 - hold Propranolol and Valsarian Hotz if systolic BP if < (less than 180) - no self administration physician's order for the Novolog Review on 5/24/22 of client #2's primary physician's consultations revealed: - "2/4/22; saw for new pattent appointment. He enjoys fruit sodas and that may be why his sugare have been higherfollow up in 1 month" - "3/3/22 - please bring updated glucose 65 and BP logs" - "3/3/122 - his 85 and pressure logs were left at home today but GH (group home) worker said his 85 have been running under 200" - "5/5/22 - return in 8 weeks with BP 8 85 logs" Review on 5/24/22 of the facility's BP log for client #2 revealed; - no BP checks were documented from March 2022 - May 2022 Review on 5/24/22 & 6/2/22 of the facility's B5 log	alpha h	ome care service					and the second s
(blood pressure) BP - Valsartan 80-12.5mg everyday (BP) - check BP once a week, goal is 130/80 - call if above 180/100 or below 80/60 - hold Propranotol and Valsartan Holz if systolic BP if ≪ (less than 100) - no self administration physician's order for the Novolog Review on 5/24/22 of client #2's primary physician's consultations revealed: - "2/4/22: sew for new pattent appointment. He enjoys fruit sodas and that may be why his sugars have been higherfollow up in 1 month" - "3/3/22 - please bring updated glucose 85 and BP logs" - "3/31/22 - his 88 and pressure logs were left at home today but GH (group home) worker said his 85 have been running under 200" - "5/5/22 - return in 8 weeks with BP 8 83 logs" Review on 6/24/22 of the facility's BP log for client #2 revealed; - no 8P checks were documented from March 2022 - May 2022 Review on 5/24/22 & 6/2/22 of the facility's 85 log	MARKE	PREFIX REACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR USO RENTIFYING INFORMATION)		RESERVE	TEACH CORRECTIVE ACTION SHE CHOOS REFERENCED TO THE APP	38 CLIVC	GCMPCRIE GCMPCRIE DATE
for client #2 revealed: - had columns labeled: date, before breakfast, recheck-PRN (as needed), before dinner & recheck PRN - BS were documented for breakfast and dinner with sporadic BS checks in the recheck PRN columns - no column labeled lunch - no documentation of BS for March 2022 & April 2022 - May 1 - 26, 2022 BS checks: breakfast - ranged from 80 - 227 & dinner - ranged between 104 - 388		(blood pressure) BP - Valsartan 80-12 check BP once is above 180/100 or be hold Propranolol BP if < (less than 100 or be hold Propranolol BP if < (less than 100 or be hold Propranolol BP if < (less than 100 or be hold Propranolol BP if < (less than 100 or be hold Propranolol BP if < (less than 100 or be hold proposition of the Novolog Beview on 5/24/22 or physician's consultation of the Novolog Beview on 5/24/22 or physician's consultation of the SP is at home today but Ghis BS have been runder been been runder of the BP checks which was a serie of the serie of the serie of the serie of the columns is a recheck PRN or be columns or an ordumn tabe ordumn t	Sing everyday (SP) s week, goal is 130/80 - call if low 80/60 I and Valsartan Holz if systolic cation physician's order for I client #2's primary ions revealed: new patient appointment. He id that may be why his sugare follow up in 1 month" bring updated glucose SS S and pressure logs were left iH (group home) worker said infing under 200" in 8 weeks with BP & BS loge" if the facility's BP log for client were documented from March & 6/2/22 of the facility's BS log d: belied: date, before breakfast, heded), before dinner & sented for breakfast and BS checks in the recheck led lunch ion of BS for March 2022 & 12 8S checks: breakfast -	V 118			

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2002 47.83814 52.5388	REACH DEPRESENT	ATEMBET OF DEFICIENCIES F MUST BE PRECEDED BY FULL LECHDENTETING RECORDANICHS	83 2002-08 3863	24472. 25. (12006712)2.
\$ \$\$\$	Continued From page no sliding scale: from 5/1/22 - 5/26/22 Review on 5/24/22 & 2022 MAR revealed: blood sugars & I by staff #1 at 8:30am - 5/26/22 Review on 5/20/22 & Novolog sliding scale - columns labeled lumbh & dinner - Novolog sliding 70 - 79 = 9 80 - 150 = 10 151 - 200 = 11 201 - 250 = 12 251 - 300 = 13 301 - 350 = 14 351 - 400 = 15 401 - 450 = 16 above 450 = 17 Observation on 5/24 - staff #1 request - client #2 respor but 2 times a day. W You trying to get sor she (surveyor) is he - staff #1 stated; have to check three program."	8/2/22 of client #2's May 8/2/22 of client #2's May 8/2/22 of client #2's 8/24/22 of client #2's 9 revealed: 8 S before meals, breaklest, scale units ranged from: 1/22 at 12:43pm revealed: ed client #2 to check his BS ided: "I do not check my sugar /e have not been doing this, nething started, is it because		
Representation of the second o	Observation on 5/24 - client #2 volunt. checked his BS	1/22 at 2:30pm revealed: arily came to the kitchen and I the glucometer & stated his		ann ann an ann an ann ann ann ann ann a

Division b	f Health Service Regu	ation			municommini	manuscus minumas
	of Depiciencies of Correction	(X1) PROVIDER/SUPPLIER/CLA (DENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL082-727	B. WING		06/0:	2/2022
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ALPHA H	THE CARE SERVICE		DLYN DRIVE			Paragraph of the Control of the Cont
	ቊቊቊቊቊቊ		, NC 27604	/	the state of the s	uccucation
(X4) 10 PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CHOSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(XS) COMPLETE DATE
V 118	Continued From page	3 13	V 118			
	BS was 152					
	 staff #1 furned th 	e Novolog insulin dial pen to				
	11 units, handed the	Novolog pen to client #2 &			4.	
	he injected the insulir	n into his abdomen				
						:
		/24/22 client #2 reported:		a.		
had checked his own BS for last 17 years had self administered his own insulin since admitted to the facility						
		r to breakfast and prior to				
	dinner	in pregulast situ bitot to				
	3	e BS had to be checked at				
	lunch until today					
	- could not recall	when BP was last checked				
	During interview on the reported:	5/20/22 & 5/24/22 staff #1				
		at the day program the end		,		
	1	gram on Monday,				
	Wednesday and Fric					
		acked on Monday,				10 10 10 10 10
	Wednesday and Frid	lays at 11:30am & Novolog				
		ed by a previous QP				
	(Qualified Profession	nal) to still initial the MAR at				
ne printerly		ways self administered his				
	own insulin & check	ed his BS				
	- had filed away t	he BS logs for March & April				
	2022 & could not loc					
	 had overlooked 					
		eck BP once a week				
	in the second se	eck BP in the past but client				
	#2 had refused		į			
	During Interview on	5/26/22 the QP reported:				
***************************************		ARs and physician's orders				
i o para france	weekly			**		
· ·		volog sliding scale units not			alkalistikalistikalistikalistikalistikalistikaisia kanatone sa ka sa toma t	

JAN 1 > 1/2 - 1/4 2 3	of Hasilth Service Requ	etton			
	OF CENTROTION	(X1) PROVIDERSUPPLIENCLIA SCENTRICATION NUMBER	V BREDING. "" (X5) MREDING. ""	CHETRICTICS	(K3) DATE SUPVEY DOMPLETED
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ALPHA H	DME CARE SERVICE		DLYN DRIVE , NC 27684		
Œ (RX) KETSHA DAT	YEACH DEFICIENC	atement of deposencies y must be preceived by fixe. LSC identifying information)	D POESTK POESTK	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE AFFRO DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	2 12	V 118	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	
	three times a day & E - staff #1 took the office and he "assum physician's instruction - staff needed to a medications were ad During interview on E Administrator/Licens - she would reque	nysician's order to check BS IP once weekly clients to the physician's ed" he followed the ns ign MAR only when ministered			
	administer his insulfi- would have to to him to self administe	cale the physician's order for			
	revealed: - admitted Noven - diagnoses: Mild Apnea - Hydralazine 25r higher than 150/100	Autism, IDD and Sleep ng daily if BP (blood pressure)			
	May 2022 MAR reve - April 2022 MAR times as administers BP was not higher if During interview on	Hydralazine was initialed 13 ab staff #1 even though the			
AAAAAITTAATTAATTAATTAATTAATTAATTAATTAAT	administered the Hy				

Division o	of Health Service Requ	lation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************	management
	of deficiencies >F correction	(XT) PROVIDER: SUPPLIERCLIA SDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SL COMPLE	
له کیاست ک مد که شر کامتر مدمر تورم بازموم بر		MHL092-727	B. WING		06/03	1/2022
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42.00.00		3612 CAI	ROLYN DRIVE			***************************************
ALPHA H	JME CARE SERVICE	RALEIGH	1, NC 27604			
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V 138	Continued From page	3 13	V 118	***************************************		
						· ·
1.	missed that the f		******			999
	aupposed to be	2022 MAR when it was not	-			7
	aribboard to pr					ges Uspag
	During Interview on 6	/2/22 the				accusants
	Administrator/License	e reported:			1	interested in
		11 to contact the physician for				-
	clear instructions on	how to administer the				planya
	Hydralazine					e.cia yezete
		I the MARs and physician's				e e e e e e e e e e e e e e e e e e e
	orders weekly	for ensuring physician's				A PARTIE OF THE
		& MARS were accurate				assasta
	. Order definitions	CE THE O XC THOILD ELEBRICATE				Abves
	Review on 6/2/22 of	the Plan of Protection written				edatore
	by the Administrator/	Licensee on 6/2/22 revealed:				HARAGON
	,	ion will the facility take to				2
		the consumers in your care?				3
		will be followed accordingly				
	es written, All staffs t	will be achequied for ation and diabetes training				
		anon and diabates training				
		The Administrator will				
		ntioned plan monthly."				
	1		***			
	Clients were admitte		Ì			
	diagnoses of intellec	lual Developmental				
	Disability, Sisep April	ea, Autism, Diebetes Meilitus Disorder, Client #2 attended	***			
		onday, Wednesday and	•			
		S were to be checked three	411			
· .		11:30am and 6pm. The BS				
Addison		dumin for the 11:30am BS				1
N. C.	check. He received t	Novalog insulin based on a	***************************************			
		nes a day. BS ware not				}
		on days he attended the day	***************************************			*
-		ented him from getting the				
		nt #2 self-administered his				
		i physician's order. There der to check BP's weekly and		1		
Frierhenninde	the structure of the structure of	1101 ICI ENDON DIL 2 MEBIRA BUIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and a survey of the survey of

Division o	I Health Service Requ	ation			who was the contract of the second of the se
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	COMPLETED
~~~		MHL092-727	B. WING		06/02/2022
NAME OF P	ROWDER OR SUPPLIER	STREET A	odress, city, sta	TE, ZIP CODE	versee
ALPHA HOME CARE SERVICE 3612 CA			ROLYN DRIVE		issession
(X3) IO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE IEACH CORRECTIVE ACTION SHOIX. CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
	If BP was within a cei #2's BP had not been Documentation of clic requested on 3 differ March 2022 - May 20 physician consultatio at the facility. There is client #3 to be admin was higher than 150, the medication 13 tir though his BP was to The QP reviewed Mi weekly, however mis errors. Based on the deficiency constitute serious neglect and days. Administrative imposed. If the viola days, an additional a \$500.00 per day will facility is out of comp	on Proprancial and Valsartan tain range. However, client of checked since March 2022, and #2's BS & BP were ent physician visits from 122. It was notated on a n BS & BP checks were left was a physician's order for istered Hydralazine if his BP 100. He was administered nes the month of April even over than the ordered range. ARS and physician's orders sed the documentation above information, this is a Type A1 rule violation for must be corrected within 23 penalty of \$2,000 is doministrative penalty of the imposed for each day the oliance beyond the 23rd day.	V 118	Opand Staff has retrained. Residents were to	424
	six clients when the developmental disate on June 15, 2001, a than six clients at the provide services at a licensed capacity.  (b) Service Coordin maintained between qualified professional treatment/habilitation (c) Participation of the services of the	lity shall serve no more than clients have mental illness or collities. Any facility licensed and providing services to more at time, may continue to no more than the facility's ation. Coordination shall be the facility operator and the also who are responsible for no case management, the Family or Legally.		Residents were to to formary doctor to formary doctor clavify foods an ore commendation pressure.  Administrator is and once a month make swe we a compliant.	afer

<u>Division</u>	f Health Service Requ	lation			**************************************	mananasamm
	LOMBECTION ON COMBECTION	(X1) PROVIDERSUPPLIER/CLIA IDSNITHCATION NUMSER:	3	CONSTRUCTION	(X3) DATE 9 COMPU	
					ALIAN	-
	200	MHL092-727	B. WWG	***************************************	06/0	2/2022
NAME OF F	ROVICER OR SUPPLIER	STREET A	DDRESS, CITY, STA	NTE, ZIP CODE		
ALPHA H	DISE CARE SERVICE		ROLYN DRIVE H, NC 27604			
***************************************	Colored to the second to the s	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**********			
(X4) ID PREFIX TAG	TEACH DEFICIENC	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  {EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APPL  DEFICIENCY)	อกาด ชอ	(XS) COMPLETE DATE
V 291	Continued From page	e 15	V 291			1
	provided the opportu	nity to maintain an ongoing				Cyclesian
	relationship with her	or his family through such	*****			r).
	means as visits to the	a facility and visits outside				licinosis.
	the facility. Reports :	shall be submitted at least				lantron
	annually to the paren	it of a minor resident, or the	***			Antako
	legally responsible p	arson of an adult resident.				the same
	Reports may be in w	nling or take the form of a				Boyland
	conference and shall progress toward mes	tocus on the client's				Amenda
	(d) Program Artivities	eurig individual goals.				
	activity opportunities	based on her/his choices,				, , , , , , , , , , , , , , , , , , ,
	needs and the treatn	nent/habilitation plan.				
		signed to foster community				1
		nay be limited when the court				2004
		volved or when health or				popular.
	safety issues becom	e a primary concern.				Chromata
2						Acceptance
į.						The state of the s
	This Rule is not mel	as evidenced by:			*	Domina
		n, record review and	***			
	•	failed to coordinate with other				
		als who were responsible for ation of 2 of 3 clients (#2 &				
	#3). The findings are					
	they the manage and					
	A. Review on 5/20/2	22 of client #2's record				
	revealed:					
	<ul> <li>admitted 4/20/0</li> </ul>			*		
		peralized Anxiety Disorder,				
		mental Disability (IDD), othyroidism, Dlabetes				
	Mellitus & Major Der					
	Training of things, acol					
	Review on 5/24/22 t					
	physician's consulta					
		new patient appointment.				
		and how to choose foods				
*		arb reported he enjoys fruit				
***************************************	sodas and that may	be why his sugars have been	***************************************		and the state of t	Secondaria de la constitución de

Division o	f Health Service Requ	lation				-
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE S	
	401010011011	TOCKLY TOWNS TOWNS TO THE TOWN	A BUILDING:	***************************************		
			a. WING		osm	2/2022
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	MHL092-727	3. WING		JBIO	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	re, zip code		
ALPHA H	OME CARE SERVICE	3612 CAR	OLYN DRIVE			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	envennyapeverenajajajajajajajajajajajajajajajajajajaj	RALEIGH	NC 27804			in the second second
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	10 PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO		(XS) COMPLETE
TAG		SC IDENTIFYING INFORMATION;	TAG	CROSS-REFERENCED TO THE APPI	ROPRIATE	DATE
	1949, p. 1969, p. 1968, 1968, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 1969, 19	**************************************	munumer	DEFICIENCY	والماران والماران والماران والماران والمراجعة والمراجع والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة و	
V 291	Continued From page	16	V 291			
	higherfollow up in	1 month"				
		aged to continue to eat more				
		lean protein and reduce carb	i.			
	neturn in 1 month. F					
	glucose (blood sugar	(BS) and BP (blood				
	pressure) logs"	and pressure logs were left				
	at home today but Gl	d (group home) worker said				
	his BS have been rul	nning under 200				
	- "5/5/22 - return i	n 8 weeks with BP & BS togs"				
	77		***************************************			
	neview on 5/24/22 o	f client #2's BS & BP logs				
		on of BS for March 2022 &				
	April 2022					
.1,		were over 200 ten times &				
ý Ž	over 300 four times					
	- BP checks were April 2022	not documented March &				
	April 2022			*		
	Observation, review	and interview on 5/24/22 at				
	2:02pm with client #	2 revealed:	****			
		place of paper off his	***************************************			
	bedroom dresser	delines to follow a low				
	glycemic diet	delines to follow a low	***************************************			
		vas aware of the menu				
	- when he receive	ed his monies, he would				
	purchase foods on the	ne menu		*		
	Dispine Indeminate on	5/24/22 & 6/2/22 staff #1				
	reported:	HEMILE OF CHEIRE SCOTT # 1	*****			2
		ed Professional) purchased	***			
	food for the facility		******			
		oods for former clients on	******			
-		is told by QP food items were				
-	purchased for all dir	ants in the facility 2 had to purchase food Items				200
	on the menu	e uen en harougap land status				
		re faxed to the physician's				
minimization	delege de la parte de servicio de la constitución d	monumenterpositioned and advantage and advantage and advantage and advantage and advantage and advantage and a	*******	とうしゅう しょうしゅう しょう しょう しゅう しゅう しゅうしゅう しゅうしゅん しゅうしゅん しゅうしゅん しゅうしゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん	*****	

Division of Health Service Regulation

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Division	of Health Service Reg	dation		w y	PRINTED: FORM	08/16/2022 APPROVED
BIMICINET	ATEMENT OF DEFICIENCIES (XI) PROVIDENBUPPLIERICLIA IDENTIFICATION MUMBER		A. BURDING:	CCHSTRUCTION	(XS) DATE ST COMPLE	URVEY
	و مه من موروع المراجعة	MHL092-727	B. WING		0500	0,000
NAME OF	PROVIDER OF SUPPLIER	4723070	COLOCIOCI MICO COM		1 0010	2/2022
			ORESE, CITY, STA OLYN DRIVE	VIE, ZIP CODE		
harmone or or which harmone or or other ball	OME CARE SERVICE		NC 27604			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID .	PROVIDER'S PLAN OF CORRE	CTION	(X5)
TAG	REGULATORY OR I	SCIDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETE
V 291	Continued From page	3 17	V 291	***************************************	**********	
	office after the appoin		1			
	- client #2's physic	fan was aware the BS would				
	be faxed	DIDOM CEI BIT BIRMS SEM THE				
		he BP checks on the		1		
	physician consultation	ns an unclass of the		1 and 1		
						ì
	During interview on 6	/2/22 the				
	Administrator/License	e reported:				
	- there was not a p	physician's order for client #2				
	to be on a low glycem	ic diet				
1	During an attempted of	call on 6/2/22 to client #2's				
	physician office to foll	ow up on BS being	1			
1		no answer. A message was				
	left, no return phone of	call received by exit date of				•
	survey.					į
1						
	B. Review on 5/24/22 revealed:	of client #3's record				
	<ul> <li>admitted Novemb</li> </ul>	per 2008				Ì
		Rutism, IDD and Sleep				
	Арпев	thousant, tob and steep				
	- FL2 dated 2/4/22	diahetic rijet				i
	The deleted to the		ţ			
	During intentiem as 5/	26/22 the QP reported:				
	<ul> <li>aware of the diab</li> </ul>		•			
-	הפשום שו נו מושמים	nsible for the purchase of				
		risiona for the peroneces si				
	foods for the facility	n order sheet monthly and				
i	submitted it to the office					
-	Submitted it to the can	aff purchased the food				
		an parentaged the rece				
	items not the QP	e of clients on special diets.				
. 1	If staπ were awan	eto the order sheet with the				
		ete the order sheet with the				
1	needed foods					ì
1.		#1 today (5/26/22) on				
1	clients with diabetic di	ets				
	<ul> <li>discussed portion</li> </ul>	size, monitor clients intake				
	and avoid foods that c	ould turn into sugar				
	requested staff to	contact primary physician's	1	1		

	of Health Service Regu	lation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL092-727	B. WING		06	8/02/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
АІ РНА Н	OME CARE SERVICE	3612 CA	ROLYN DRIVE			
ALCHAH	OIVIE CARE SERVICE	RALEIG	H, NC 27604	DESCRIPTION OF THE PROPERTY OF		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 291	Continued From page	e 18	V 291	A STATE OF THE STA		
	office for clients on sp nutritionist					
	sheets for the foods it some foods pure facility consisted of: vitems (drinks & sweet recommended in clients with diabetes QP was suppose consultations during orders were followed Review on 6/2/22 of by the Administrator/"What immediate act ensure the safety of All residents care will Physicians, natural signedical appointment address and clarify a your plans to make signedical systems.	ee reported: nsible for submitting order needed at the facility chased for all clients in the wheat bread, sugar free teners in place of sugar) nenu guidelines were given to at appointments ed to review the physician his weekly reviews & ensure				
	& Major Depressive physician gave him a low glycemic diet. Cl order for a diabetic c staff #1 he had to pu with his own monies informed him, food h	tual Developmental lea, Autism, Diabetes Mellitus				

Division of Health Service Regulation STATE FORM

responsible for completing a food order sheet and

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Division	of Health Service Req	ulation			FORMA	APPROVED
AND PLAN	AL OL DELKYENCIEZ TOL CORNECTIEM	(XI) PROVIDENSUPPLIERCULA IDENTIFICATION NUMBER:		E CONSTRUCTION	OOMPLET	
		MHL092-727	8.57775			
NAME OF	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STA	ATE. AP CITIE	1 06/02	72022
ALPHA H	OME CARE SERVICE		ROLYN DRIVE			
************			H, NC 27684			
(XA)3D PREFOR TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATIONS	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-AMPERENCED TO THE APPROP DEFICIENCY)	BE	COLCLETE COLCLETE DATE
V 293	Continued From page	e 19	V 291			
	requested on 3 differ March 2022 - May 20 were faxed to the phy physician consultation	ent #2's BS & BP were ent physician visits from (22, Staff #1 said the BS relician's office, however, a n notated BS & BP charks	ele commence de marce de la commence			
000000000000000000000000000000000000000	May 2022. March & A misplaced by staff #1 information, this deficule violation which is safety and walfare of not corrected within 4 penalty of \$200.00 pe	A. BP for client #1 had not checked from March 2022 - ppil 2022 BS logs had been a Based on the above dency constitutes a Type B detrimental to the health, the clients. If the violation is 5 days, an administrative of day will be imposed for sout of compliance beyond				
	the 45th day.	and or compliance perioria				
						,
dimperson de decembre						

Division of Health Service Regulation

STATE FORM

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If continuation sheet 20 of 20