

PRINTED: 06/16/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/02/2022
NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27804		
(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)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and complaint survey was completed on June 2, 2022. The complaint was unsubstantiated Intake #NC00189233. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		6/9/2022
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross.	V 108	A new CPAP machine has been ordered. CP and staff was retrained.  Administor will supervise CP and staff once a month	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6800

XYMD11

If continuation sheet 1 of 20

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 11:33 am, Jul 05, 2022

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27804
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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(f) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 2 staff (#1 &amp; Qualified Professional (QP)) were trained to meet the m'idd needs of the clients. The findings are:</p> <p>Review on 5/24/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted November 2008</li> <li>- diagnoses: Mild Autism, Intellectual Developmental Disability and Sleep Apnea</li> </ul> <p>Observation &amp; interview on 5/24/22 at 1:32pm with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- walked over to the (CPAP) Continuous Positive Airway Pressure machine on the nightstand near client #3's bed</li> <li>- asked "is it a radio? I do not hear anything."</li> </ul> <p>Observation &amp; interview with the QP on 5/26/22 at 12:11pm revealed:</p> <ul style="list-style-type: none"> <li>- the QP walked over to the CPAP machine on client #3's nightstand</li> <li>- if the CPAP mask was not on top of the machine, he would have thought it was a radio</li> </ul> <p>During interview on 5/24/22 client #3 reported:</p>	V 108		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE		STREET ADDRESS CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
(K4) 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)	(K5) COMPLETE DATE
V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- it was a "breathing machine" on his nightstand</li> <li>- used if nightly because he "snored"</li> <li>- had the CPAP machine since 2017</li> </ul> <p>Observation on 5/24/22 immediately after client #3 stated he had the CPAP machine since 2017, staff #1 seemed surprised in his tone and said "since 2017!"</p> <p>During interview on 5/24/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- had worked at the facility for a year</li> <li>- did not know what Sleep Apnea or a CPAP machine was</li> <li>- the QP &amp; management had not informed him about the CPAP machine</li> <li>- had not received training on Sleep Apnea or CPAP</li> </ul> <p>During interview on 5/26/22 the QP reported:</p> <ul style="list-style-type: none"> <li>- client #3 may need to be scheduled for a sleep study</li> <li>- was not aware he had Sleep Apnea or used a CPAP machine</li> <li>- had not received any training on Sleep Apnea or a CPAP machine</li> <li>- client #3 may need Melatonin to help him sleep better at night</li> <li>- he provided training to staff</li> <li>- he could not provide training on Sleep Apnea and the CPAP machine, if he had not received any training</li> </ul> <p>During interview on 5/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- client #3 had a sleep study done in 2017</li> <li>- staff #1 &amp; the QP had training on Sleep Apnea and the CPAP machine in First Aid/Cardiopulmonary Resuscitation (CPR) training</li> </ul>	V 108		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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V 108	Continued From page 3 - staff #1 & the QP will be retained on Sleep Apnea and the CPAP machine	V 108		6/9/2022
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109	Qpanel staff was retrained on CPAP and Sleep Apnea  PCP was updated to include CPAP machine  Administrator will supervise Qpanel staff once a month	

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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V 109	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 1 Qualified Professional (QP) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/24/22 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- hired 1/11/22</li> <li>- responsibilities: "insure personal growth and independence of service recipients through initial development and ongoing support, monitoring, supervision, training..."</li> </ul> <p>Review on 5/24/22 of client #3's treatment plan revealed:</p> <ul style="list-style-type: none"> <li>- completed and signed by the QP on 1/17/22</li> <li>- current medications: Continuous Positive Airway Pressure (C-PAP Machine) - use daily at hour of sleep &amp; clean C-PAP Machine Mask 2 - 3 times per week</li> </ul> <p>Observation &amp; interview with the QP on 5/26/22 at 12:11pm revealed:</p> <ul style="list-style-type: none"> <li>- the QP walked over to the CPAP machine on client #3's nightstand</li> <li>- if the CPAP mask was not on top of the machine, he would have thought it was a radio</li> </ul> <p>During interview on 5/26/22 the QP reported:</p> <ul style="list-style-type: none"> <li>- was not aware client #3 had Sleep Apnea or used a CPAP machine</li> </ul>	V 109		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL082-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2022
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NAME OF PROVIDER OR SUPPLIER  
**ALPHA HOME CARE SERVICE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3612 CAROLYN DRIVE  
RALEIGH, NC 27604**

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V 109	Continued From page 5 <ul style="list-style-type: none"> <li>- he provided training to staff</li> <li>- he could not provide training on Sleep Apnea and the CPAP machine, if he had not received any training</li> <li>- he was responsible for completion of the treatment plans</li> <li>- did not recall if he put anything about the CPAP machine in client #3's treatment plan</li> <li>- he completed a lot of treatment plans</li> </ul> <p>During interview on 6/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- the QP would be monitored by another QP until he was retrained</li> </ul>	V 109		6/9/2022
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	V 110	<i>Qp and staff was retrained on CPap machine and Sleep Apnea</i>  <i>Administrator will follow up on the QP and staff monthly to make sure the CPap machine is maintain base on the doctor written orders</i>	

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V 110	<p>Continued From page 6</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/24/22 of staff #1's personnel record revealed: - hire date 10/15/20</p> <p>Review on 5/24/22 of client #3's record revealed: - admitted November 2008 - diagnoses: Mild Autism, Intellectual Developmental Disability and Sleep Apnea - a physician's order dated 1/21/22 - clean (CPAP) Continuous Positive Airway Pressure 2-3 times a week</p> <p>Review on 5/24/22 of client #3's March, April &amp; May 2022 MARs (medication administration record) revealed: - CPAP being cleaned was initiated daily by staff #1</p> <p>During interview &amp; observation on 5/24/22 with</p>	V 110		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
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V 110	Continued From page 7  staff #1 at 1:32pm revealed: - a CPAP machine on client #3's nightstand - staff #1 walked over to the CPAP machine and turned the dial - asked "is it a radio? I do not hear anything."  During interview on 5/24/22 staff #1 reported: - had worked at the facility for a year - did not know what Sleep Apnea or a CPAP machine was - he initiated the MARS for the cleaning of the CPAP machine because the last Qualified Professional told him to  During interview on 6/2/22 the Administrator/Licensee reported: - staff #1 would be retrained on Sleep Apnea and the CPAP machine	V 110		6/7/2022
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be	V 118	<i>Qpanel Staff has been retrained on administering medication base on the doctor orders.  Administrator will follow upon Qpanel staff once a month to make sure doctors orders has been follow</i>	



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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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V 118	<p>Continued From page 8</p> <p>recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 2 of 3 clients (#2 &amp; #3). The findings are:</p> <p>A. Review on 5/20/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 4/20/09</li> <li>- diagnoses: Generalized Anxiety Disorder, Intellectual Developmental Disability (IDD), Hyperlipidemia, Hypothyroidism, Diabetes Mellitus &amp; Major Depressive Disorder</li> <li>- a FL2 dated June 2020 (without a day) signed by a physician revealed:                         <ul style="list-style-type: none"> <li>- take blood sugars (BS) three times a day</li> <li>- Novolog sliding scale: inject 10 units subcutaneously before each meal according to the sliding scale(Diabetes)</li> <li>- Propranolol 40mg (milligrams) twice a day</li> </ul> </li> </ul>	V 118		

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NAME OF PROVIDER OR SUPPLIER  
**ALPHA HOME CARE SERVICE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3812 CAROLYN DRIVE  
RALEIGH, NC 27604**

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V 118	<p>Continued From page 9</p> <p>(blood pressure) BP</p> <ul style="list-style-type: none"> <li>- Valsartan 80-12.5mg everyday (BP)</li> <li>- check BP once a week, goal is 130/80 - call if above 180/100 or below 80/60</li> <li>- hold Propranolol and Valsartan Hclz if systolic BP if &lt; (less than 100)</li> <li>- no self administration physician's order for the Navolog</li> </ul> <p>Review on 5/24/22 of client #2's primary physician's consultations revealed:</p> <ul style="list-style-type: none"> <li>- "2/4/22: saw for new patient appointment. He enjoys fruit sodas and that may be why his sugars have been higher ..., follow up in 1 month ..."</li> <li>- "3/3/22 - please bring updated glucose BS and BP logs..."</li> <li>- "3/31/22 - his BS and pressure logs were left at home today but GH (group home) worker said his BS have been running under 200..."</li> <li>- "5/5/22 - return in 8 weeks with BP &amp; BS logs"</li> </ul> <p>Review on 6/24/22 of the facility's BP log for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- no BP checks were documented from March 2022 - May 2022</li> </ul> <p>Review on 6/24/22 &amp; 6/2/22 of the facility's BS log for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- had columns labeled: date, before breakfast, recheck-PRN (as needed), before dinner &amp; recheck PRN</li> <li>- BS were documented for breakfast and dinner with sporadic BS checks in the recheck PRN columns</li> <li>- no column labeled lunch</li> <li>- no documentation of BS for March 2022 &amp; April 2022</li> <li>- May 1 - 26, 2022 BS checks: breakfast - ranged from 80 - 227 &amp; dinner - ranged between 104 - 388</li> </ul>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(A) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  #H4699-727	(B) MULTIPLE CORRECTIONS: A. BEGINNING _____ B. END _____	DATE DEFICIENCY COMPLETE  5/26/22
NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3872 CAROLYN DRIVE RALEIGH, NC 27604		
DEFICIT AREA TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	NO DEFICIT TAG	PROVIDER/PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DEFICIT COMPLETE DATE
V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- no sliding scale insulin units documented from 5/1/22 - 5/26/22</li> </ul> <p>Review on 5/24/22 &amp; 5/2/22 of client #2's May 2022 MAR revealed:</p> <ul style="list-style-type: none"> <li>- blood sugars &amp; Novolog insulin were initiated by staff #1 at 8:30am, 11:30am, 5pm from 5/1/22 - 5/26/22</li> </ul> <p>Review on 5/20/22 &amp; 5/24/22 of client #2's Novolog sliding scale revealed:</p> <ul style="list-style-type: none"> <li>- columns labeled: BS before meals, breakfast, lunch &amp; dinner</li> <li>- Novolog sliding scale units ranged from: 70 - 79 = 0 80 - 150 = 10 151 - 200 = 11 201 - 250 = 12 251 - 300 = 13 301 - 350 = 14 351 - 400 = 15 401 - 450 = 16 above 450 = 17</li> </ul> <p>Observation on 5/24/22 at 12:43pm revealed:</p> <ul style="list-style-type: none"> <li>- staff #1 requested client #2 to check his BS</li> <li>- client #2 responded: "I do not check my sugar but 2 times a day. We have not been doing this. You trying to get something started. Is it because she (surveyor) is here?"</li> <li>- staff #1 stated: "I know you don't like it. We have to check three times a day when not at program."</li> <li>- client #2 went to his bedroom &amp; did not check his BS</li> </ul> <p>Observation on 5/24/22 at 2:30pm revealed:</p> <ul style="list-style-type: none"> <li>- client #2 voluntarily came to the kitchen and checked his BS</li> <li>- showed staff #1 the glucometer &amp; stated his</li> </ul>	V 118		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE 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)	(X5) COMPLETE DATE
V 118	<p>Continued From page 11</p> <p>BS was 152</p> <ul style="list-style-type: none"> <li>- staff #1 turned the Novolog insulin dial pen to 11 units, handed the Novolog pen to client #2 &amp; he injected the insulin into his abdomen</li> </ul> <p>During interview on 5/24/22 client #2 reported:</p> <ul style="list-style-type: none"> <li>- had checked his own BS for last 17 years</li> <li>- had self administered his own insulin since admitted to the facility</li> <li>- checked BS prior to breakfast and prior to dinner</li> <li>- he was not aware BS had to be checked at lunch until today</li> <li>- could not recall when BP was last checked</li> </ul> <p>During interview on 5/20/22 &amp; 5/24/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #2 started at the day program the end of 2021</li> <li>- attended the program on Monday, Wednesday and Friday</li> <li>- BS were not checked on Monday, Wednesday and Fridays at 11:30am &amp; Novolog insulin was not administered</li> <li>- he was requested by a previous QP (Qualified Professional) to still initial the MAR at 11:30am</li> <li>- client #2 had always self administered his own insulin &amp; checked his BS</li> <li>- had filed away the BS logs for March &amp; April 2022 &amp; could not locate them</li> <li>- had overlooked the physician's documentation to check BP once a week</li> <li>- attempted to check BP in the past but client #2 had refused</li> </ul> <p>During interview on 5/26/22 the QP reported:</p> <ul style="list-style-type: none"> <li>- reviewed the MARs and physician's orders weekly</li> <li>- missed the Novolog sliding scale units not</li> </ul>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/02/2022
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CARDLYN DRIVE RALEIGH, NC 27604
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V 118	<p>Continued From page 12</p> <p>documented on the BS log form</p> <ul style="list-style-type: none"> <li>- he missed the physician's order to check BS three times a day &amp; BP once weekly</li> <li>- staff #1 took the clients to the physician's office and he "assumed" he followed the physician's instructions</li> <li>- staff needed to sign MAR only when medications were administered</li> </ul> <p>During interview on 6/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- she would request the BS &amp; Novolog insulin times to be changed</li> <li>- client #2 had a physician's order to self administer his insulin and check his BS</li> <li>- would have to locate the physician's order for him to self administer</li> </ul> <p>The physician's order was not received by the exit date of 6/2/22</p> <p>B. Review on 5/24/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted November 2008</li> <li>- diagnoses: Mild Autism, IDD and Sleep Apnea</li> <li>- Hydralazine 25mg daily if BP (blood pressure) higher than 150/100</li> </ul> <p>Review on 5/24/22 of client #3's March, April &amp; May 2022 MAR revealed:</p> <ul style="list-style-type: none"> <li>- April 2022 MAR Hydralazine was initialed 13 times as administered by staff #1 even though the BP was not higher than 150/100</li> </ul> <p>During interview on 5/24/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- If the BP was close to 150/100 he administered the Hydralazine</li> </ul> <p>During interview on 5/26/22 the QP reported:</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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(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)	(X5) COMPLETE DATE
V 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- missed that the Hydralazine was administered in April 2022 MAR when it was not supposed to be</li> </ul> <p>During interview on 6/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- requested staff #1 to contact the physician for clear instructions on how to administer the Hydralazine</li> <li>- the QP reviewed the MARs and physician's orders weekly</li> <li>- QP responsible for ensuring physician's orders were followed &amp; MARS were accurate</li> </ul> <p>Review on 6/2/22 of the Plan of Protection written by the Administrator/Licensee on 6/2/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? All Physician orders will be followed accordingly as written, All staffs will be scheduled for Medication Administration and diabetes training immediately. Describe your plans to make sure the above happens. The Administrator will monitor the aforementioned plan monthly."</p> <p>Clients were admitted to the facility with diagnoses of Intellectual Developmental Disability, Sleep Apnea, Autism, Diabetes Mellitus &amp; Major Depressive Disorder. Client #2 attended a day program on Monday, Wednesday and Friday. Client #2's BS were to be checked three times a day at 8am, 11:30am and 6pm. The BS log did not have a column for the 11:30am BS check. He received Novolog insulin based on a sliding scale three times a day. BS were not checked at 11:30am on days he attended the day program which prevented him from getting the Novolog insulin. Client #2 self-administered his own insulin without a physician's order. There was a physician's order to check BP's weekly and</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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(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)	(X5) COMPLETE DATE
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V 118	Continued From page 14  hold the BP medication Propranolol and Valsartan if BP was within a certain range. However, client #2's BP had not been checked since March 2022. Documentation of client #2's BS & BP were requested on 3 different physician visits from March 2022 - May 2022. It was notated on a physician consultation BS & BP checks were left at the facility. There was a physician's order for client #3 to be administered Hydralazine if his BP was higher than 150/100. He was administered the medication 13 times the month of April even though his BP was lower than the ordered range. The QP reviewed MARs and physician's orders weekly, however missed the documentation errors. Based on the above information, this deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. Administrative penalty of \$2,000 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 118		6/9/2022
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be	V 291	QP and staff has been retrained. Residents were taken to primary doctor to clarify foods and recommendation for Diabetes and blood pressure. Administrator will follow up once a month to make sure we are in compliance.	

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE 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)	(X5) COMPLETE DATE	
V 291	<p>Continued From page 15</p> <p>provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to coordinate with other qualified professionals who were responsible for the treatment/habilitation of 2 of 3 clients (#2 &amp; #3). The findings are:</p> <p>A. Review on 5/20/22 of client #2's record revealed: - admitted 4/20/09 - diagnoses: Generalized Anxiety Disorder, Intellectual Developmental Disability (IDD), Hyperlipidemia, Hypothyroidism, Diabetes Mellitus &amp; Major Depressive Disorder</p> <p>Review on 5/24/22 of client #2's primary physician's consultations revealed: - 2/4/22: saw for new patient appointment. Discussed diabetes and how to choose foods lower in sugar and carb ... reported he enjoys fruit sodas and that may be why his sugars have been</p>	V 291			



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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27804
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(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)	(X5) COMPLETE DATE
V 291	<p>Continued From page 16</p> <p>higher ....follow up in 1 month ..."</p> <ul style="list-style-type: none"> <li>- "3/3/22 - encouraged to continue to eat more fruit and vegetables, lean protein and reduce carb ...return in 1 month. Please bring updated glucose (blood sugar (BS) and BP (blood pressure) logs..."</li> <li>- "3/31/22 - his BS and pressure logs were left at home today but GH (group home) worker said his BS have been running under 200..."</li> <li>- "5/5/22 - return in 8 weeks with BP &amp; BS logs"</li> </ul> <p>Review on 5/24/22 of client #2's BS &amp; BP logs revealed:</p> <ul style="list-style-type: none"> <li>- no documentation of BS for March 2022 &amp; April 2022</li> <li>- May 2022 - BS were over 200 ten times &amp; over 300 four times</li> <li>- BP checks were not documented March &amp; April 2022</li> </ul> <p>Observation, review and interview on 5/24/22 at 2:02pm with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- he picked up a piece of paper off his bedroom dresser</li> <li>- a menu with guidelines to follow a low glycemic diet</li> <li>- he stated staff was aware of the menu</li> <li>- when he received his monies, he would purchase foods on the menu</li> </ul> <p>During interview on 5/24/22 &amp; 6/2/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the QP (Qualified Professional) purchased food for the facility</li> <li>- had requested foods for former clients on special diets and was told by QP food items were purchased for all clients in the facility</li> <li>- QP said client #2 had to purchase food items on the menu</li> <li>- all BS &amp; BG were faxed to the physician's</li> </ul>	V 291		

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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3812 CAROLYN DRIVE RALEIGH, NC 27604
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V 291	<p>Continued From page 17</p> <p>office after the appointments</p> <ul style="list-style-type: none"> <li>- client #2's physician was aware the BS would be faxed</li> <li>- had overlooked the BP checks on the physician consultations</li> </ul> <p>During interview on 6/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- there was not a physician's order for client #2 to be on a low glycemic diet</li> </ul> <p>During an attempted call on 6/2/22 to client #2's physician office to follow up on BS being submitted, there was no answer. A message was left, no return phone call received by exit date of survey.</p> <p>B. Review on 5/24/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted November 2008</li> <li>- diagnoses: Mild Autism, IDD and Sleep Apnea</li> <li>- FL2 dated 2/4/22 diabetic diet</li> </ul> <p>During interview on 5/26/22 the QP reported:</p> <ul style="list-style-type: none"> <li>- aware of the diabetic diets</li> <li>- he was not responsible for the purchase of foods for the facility</li> <li>- staff completed an order sheet monthly and submitted it to the office</li> <li>- assigned office staff purchased the food items not the QP</li> <li>- if staff were aware of clients on special diets, they needed to complete the order sheet with the needed foods</li> <li>- he educated staff #1 today (5/26/22) on clients with diabetic diets</li> <li>- discussed portion size, monitor clients intake and avoid foods that could turn into sugar</li> <li>- requested staff to contact primary physician's</li> </ul>	V 291		

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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 CAROLYN DRIVE RALEIGH, NC 27604</b>
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V 291	<p>Continued From page 18</p> <p>office for clients on special diets to see a nutritionist</p> <p>During interview on 6/2/22 the Administrator/Licensee reported:</p> <ul style="list-style-type: none"> <li>- staff were responsible for submitting order sheets for the foods needed at the facility</li> <li>- some foods purchased for all clients in the facility consisted of: wheat bread, sugar free items (drinks &amp; sweeteners in place of sugar)</li> <li>- recommended menu guidelines were given to clients with diabetes at appointments</li> <li>- QP was supposed to review the physician consultations during his weekly reviews &amp; ensure orders were followed</li> </ul> <p>Review on 6/2/22 of the Plan of Protection written by the Administrator/Licensee on 6/2/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? All residents care will be coordinated with their Physicians, natural support, and legal guardian. A medical appointment is already scheduled to address and clarify all diabetic needs. Describe your plans to make sure the above happens. The Administrator will monitor the aforementioned plan monthly."</p> <p>Clients were admitted to the facility with diagnoses of Intellectual Developmental Disability, Sleep Apnea, Autism, Diabetes Mellitus &amp; Major Depressive Disorder. Client #2's physician gave him a menu with guidelines for a low glycemic diet. Client #3 had a physician's order for a diabetic diet. Client #2 was told by staff #1 he had to purchase the food on the menu with his own monies. Staff #1 said the QP informed him, food had to be purchased for all the clients in the facility. The QP said staff #1 was responsible for completing a food order sheet and</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>submitting it to the management office. Documentation of client #2's BS &amp; BP were requested on 3 different physician visits from March 2022 - May 2022. Staff #1 said the BS were faxed to the physician's office, however, a physician consultation notated BS &amp; BP checks were left at the facility. BP for client #1 had not been documented as checked from March 2022 - May 2022. March &amp; April 2022 BS logs had been misplaced by staff #1. Based on the above information, this deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 291		
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