Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MIII 004 400	B. WING		F							
		MHL091-109	B. WIIVO		0712	8/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ALPHA RESIDENTIAL SERVICES-OAKLAND 2103 OAKLAND AVENUE HENDERSON, NC 27537												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTIVE ACTION SHOULD BE CONCED TO THE APPROPRIATE							
V 000	INITIAL COMMENT	rs .	V 000									
	completed on 7/28/	nt and follow up survey was 22. The complaint was take #NC00190669). ited.										
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness											
		sed for 6 and currently has a urvey sample consisted of clients.										
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	failed to maintain th attractive manner a The findings are:	on and interview the facility see home in a safe, clean and nd free from offensive odor.										
	Observation on 7/19 facility tour revealed	9/22 at 1:50 pm during the d:										
	Client # 2's bedroor - smelled of urine											
	Upstairs bathroom:											

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED						
			A. BOILDING	·		₹						
		MHL091-109	B. WING			28/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ALPHA RESIDENTIAL SERVICES-OAKLAND 2103 OAKLAND AVENUE HENDERSON, NC 27537												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE								
V 736	- bottom 1/4 of the curtain was black - shower tub had bottom of the tub	age 1 he white/grey striped shower d black rings around the ring around the drain	V 736									

6899

Division of Health Service Regulation STATE FORM