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By DHSR Mental Health Licensure & Certification at 5:11 pm, Aug 25, 2022

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/28/2022
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NAME OF PROVIDER OR SUPPLIER ALPHA RESIDENTIAL SERVICES-OAKLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2103 OAKLAND AVENUE HENDERSON, NC 27537
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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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 7/28/22. The complaint was unsubstantiated (intake #NC00190669). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	The client's room was re-cleaned, and clothes were washed to eliminate the urine smell. The bathroom was thoroughly clean and will be monitored weekly by QP. The old shower curtain was replaced. The shower and tub were cleaned, along with the sink. The bathroom will be monitored weekly by the QP.	7/23/22
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the home in a safe, clean and attractive manner and free from offensive odor. The findings are: Observation on 7/19/22 at 1:50 pm during the facility tour revealed: Client # 2's bedroom - smelled of urine Upstairs bathroom:	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **8/23/22**

STATE FORM 6899 K1C611 If continuation sheet 1 of 2

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V 736	Continued From page 1 - bottom 1/4 of the white/grey striped shower curtain was black - shower tub had black rings around the bottom of the tub - sink has brown ring around the drain	V 736		