

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-727</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/16/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA HOME CARE SERVICE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3612 CAROLYN DRIVE</b><br><b>RALEIGH, NC 27604</b> |
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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}            | <p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on September 16, 2022. 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 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>  | {V 000}       |   |                    |
| {V 118}            | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> | {V 118}       |   |                    |

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

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| {V 118}            | <p>Continued From page 1</p> <p>(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:<br/>Based on record review and interview the facility failed to ensure MAR's for one of three audited clients (#1) were kept current. The findings are:</p> <p>Review on 9/13/22 of client #1's record revealed:<br/>-Admission date of 11/9/08<br/>-Diagnoses of Autism, Depression, Diabetes Type II, Hypertension, Cholesterol, Hyperlipidemia, Fatty liver and Sleep Apnea.<br/>-Physician order dated 6/9/22: "If blood pressure is over or equal to 150/100 (either one) give Hydralazine (blood pressure) 25 mg, check blood pressure twice a day.</p> <p>Review on 6/13/22 of Blood Pressure Log revealed blood pressure over 150/100 on the following days where Hydralazine 25 mg was not initialed on the MAR,<br/>-7/21/22- 157/93<br/>-7/22/22- 154/96<br/>-7/23/22- 152/93<br/>-7/24/22- 154/96<br/>-7/25/22- 150/89<br/>-7/29/22- 151/93<br/>-7/30/22- 150/90"</p> <p>Interview on 9/13/22 staff #1 stated:</p> | {V 118}       |   |                    |

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| {V 118}  | <p>Continued From page 2</p> <p>-He had given client #1 the Hydralazine every time client #1's blood pressure was over the 150/100.</p> <p>-Had not initialed the MAR, "not sure why."</p> <p>-Been checking client #1's blood pressure twice a day and had initialed other months.</p> <p>Interview on 9/13/22 the Licensee stated:</p> <p>-Staff #1 had been on top of checking client #1's blood pressure and giving him the required PRN medication.</p> <p>-Hydralazine in now a daily dose and no longer PRN.</p> <p>-Will make sure the Qualified Professional will ensure the MAR's are kept current.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p> | {V 118}  |   |   |