



FAX TRANSMITTAL FORM

ATTENTION: *Darlene Louise Reeves* FROM: *Perry Skinner*

FAX NUMBER: *919 715-4078*

DATE SENT: *9/23/02*

NUMBER OF PAGES: pages (including fax cover page)

4

MESSAGE:

Please review!

For: ALPHA HEALTHCARE SERVICES INC.

Disclaimer: The information in this electronic mail is sensitive, protected information intended only for the addressee(s). Any other person, including anyone who believes she/he might have received it due to addressing error, is requested to notify sender immediately by return electronic mail or phone (984- 232-8887) or (919-819-3882), and to delete it without further reading or retention. The information is not to be forwarded or shared unless in compliance with Alpha Home Care Services Inc. policies on confidentiality and/or with the approval of the sender. Thank you.

**5842 FARINGDON PLACE, RALEIGH, NC 27609. TEL: (984) 232 8887, FAX: (984) 232 8984
P. O. BOX 41153 RALEIGH, NC 27629**

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 R 09/16/2022
--	---	--	---

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 000}	INITIAL COMMENTS A follow up survey was completed on September 16, 2022. 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 4. The survey sample consisted of audits of 2 current clients and 1 former client	{V 000}		
{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 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.	{V 118}	V118 1. QP will ensure all prescribed medication will be administered to clients on the written order of a person authorized by law to prescribe drugs. Monitoring will take place by the QP by reviewing the MAR and FL2 form per written prescription order monthly. 2. Staff will continue to assist with administering medication to clients unless otherwise order by the MD. Monitoring by the QP will take place in the home by observing medication administration at least 1-2 times per month.	9/15/22 9/15/22

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
Ronald C. ... *Quality Manager* *9/23/2022*
STATE FORM 6899 XYMO12 If continuation sheet 1 of 3



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 R 09/16/2022
--	---	--	---

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 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: 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: -Admission date of 11/9/08 -Diagnoses of Autism, Depression, Diabetes Type II, Hypertension, Cholesterol, Hypertipidemia, Fatty liver and Sleep Apnea. -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, -7/21/22- 157/93 -7/22/22- 154/96 -7/23/22- 152/93 -7/24/22- 154/96 -7/25/22- 150/89 -7/29/22- 151/93 -7/30/22- 150/90"</p> <p>Interview on 9/13/22 staff #1 stated:</p>	{V 118}	<p>4. Staff will continue to document all medication administration in clients MAR as instructed and trained. Monitoring will take place by the QP by reviewing clients MAR at least 1-2 times per month to ensure correct documentation.</p> <p>5. Staff will continue to document client request or concerns regarding their medication in the chart and coordinate effort with the QP to inform/address with their MD per scheduled appointment. Monitoring will take place by the QP by reviewing client charts at least 1-2 times per month to ensure and follow up on client medication concerns.</p> <p>Staff will continue to document client #1 and others medical diagnosis in the MAR per the physician order to ensure and reduce the risk of medical error and the recorded information is accurate. Monitoring will take place by the QP reviewing client chart at least 1-2 times per month to ensure documentation is accurate and current.</p>	<p>9/15/22</p> <p>9/15/22</p> <p>9/15/22</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHI 002-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/16/2022
--	--	--	---

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 2</p> <ul style="list-style-type: none"> -He had given client #1 the Hydralazine every time client #1's blood pressure was over the 150/100. -Had not initialed the MAR, "not sure why." -Been checking client #1's blood pressure twice a day and had initialed other months. <p>Interview on 9/13/22 the Licensee stated:</p> <ul style="list-style-type: none"> -Staff #1 had been on top of checking client #1's blood pressure and giving him the required PRN medication. -Hydralazine in now a daily dose and no longer PRN. -Will make sure the Qualified Professional will ensure the MAR's are kept current. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	{V 118}		