STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-919	A. BUILDING: _____ B. WING _____	R 01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA HOME CARE SERVICES INC	1041 HUNSTBORO ROAD KNIGHTDALE, NC 27545

(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 1/20/23. The complaint was substantiated Intake #NC00195116. 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to implement goals and strategies for 1 of 2 former clients (FC#3). The findings are:

Review on 1/19/23 of FC#3's record revealed:
- admitted 9/14/22 & discharged 10/30/22
- diagnoses of Mood Disorder, Intellectual Developmental Disability & Borderline Personality
- assessment dated 9/1/22: "client has a hx of running away or leaving without permission..."
- treatment plan dated 9/14/22 with no goals or strategies to address behaviors of elopement

Review on 1/20/23 of the Incident Response Improvement System revealed 1 incident report in October 2022

During interview on 1/19/23 FC#3's guardian reported:
- FC#3 eloped several times from the facility
- she does think they were overnight stays

During interview on 1/19/23 & 1/20/23 the Qualified Professional (QP) reported:
- FC#3 eloped from the facility a couple times
- there should have been more than 1 IRIS reports
- some of the elopements did not require an IRIS report

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V 112	Continued From page 2 - those incident reports were kept at the office - she would ensure copies of incident reports were also kept at the facility During interview on 1/20/23 the Licensee reported: - there should have been goals and strategies to address FC#3's elopements - it was an oversight on the QP's part	V 112		
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. (5) Client requests for medication changes or	V 118		

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V 118	Continued From page 3 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 2 current clients (#2) and 1 of 1 former client (FC#3). The findings are: A. Review on 1/19/23 of client #2's record revealed: - admitted 1/19/23 - diagnosis of Schizophrenia - a FL2 dated 3/25/21: check Blood Pressure (BP) weekly Review on 1/19/23 of client #2's November 2022 & December 2022 revealed: - no documentation of weekly BP checks During interview on 1/19/23 staff #1 reported: - she documented the BP on a piece of paper - forgot to transfer the BP reading to the BP log attached to the MAR - was not able to locate the BP readings B. Review on 1/19/23 of FC#3's record revealed: - admitted 9/14/22 & discharged 10/30/22 - diagnoses of Mood Disorder, Intellectual Developmental Disability & Borderline Personality - 8/13/22 hospital discharge listed following medications:	V 118		

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V 118	Continued From page 4 - Pantoprazole 20mg (milligrams) daily (reflux) - Docusate 100mg twice a day (constipation) - Senna 8.6mg bedtime (constipation) Review on 1/20/23 of FC#3's October 2022 MAR revealed: - no staff initials from 10/7 - 10/10 for the above medications During interview on 1/19/23 staff #1 reported: - FC#3 was in the hospital - she was not aware of codes on the back of the MAR During interview on 1/19/23 the Qualified Professional reported: - MARs were checked supposed to be checked monthly - was not aware of the medication errors During interview on 1/20/23 the Licensee reported: - staff were supposed to fill in blanks with the codes on the back of the MARs	V 118		
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.	V 291		

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V 291	Continued From page 5 (c) Participation of the Family or Legally Responsible Person. Each client shall be 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. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals who are responsible for the treatment of 1 of 2 current clients (#2). The findings are: Review on 1/19/23 of client #2's record revealed: - admitted 1/19/23 - diagnosis of Schizophrenia Review on 1/19/23 of (Former Client) FC#3's record revealed: - admitted 9/14/22 & discharged 10/30/22 - diagnoses of Mood Disorder, Intellectual Developmental Disability & Borderline Personality Review on 1/20/23 of an email trail between the facility's Qualified Professional (QP) & the clients'	V 291		

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V 291	Continued From page 6 guardians: - 11/7/22 - email from the facility's QP supervisor to the QP & Licensee: "...I received report from [staff #1] at the Knightdale home last month that [FC#3] roommate (client #2) had lost money...guardian was notified and is open to compensating...share a short report...address your email/report to guardian (FC#3's guardian)..." (QP's supervisor requesting QP to write short report) - 12/28/22 - email from the facility's QP to FC#3's guardian: "...on October 6, 2022 it was discovered by [FC#3's] roommate that $719 was missing from roommates' possession...the home had not had any issues with items or money missing before [FC#3]'s placement...we have verbally discussed compensation of the missing funds and your intent to replace the funds..." - 12/29/22 email from QP to client #2's guardian: - "...back in October, I informed you of an incident with [client #2] and her housemates involving a significant amount of money missing...I received word from the guardian of the other client involved requesting the name and amount of money taken to be shared with payee of the accused resident so that [client #2]...do I have your permission to share [client #2]'s name and amount with the other involved guardian?" During interview on 12/28/22 client #2 reported: - FC#3 stole money from her - stole $719 out of the bedroom they shared with each other - staff #1 & management was aware of the stolen funds - "they are working on getting it back" - she had saved the money from her allowance & sister sent her funds - money was now kept locked in her medication bin	V 291		

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V 291	Continued From page 7 During interview on 1/19/23 staff #1 reported: - verified FC#3 stole $719.00 from client #2 - FC#3 kept ordering items and they were not sure where the money came from - management was made aware and client #2's guardian - client #2 was at the facility for the last 3 years and always kept her money - this was the first time money was stolen During interview on 1/19/23 client #2's guardian reported: - client #2 informed him $719.00 of her funds went missing - he contacted the facility and verified the funds were stolen by a roommate - that amount of money "should have been locked up" - had not heard back from the facility if client #2's funds were returned During interview on 1/19/23 FC#3's guardian reported: - FC#3 had a payee - the payee had agreed to refund client #2's funds - the facility had not given her a total amount to be refunded or the guardians name to refund it too During interview on 1/19/23 & 1/20/23 the Qualified Professional (QP) reported: - aware $719.00 of client #2's funds went missing - she informed client #2's guardian and FC#3's guardian in October 2022 when the incident happened - client #2's guardian was sent a consent to sign, to give permission to release the amount of	V 291		

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V 291	Continued From page 8 money & client #2's name - she had worked with client #2's guardian supervisor & not the direct guardian - had not followed up with client #2's guardian or FC#3's guardian since December 2022 During interview on 1/20/23 the Licensee reported: - would have the QP to schedule a meeting on Monday with all parties involved, to discuss the refund of client #2's funds	V 291		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

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V 367	Continued From page 9 (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:	V 367		

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V 367	Continued From page 10 (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: Review on 1/19/23 of client #2's record revealed: - admitted 1/19/23 - diagnosis of Schizophrenia Review on 1/19/23 of (Former Client) FC#3's record revealed: - admitted 9/14/22 & discharged 10/30/22 - diagnoses of Mood Disorder, Intellectual Developmental Disability & Borderline Personality - assessment dated 9/1/22: "client has a hx	V 367		

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V 367	Continued From page 11 (history) of running away or leaving without permission..." Review on 1/20/23 of the Incident Response Improvement System revealed 1 incident report in October 2022 A. During interview on 12/28/22 client #2 reported: - FC#3 stole money from her - stole $719 out of the bedroom they shared with each other - staff #1 & management was aware of the stolen funds During interview on 1/19/23 the Qualified Professional (QP) reported: - was informed client #2 was missing $719.00 - she did not complete a level II incident report B. During interview on 1/19/23 FC#3's guardian reported: - FC#3 eloped several times from the facility - she does think they were overnight stays During interview on 1/19/23 & 1/20/23 the QP reported: - FC#3 eloped from the facility a couple times - there should have been more than 1 IRIS reports - some of the elopements did not require an IRIS report - those incident reports were kept at the office - she would ensure copies of incident reports were also kept at the facility	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 12 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 & interview the facility failed to maintain the grounds in an attractive and orderly manner. The findings are: Observation on 12/29/22 at 4:38pm revealed: - downstairs bathroom had: broken towel rack & rusty/dusty floor vents - client #1's bathroom in bedroom had putty the size of a baseball behind the toilet Observation on 1/19/23 at 12:14pm revealed the following: - a black car in the yard with front-end collision damage During interview on 12/29/22 staff #1 reported: - the broken towel rack been like that 3 months - maintenance needed to paint the bathroom During interview on 1/19/23 the Qualified Professional reported: - depended on group home manager to notify her of facility issues - she or the GH manager could notify maintenance of any facility issues - was last there in December 2022, no facility concerns reported or observed During interview on 1/20/23 the Licensee	V 736		

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V 736	Continued From page 13 reported: - maintenance recently completed repairs at the facility due to citations by the health department - she was not aware the wrecked vehicle was on the facility's ground - would have it removed by 1/23/23	V 736		