STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING			
		MHL092-727				R-C 01/17/2023
NAME OF F	PROVIDER OR SUPPLIER	ATE, ZIP CODE				
ALPHA H	IOME CARE SERVICE		ROLYN DRIVE H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLET IE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	A complaint and follow up survey was completed on 1/17/23. The complaint was substantiated (#NC00195107). A deficiency was cited.					
	This facility is licensed for the following service category:10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.					
		sed for 6 and currently has a urvey sample consisted of clients.				
	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
		ion and interview, the facility I in a safe, clean, attractive				
	revealed the followi - Kitchen - cobwebs in the rig	7/23 at approximately 2:38pm ing: ght top corner of the window e floor tile next to the				
	Hallway Bathroom	as long and as wide of a				

9BRX11

T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATI COM	(X3) DATE SURVEY COMPLETED	
	MHI 092-727			R-C 01/17/2023		
ROVIDER OR SUPPLIER	1	.DDRESS, CITY, ST				
OME CARE SERVIC	F					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
dollar bill - shower/tub comb Bedroom #2 - window screen la bedroom - blinds had 3 broke spindle Bedroom #3 - bathroom had no - 3 out of 4 light bu - cobwebs in the to Interview on 1/17/2 - Clean the house of - Will do more clean was clean	ination had build of of residue aying against the wall in the en spindles and 1 missing window covering lbs were out op of the window 23 with Staff #1 stated: over the weekend aning to make sure the house	V 736				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER IOME CARE SERVIC SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From pa dollar bill - shower/tub comb Bedroom #2 - window screen la bedroom - blinds had 3 brok spindle Bedroom #3 - bathroom had no - 3 out of 4 light bu - cobwebs in the to Interview on 1/17/2 - Clean the house - Will do more cleat was clean	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL092-727         PROVIDER OR SUPPLIER       STREET A 3612 CA RALEIG         OME CARE SERVICE       3612 CA RALEIG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SCONTINUED Continued From page 1         dollar bill       - shower/tub combination had build of of residue         Bedroom #2       - window screen laying against the wall in the bedroom         - blinds had 3 broken spindles and 1 missing spindle       Bedroom #3         - bathroom had no window covering       - 3 out of 4 light bulbs were out         - cobwebs in the top of the window       Interview on 1/17/23 with Staff #1 stated:         - Clean the house over the weekend       Will do more cleaning to make sure the house	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING:         MHL092-727       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST 3612 CAROLYN DRIVE RALEIGH, NC 27604         IOME CARE SERVICE       ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 1       V 736         dollar bill - shower/tub combination had build of of residue       V 736         Bedroom #2 - window screen laying against the wall in the bedroom - blinds had 3 broken spindles and 1 missing spindle       V 736         Bedroom #3 - bathroom had no window covering - 3 out of 4 light bulbs were out - cobwebs in the top of the window       Interview on 1/17/23 with Staff #1 stated: - Clean the house over the weekend - Will do more cleaning to make sure the house was clean	TOF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:	OF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:     COM       MHL092-727     B. WING     01/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     3612 CAROLYN DRIVE RALEIGH, NC 27604       SUMMARY STATEMENT OF DEFICIENCIES     ID RECULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       Continued From page 1     V 736       dollar bill     - shower/tub combination had build of of residue       Bedroom #2       - window screen laying against the wall in the bedroom       bedroom #3       - blinds had 3 broken spindles and 1 missing spindle       Bedroom #3       - bathroom had no window covering       - 3 out of 4 light bulbs were out       - cobwebs in the top of the window       Interview on 1/17/23 with Staff #1 stated:       - Clean the house over the weekend       - Will do more cleaning to make sure the house was clean	

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