

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-C 01/17/2023
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 1/17/23. The complaint was substantiated (#NC00195107). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/17/23 at approximately 2:38pm revealed the following:</p> <ul style="list-style-type: none"> - Kitchen - cobwebs in the right top corner of the window - several tears in the floor tile next to the dishwasher <p>Hallway Bathroom</p> <ul style="list-style-type: none"> - floor tile had tears as long and as wide of a 	V 736	<p>V 736 Maintenance will update/repair/remove the identified items in the kitchen in the home according to state building codes to prevent hazard and other disastrous outcome. QP will monitor with Environmental Assessment monthly and report to Administrator the outcome.</p>	2/17/23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

[Handwritten Title]

(X6) DATE

[Handwritten Date]

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V 736	<p>Continued From page 1</p> <p>dollar bill</p> <ul style="list-style-type: none"> - shower/tub combination had build of of residue <p>Bedroom #2</p> <ul style="list-style-type: none"> - window screen laying against the wall in the bedroom - blinds had 3 broken spindles and 1 missing spindle <p>Bedroom #3</p> <ul style="list-style-type: none"> - bathroom had no window covering - 3 out of 4 light bulbs were out - cobwebs in the top of the window <p>Interview on 1/17/23 with Staff #1 stated:</p> <ul style="list-style-type: none"> - Clean the house over the weekend - Will do more cleaning to make sure the house was clean - Will put in a work order to fix the floors 	V 736	<p>Maintenance will continue to repair/ update deficiencies in the Hallway Bathroom and in the home including Bedroom #2, Bedroom #3 to prevent hazard and other disastrous outcomes. QP will monitor with Environmental Assessment monthly and report to Administrator the outcome.</p>	2/17/23
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