

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-921</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHA HOME CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1037 WHETSTONE COURT RALEIGH, NC 27615</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 12/20/22. the complaints were unsubstantiated (Intake #NC00194719, #NC00194430, #NC00194564). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10 A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 2 current clients, 1 former client.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other</p>	V 289		

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

TITLE

(X6) DATE

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V 289	<p>Continued From page 1</p> <p>diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		
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V 289	<p>Continued From page 2</p> <p>Based on record review and interviews the facility failed to meet the scope of the license by admitting an individual without a primary diagnosis of a developmental disability. The findings are:</p> <p>Review on 12/6/22 of the facility's license revealed it was licensed as a 10A NCAC 27G .5600C Supervised Living for Adults With Developmental Disabilities.</p> <p>Review on 12/6/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/18/19</li> <li>- Diagnoses: History of Anoxic Brain Injury, Multiple Sclerosis, Hypertension Bulbous Emphysema and Cerebral Aneurysm</li> <li>- No completed admission assessment identifying a primary diagnosis of a developmental disability.</li> </ul> <p>During interviews on Licensee stated:</p> <ul style="list-style-type: none"> <li>- The Anoxic Brain Injury could be considered a developmental disability.</li> <li>- There was no admission assessment to identify developmental disability.</li> </ul>	V 289	<p>Administrator will ensure client #3 and all other residents are placed in a licensed residential facility that is suitable to their diagnosis and treatment needs. QP will monitor with QA Assessment/review quarterly to ensure compliance.</p>	1/31/23
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