

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-819	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2023
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES, INC IV	STREET ADDRESS, CITY, STATE, ZIP CODE 613 ELLYNN DRIVE CARY, NC 27511
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 15, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to coordinate with other qualified professionals (QP) who are responsible for treatment/habilitation for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 5/11/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/1/20 - diagnoses: Schizophrenia, Mild Intellectual Disorder, Diabetes, Major Depressive Disorder & Bipolar - physician order dated 10/28/22: Lybalvi 10-10mg bedtime (Bipolar) <p>Observation on 5/11/23 at 2:12pm of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> - an empty bottle of Lybalvi - the medication was dispensed on 3/6/23 <p>During interview on 5/15/23 the pharmacist reported:</p> <ul style="list-style-type: none"> - attempted to get prior authorization multiple times from the physician's office since 4/4/23 - insurance will randomly require prior authorization for certain medications - last filled the Lybalvi on March 10, 2023 for a 30 day supply - prior authorization was usually good for a year - if the insurance does not approve the medication, he would request an alternative 	V 291		

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V 291	<p>Continued From page 2</p> <p>medication</p> <p>During interview on 5/15/23 the Administrator from the physician's office reported:</p> <ul style="list-style-type: none"> - prior authorization was approved for the medication Lybalvi on 4/9/23 - the pharmacy was notified of the approval - prior authorization usually lasted awhile <p>During interview on 5/15/23 the General Manager Qualified Professional reported:</p> <ul style="list-style-type: none"> - he did not document his attempts to the physician's office in regards to prior authorization for Lybalvi - he requested the pharmacy to request prior authorization from the physician's office - "the physician's office responded faster to the pharmacist" - planned to contact the physician's office today to get an appointment for client #4 sooner than his July 2023 appointment 	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 failed to maintain its grounds in a safe & attractive</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>manner. The findings are:</p> <p>Observation at 1:58pm revealed the following:</p> <ul style="list-style-type: none"> - loose and missing pickets at the upper and lower decks - deteriorated floor boards on the lower deck - the General Manager Qualified Professional (GMQP) contacted someone in regards to the facility's deck <p>During interview on 5/11/23 the GMQP reported:</p> <ul style="list-style-type: none"> - visits the facility at least twice a week - did not check the lower bottom deck during his walk thru of the facility - was not sure how long the deck had been in that condition - the deck will be looked at next week <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		