

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-791	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/20/2023
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES, INC III	STREET ADDRESS, CITY, STATE, ZIP CODE 3716 ARROWWOOD 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
V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on June 20, 2023. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0209 Medication Requirements (V119), 10A NCAC 27G .0209 Medication Requirements (V120), 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), and 10A NCAC 27G .5603 Supervised Living for Adults with Mental Illness -Operations (V291) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0209 Medication Requirements (V119), 10A NCAC 27G .0209 Medication Requirements (V120), 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), and 10A NCAC 27G .5603 Supervised Living for Adults with Mental Illness -Operations (V291). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a</p>	V 000		

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

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V 000	Continued From page 1 census of 5. The survey sample consisted of audits of 3 current clients.	V 000		