

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2023
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 130 WHITE OAK DRIVE HENDERSON, NC 27536
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 10/26/23. The complaint was unsubstantiated (intake #NC00208692). 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 census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow their discharge policy for one of three audited clients (#1). The findings are:</p> <p>Client record review revealed -Date of admission 9-8-23 -Diagnoses: Schizophrenia -Discharge noticed dated 9-18-23</p> <p>-During an interview on 10-25-23 Client #1 reported: -Fallen a lot at the house -Had to use her walker rather staff encourage her or not... "I have to use it." -Was not aware of a discharge notice. -Had not been given a timeline of leaving the group home. -The House Manager spoke to her about needing to leave because of her falls. -House Manager stated if she kept falling she will go to another place... "I cant help I fall." -The Qualified Professional (QP) had never told her she could not stay at the group home or that he was looking for other placement.</p> <p>Interview on 10-24-23 the QP stated -Gave the 30-day discharge notice to the House Manager. -Did not give the 30-day notice to Client #1. -Did not read the notice to Client #1. -Will follow up with the house manager to ensure the discharge notice is read to Client #1.</p> <p>Interview on 10-25-23 the Licensee stated:</p>	V 105		

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V 105	Continued From page 3 -The facility's discharge policy stated clients were given a 30 day notice of discharge. -Client #1 was aware of the letter... "She seems to forget."	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies to address two of three (#1 & #3) audited clients needs and. The findings are:</p> <p>A. Review on 10-24-23 of client # 1's record revealed: -Admission date of 9-9-23 -Diagnosis of Schizophrenia -"Bio-Psychological/Spiritual Assessment", dated 9-8-23, revealed: "Client needed support walking long distances." -Psychiatry consultation, dated 8-9-23, revealed: "client falls need to be monitored." -Post Visit Report from local emergency department dated 10/15/23, revealed: -"Please use your walker to help keep your balance, see attached handout for other tips about avoiding falls." -After care Instructions from local emergency department , dated 10-19-23, revealed: "Instructions on weakness and the need to use walker." -Follow up with primary care physician regarding the risk of losing balance and falling. -There was no goal in client #1's treatment plan to address her potential weakness/balance/falling issues.</p> <p>B. Review on 10-24-23 of client #3's record revealed: -Admission date of 1-5-22 -Diagnoses of Schizoaffective Disorder and Bipolar Type -Treatment Plan dated 1-10-23 revealed a goal to "address her diabetes with nutritional diet."</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Interview on 10-24-23 the Qualified Professional (QP) stated: -Wrote three treatment plan goals for client #1. -He used three "blanket" goals when writing a client's treatment plan. -None of the goals addressed recommendations from client #1's medical visits. -Did not include goals to address client #1's falls and need to use her walker. -Client #3 did not have diabetes. -Not sure why that goal was in her plan, "must have copied and pasted it from another plan."</p> <p>Interview on 10-24-23 staff #1 stated: -Client #1 fell on her day of admission of 9/8/23. -On 10-15-23 Client #1 fell three times and 911 was called. -On 10-15-23 Client #1 was transported to the hospital to make sure she did not have any injuries. -On 10-19-23 Client #1 fell two times and was transported to the hospital. -Had to remind client #1 to use her walker daily. -There were no goals in client #1's treatment plan to address her falls, she just knew the needed to remind her to use her walker. -Client #3 did not have diabetes, not sure why that goal was in her plan.</p> <p>Interview on 10-25-23 the Licensee stated: -Client #1 was told that she would fall if she did not use her walker. -She was going to make sure Client #1 used her walker. -Client #1 would fall even if she used her walker. -The QP did the treatment plans and should have had a goal to address her falls. -Not sure why the QP had a diabetes goal in client #3's treatment plan. -QP's should not be copying and pasting goals</p>	V 112		

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V 112	Continued From page 6 into treatment plans.	V 112		
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 the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10-24-23 1:20 PM revealed: -The knob on client shower came off while checking the water temperature. -Client bedroom had a twin size mattress and bed frame propped against the wall.</p> <p>During an interview on 10-24-23, House Manager reported: -The shower knob had been broken for a while -All three clients used the same bathroom and shower. -The mattress in client #2's room was broken and had been replaced with a new one. -No one had picked up the old one mattress and it had been there for a while.</p> <p>During an interview on 10-25-23, Client #2 reported: -Got a new mattress a few months ago and the old one was still there. -The old mattress and bed frame had been there for a few months. -The shower knob had been broken for a while,</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>but she had not told anyone. -They were still able to shower.</p> <p>During an interview on 10-25-23 Client #3 reported: -She took showers two times per day -The shower knob has been broken for two weeks</p> <p>During an interview on 10-25-23, the Licensee reported: -She was not aware of the broken shower knob. -No one had reported the broken shower knob to her. -Had replaced client #2's mattress and did not remove the old one.</p>	V 736		