


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 01/23/2024
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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	INITIAL COMMENTS An annual and follow up survey was completed on 1/23/24. Deficiencies were cited. This facility is licensed for the following service category:10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118	V 118 Staff will continue to check client # 3 blood level as written on the MAR to decrease the risk of medication error and all other residents in the home. Monitoring will take place monthly by the QP while reviewing the MAR and reporting the outcome to the Administrator.	1/24/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE Administrator	(X6) DATE
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RECEIVED BY MHL & C
2/9/24

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 3 audited clients (#3). The findings are:</p> <p>Record review on 1/17/24 of client #3's record revealed: -Admission date of 12/28/23 -Diagnoses of Mild Intellectual Disability Disorder (IDD), Intermittent Explosive Disorder, Type II Diabetes, Hyperthyroidism and Gastroesophageal reflux disease (GERD) -Physician order dated 7/17/23 "Continue blood sugar check before meals, three times a day and give regular insulin as prescribed by sliding scale order...Novolog (diabetes) 100 units per sliding scale."</p> <p>A. Review on 1/17/24 of client #3's "Blood Glucose Measurement Chart" revealed: -From 12/28/23 through 1/17/24 client #3's blood sugar was not checked 28 times. -No Blood sugar readings were documented from 12/28/23-12/31/23. -Blood sugar was not checked from 1/2/24-1/17/24 before lunch.</p> <p>B. Review on 1/17/24 of client #3's "Sliding</p>	V 118	<p>V 118 A. Staff will continue to check client # 3 blood level as written on the MAR to decrease the risk of medication error and all other residents in the home. Monitoring will take place monthly by the QP while reviewing the MAR and reporting the outcome to the Administrator.</p>	1/24/24
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V 118	<p>Continued From page 2</p> <p>Scale-Novolog" orders completed by Physician's office revealed:</p> <ul style="list-style-type: none"> - "350 or > call PCP (Primary Care Physician)" - Review of "Blood Glucose Measurement Chart" from 1/1/24 through 1/17/24 client #3's blood sugar was over 350 three times. - 1/6/24- PM blood sugar 399-"called PCP" - No other documentation of PCP being contacted regarding high blood sugar. <p>Interview on 1/17/24 client #3 stated:</p> <ul style="list-style-type: none"> - Moved back to this facility due to his diabetes getting worse. - Had not been eating healthy, "making bad decisions." - Staff #1 had been checking his blood sugar two times a day. - Attended a day program three days a week and worked the other days. - Ate lunch during the day at the day program and work but did not have his blood sugar checked. <p>Interview on 1/17/24 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #3 lived here before and just moved back from a sister facility to better monitor his diabetes. - He was supposed to have his blood sugar checked three times a day and administer insulin based on the sliding scale order. - Client #3 attended a day program Monday, Tuesday, Wednesday; worked his job on Thursday, Friday, Saturday and attended church on Sunday. - Client #3 did not usually eat lunch at his day program or while at work. - Client #3 worked at a donut shop 8:00 am until 1:00 pm. - Client #3 told him he did not eat any donuts while working. - Client #3 was unable to check his own blood sugar and administer his own insulin due to his 	V 118	<p>V 118</p> <p>B.</p> <p>Staff will continue to check client # 3 blood level as written on the MAR to decrease the risk of medication error and all other residents in the home. Monitoring will take place monthly by the QP while reviewing the MAR and reporting the outcome to the Administrator.</p>	1/24/24
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V 118	<p>Continued From page 3</p> <p>limited ability to read.</p> <ul style="list-style-type: none"> -Client #3 had high blood sugar readings in the evenings and staff #1 had called his PCP when his blood sugar was over 350. -The PCP told him to check it again, but he did not document the results. -Client #3 saw his PCP weekly due to his continued high blood sugar. -Attended the doctor appointments with client #3 and the PCP knew they were not checking his blood sugar three times a day. -Took the blood sugar log with him to the appointments. -Not aware where the blood sugar log was from December 2023. <p>Interview on 1/18/24 client #3's PCP stated:</p> <ul style="list-style-type: none"> -She had been treating client #3 for about a year and his condition had "drastically declined" over the last six months. -Prior to moving to this facility, he was living in a sister facility and they were not correctly documenting his blood sugar which resulted in him not receiving the correct insulin. -Client #3's blood sugar had been "out of control." -Client #3 was moved to the current facility to get better control of his diabetes. -Was told by the Qualified Professional (QP)/General Manager client #3 was moved to better meet his diabetic needs. -Client #3's renal functioning had decreased due to his diabetes and "I am trying to protect his kidneys." -Client #3's A1 C (hemoglobin test) was 15 on his last check and the "highest I have ever seen, I can't figure out why it continues to be so high." -Had staffed client #3's case with other providers in their practice to come up with a plan to gain control of his diabetes. -For the last two months she had client #3 come 	V 118		
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V 118	<p>Continued From page 4</p> <p>in weekly to check on him due to her concern of his diabetes being correctly managed.</p> <ul style="list-style-type: none"> -Client #3 recently had the flu which could cause elevated blood sugar, "hoping it will settle down soon." -Client #3 was on an oral diabetes medication along with an evening insulin injection and the sliding scale Novolog. -Saw client #3 today and added another insulin injection to help reduce his blood sugar. -If client #3's blood sugar did not decrease in the next few weeks, she planned to refer him to an endocrinologist. -Was not notified of any blood sugar readings over 350 in the last month. -Wrote out the sliding scale instructions and they were to call the office or after hours nurse to inform them of readings over 350. -The after hours nurse would have completed a note and sent it to her if the facility had called regarding his high blood sugar. -Did not have any documentation of those blood sugar readings over 350. <p>Interview on 1/17/24 the QP/General Manager stated:</p> <ul style="list-style-type: none"> -Client #3 was living in their sister facility and he wanted to move back because he "missed it." -Client #3 was supposed to get his blood sugar checked three times a day but due to work and the day program he could only get it checked twice a day. -Called the day program and they stated they could not administer insulin to client #3. -Due to client #3's cognitive delay he was not capable of checking his own blood sugar or administering his own insulin. -The PCP knew he attended the day program and worked which made it difficult to check his blood sugar three times a day. 	V 118		
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V 118	<p>Continued From page 5</p> <p>-Was not aware client #3's blood sugar was over 350. -Staff #1 should have called the PCP as ordered. -Staff #1 took client #3's blood sugar log to the PCP weekly, she would have seen the increased blood sugar.</p> <p>Interview on 1/17/24 the Licensee stated: -Was not aware client #3's blood sugar was not checked as ordered. -Thought his blood sugar checks were changed to twice a day due to his job and day program. -Was aware client #3 was seeing his PCP weekly and will have these issues addressed. -Client #3 was moved to this facility a few weeks ago to better control his diabetes. -The previous facility was in close proximity of stores and restaurants where client #3 would purchase items.</p> <p>This deficiency was cited 3 times on 6/2/22, 9/16/22 and 1/23/24.</p> <p>Review on 1/17/24 of Plan of Protection dated 1/17/24 by the QP/General Manager revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will follow instructions of doctor written order. Effective today 1/17/24 staff will take client to doctor tomorrow to follow up doctor recommendations. -Describe you plans to make sure the above happens. QP will continue to monitor weekly documentation of BP (blood pressure) and glucose to present to the doctor per client scheduled appointment."</p> <p>Client #3 had diagnoses of Mild IDD, Intermittent Explosive Disorder, Type II Diabetes, Hyperthyroidism and GERD. He had recently</p>	V 118		
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V 118	Continued From page 6 moved into the facility to better manage his declining health regarding his diabetes. Client #3 had an order to check his blood sugar three times a day before meals with a sliding scale insulin to be administered and to contact the PCP if his blood sugar was over 350. Client #3 was admitted to the facility on 12/28/23 and did not have any documented blood sugar readings until 1/1/24. From 1/2/24-1/17/24 client #3's blood sugar was not checked before lunch 16 times. Also, from 1/2/24 through 1/17/24 there were 3 times where client #3's blood sugar was over 350 and there was no evidence the PCP was contacted. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any	V 120		

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V 120	<p>Continued From page 7 subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure 4 of 4 clients (#1, #2, #3 & #4) medications were stored securely. The findings are:</p> <p>Observation on 1/17/24 12:55 PM revealed -Client #1's Novolog and Basaglar in a box with a closed lid located in the refrigerator without a lock -Client #3's Novolog and Lantus Solostar in a box with a closed lid located in the refrigerator without a lock. -Client #1 was present in the home during this time.</p> <p>Interview on 1/17/24 Staff #1 stated: -The medications were always locked in the refrigerator. -Just took the lock off of the medication box today. -Not sure where the locks were located. -Attempted to locate a lock in the kitchen drawer. -No one has been in the refrigerator and opened the medication boxes.</p> <p>Interview on 1/17/24 the Qualified Professional (QP)/General Manager stated: -Was not aware the medications boxes did not have locks. -Had not checked those boxes to ensure they were locked. -Will have a staff bring new locks to the facility today.</p>	V 120	<p>V 120 Staff will ensure all client medication is lock and secure to reduce the risk of Medication error in the home. Monitoring will take place monthly by the QP when reviewing the client charts and reporting the outcome to the Administrator.</p>	1/24/24
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V 291	Continued From page 8	V 291		
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. 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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure coordination of services for 1 of 3</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>audited clients (#3). The findings are:</p> <p>Record review on 1/17/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 12/28/23 -Diagnoses of Mild Intellectual Disability Disorder (IDD), Intermittent Explosive Disorder, Type II Diabetes, Hyperthyroidism and Gastroesophageal reflux disease (GERD) -Physician order dated 12/21/23 "check blood pressure weekly." -No documentation of blood pressure checks from 12/28/23-1/17/24 <p>Interview on 1/17/24 client #3 stated:</p> <ul style="list-style-type: none"> -No staff had checked his blood pressure since moving into this facility. -Used to have it checked daily in previous facility. <p>Interview on 1/17/24 Staff #1 stated:</p> <ul style="list-style-type: none"> -Had been checking client #3's blood pressure daily -Had not been documenting it. -Was not sure what the order said to do, just checked all clients daily. -Will follow up to see how often to check client #3's blood pressure and will document it. <p>Interview on 1/18/24 Client #3's Primary Care Physician (PCP) stated:</p> <ul style="list-style-type: none"> -Had been treating client #3 for over a year. -He did have blood pressure checks daily until she changed it on 12/21/23 to once weekly. -Staff should be checking client #3's blood pressure weekly and reporting this to her at his weekly appointments. -Had been concerned about his "declining health" in the last six months. -Had spoken to client #3's legal guardian in the past and he was not informed of client #3's health 	V 291	<p>V 291</p> <p>Staff will continue check client # 3 blood level as written in the MAR and document the results including all other medical concerns. Staff will continue to contact/inform client guardian of his medical status as needed. Monitoring will take place monthly by the QP and report the outcome to the Administrator.</p>	1/24/24
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V 291	<p>Continued From page 10</p> <p>issues.</p> <ul style="list-style-type: none"> -The QP/General Manager told her not to inform the legal guardian of client #3's health issues, to only call him. -Thought that was "suspicious" as the legal guardian needed to be informed of client #3's health. -The QP/General Manager used to bring client #3 in for his appointments. -The QP/General Manager would not listen to her when she would give instructions. -"I don't trust him, to make sure his needs were being met, I can't even talk to him." -Client #3 was recently seen in the Emergency Room (ER) a few weeks ago for dehydration due to his flu, not sure if they contacted the guardian. <p>Interview on 1/19/24 client #3's legal guardian stated:</p> <ul style="list-style-type: none"> -Recently moved client #3 to this facility due to his increased health needs. -The PCP contacted him a few weeks ago with concerns for client #3's care and he was not getting his medications correctly. -The PCP was told by the QP/General Manager to contact the guardian as the "last resort." -Only heard about client #3's continued blood sugar increase and his A1C being 15 from the PCP. -No one from the facility had informed him that client #3's blood sugar was not being checked three times a day and blood pressure not being checked weekly. -Was not aware client #3 recently went to the ER for dehydration when he had the flu. -Was not aware client #3 had the flu. <p>Interview on 1/17/24 the QP/General Manager stated:</p> <ul style="list-style-type: none"> -Was not aware client #3's blood pressure was 	V 291		
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V 291	<p>Continued From page 11</p> <p>not being checked and documented as ordered. -Staff #1 was the one who checked the blood pressure and documented it. -Staff #1 was to take those logs with him to client #3's weekly appointments. -Staff #1 mostly took client #3 to his doctor appointments. -Worked with client #3's legal guardian and informed him of ongoing issues.</p> <p>Interview on 1/23/24 the Licensee stated: -"Surprised" that staff #1 was not checking client #3's blood pressure and he is usually on top of those things. -If the QP/General Manager told the PCP not to contact the guardian, it was in a "positive manner" to just ensure they were informing them of what was going on with client #3. -The QP/General Manager should have contacted the legal guardian with any medical issues.</p>	V 291		
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 and attractive manner. The findings are:</p> <p>Observation on 1/17/24 at 12:55 PM revealed the following: -A smoke detector upstairs and downstairs was</p>	V 736	<p>V 736 Maintenance/staff will replace, repair and clean the identified areas in the home according to the state regulations. Monitoring will take place monthly by the QP by using the Environmental Assessment Form and reporting the outcome to the Administrator.</p>	1/24/24

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 01/23/2024
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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 736	<p>Continued From page 12</p> <p>chirping</p> <ul style="list-style-type: none"> -Floors through out the home had dirt scattered. -Client #2's bedroom had dirt along the baseboards as well as a thick coat of dust. -Upstairs client bathroom had black areas in the shower and sink as well as multiple one inch brown spots on the walls. -Client #1's bathroom shower had black spots in the grout. <p>Interview on 1/17/24 Staff #1 stated:</p> <ul style="list-style-type: none"> -Cleaned the facility weekly. -Had not noticed the smoke detectors chirping. -Had batteries in the facility to place in the smoke detectors. <p>Interview on 1/27/24 the Licensee stated:</p> <ul style="list-style-type: none"> -The Qualified Professionals should be checking the facility weekly for repairs and cleanliness. -Would make sure the facility was kept clean. -The facility had batteries for smoke detectors and should be changed. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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