Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			D WING		R		
		MHL091-109	B. WING		03/20	6/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, S	STATE, ZIP CODE			
ALPHA RESIDENTIAL SERVICES-OAKLAND  2103 OAKLAND AVENUE HENDERSON, NC 27537							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRRECTIVE ACTION SHOULD BE SERENCED TO THE APPROPRIATE		
V 000	INITIAL COMMENTS		V 000				
	completed on Marc	nt and follow up survey was h 26, 2024. The complaint d (Intake #NC00213068). A d.					
		sed for the following service C 27G .5600A Supervised h Mental Illness.					
	census of 4. The su	ed for 6 and currently has a urvey sample consisted of clients and 1 former client.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility I in a clean and attractive					
	- Client #1's roon had gray electric ta - Client #3's mai	Bam on 3/22/24 revealed: in had a small trap door that pe surrounding it ttress was sunken in the					
	middle	ttress was sunken in the					
	had 2 doors that ha peeled wood	y outside of client #2's room d small pin size holes and ay had peeled wood around					
		door and a vent that was					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R		
	MHL091-109		B. WING		03/26/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALPHA F	ALPHA RESIDENTIAL SERVICES-OAKLAND  2103 OAKLAND AVENUE HENDERSON, NC 27537						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 736	particles inside of it - 3 out of 6 lights - 2nd floor bathro - 1 out of 2 lights - Cobwebs locate the bathroom - The light cover particles inside of it - Multiple brown - The bathtub ha around the inside o - The ceiling ove  Interview on 3/22/2 - Didn't know wh electrical tape surro - The electrical ta in  Interview on 3/22/2 - His bed was no - He "told them ( he had been there, mattress"  Interview on 3/26/2 (QP) reported: - He and the Hou for cleaning the fac - He and the Lice overseeing the repa - Did walk throug - Completed a ch cleanliness of the faneeded repairs	om: in the ceiling had dust  oulbs were not working com: oulbs were not working ed in multiple areas throughout in the ceiling had dust  stains inside of the toilet bowl d a brown stained ring going f the entire tub r the bathtub had a black stain 4 client #1 reported: y the trap door had grey ounding it ape was there when he moved 4 client #4 reported: bt comfortable staff) about the mattress since but they won't get a new 4 the Qualified Professional use Manager were responsible for airs in the facility ghs in the facility "often" necklist to check for accility and to document any	V 736	DETICIENCY)			
	<ul> <li>Knew the lightb bathrooms</li> </ul>	oulbs were not working in the					

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ATE FORM 6899 0H6M11 If continuation sheet 2 of 3

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL091-109		B. WING		R <b>03/26/2024</b>			
NAME OF PROVIDER OR SUPPLIER  ALPHA RESIDENTIAL SERVICES-OAKLAND  2103 OAKLAND AVENUE HENDERSON, NC 27537							
(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 SHOULD	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 736	- The lightbulbs 'long" because he "j could not recall whe - Planned to have replace the lightbull - Knew about the - He "already" tole Friday (3/22/24) that clean the bathtub - "The guys (client the tub after they show the responsible for overfacility - Visited the facility was the facility two weel - She purchased was waiting for the - She asked the the facility's bathrodensure cleanliness - Was unaware obut planned to get to possible	couldn't have been out too ust changed them," but he en the lightbulbs were changed e maintenance come and os e black stains in the bath tub d the House Manager on t she needed to dust and hts) may have forgot to clean howered" ssess" the facility and do gh to look for needed repairs  4 the Licensee reported: hager and QP were reseeing the cleanliness of the hity every two weeks and bughs of the facility clean when she last visited as ago three mattresses and she mattresses to arrive QP to take weekly pictures of oms and clients' bedrooms to of the lightbulbs not working, hem replaced as soon as	V 736				

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