Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			DATE SURVEY COMPLETED	
			A. BUILDING:		F	,	
		MHL092-922	B. WING			2/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ALPHA HOME CARE SERVICES #9 712 ROCKVILLE ROAD WAKE FOREST, NC 27587							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on August 22, 2024	w up survey was completed  . A Deficiency was cited. sed for the following service					
		C 27G .5600A Supervised					
	census of 3. The su	sed for 6 and has a current urvey sample consisted of clients and 1 deceased client.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.						

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL092-922		B. WING 0;			R <b>8/22/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALPHA I	HOME CARE SERVICE	-S #9	KVILLE ROAI DREST, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 114	This Rule is not me Based on record refailed to ensure disleast quarterly and findings are:  Review on 8/21/24 documented betwee revealed:  Two documented 10/2/23 & 1/19/24  Interview on 8/21/2  Participated in Last drill was "a Knew to go out fire and to meet in the Interview on 8/21/2  Participated in Knew to go out hallway during a tor Interview on 8/21/2  Participated in Knew to go out hallway during a tor Interview on 8/21/2  Participated in Knew to go out hallway during a tor Interview on 8/21/2  Participated in Knew to go out hallway during a tor Interview on 8/21/2  Participated in Knew to go out hallway during a tor Interview on 8/21/2  The Qualified Fhim that during a tor Should go under the most center part of Planned to star same way he conducted interview on 8/21/2  Started working 2024	et as evidenced by: view and interview, the facility aster drills were conducted at repeated for each shift. The  of the fire and disaster drills een 8/1/23 and 8/21/24  ed disaster drills conducted on  4 client #1 reported: fire and disaster drills a few months ago" side to the mailbox during a the bathroom during a tornado  4 client #2 reported: fire and disaster drills side during fires and in the mado  4 the House Manager  drills twice a month ed any disaster drills because to do them Professional (QP) #2 just told mado he and the clients e house or lay down in the the house with no windows t conducting disaster drills the ucted the fire drills	V 114			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL092-922	B. WING			R 2 <b>2/2024</b>		
NAME OF PROVIDER OR SUPPLIER  ALPHA HOME CARE SERVICES #9  STREET ADDRESS, CITY, STATE, ZIP CODE  712 ROCKVILLE ROAD  WAKE FOREST, NC 27587								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
V 114	- The facility was schedule - Believed the Hodisaster drill in June Interview on 8/21/2 Was supposed disaster drill log, bu - The House Mai conduct disaster dr	s given a fire and disaster drill couse Manager conducted a e (2024)  4 QP #2 reported: to check the facility's fire and at didn't check it mager was supposed to ills every month o talk to him right now" about	V 114					

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