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		
			B. WING		F			
		MHL092-921	B. WING		08/3	0/2024		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
ALPHA HOME CARE SERVICES INC 1037 WHETSTONE COURT RALEIGH, NC 27615								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION			(X5)		
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)		COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	An annual and follo on 8/30/24. A defici	w up survey was completed ency was cited.						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.						
		sed for 5 and has a current urvey sample consisted of clients.						
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114					
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availabte to the county emergy request. The plans procedures and rout (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaster shall be held at least repeated for each so Drills shall be conditioned in the facility of the plans and disaster shall be held at least repeated for each so Drills shall be conditioned in the facility of the plans and the facility of the plans and the facility of the plans and the plans are plans and the plans and the plans are plans are plans and the plans are plans are plans are plans are plans and the plans are plans are plans are plans are plans and the plans are plans	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility at quarterly and shall be hift.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	MHL092-921		B. WING			R 08/30/2024	
	PROVIDER OR SUPPLIER	ES INC 1037 WH	DDRESS, CITY, S ETSTONE CO I, NC 27615	TATE, ZIP CODE DURT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 114	This Rule is not me Based on record reinterview the facility disaster drills were each shift. The find Review on 8/29/24 disaster drill logs from the shift of th	et as evidenced by: view, observation and r failed to ensure fire and conducted quarterly and on ings are: of the facility's fire and om 9/1/23 to 8/29/24 revealed: am to 3pm :05pm to 11pm 1:05pm to 7am	V 114				
	Interview on 8/29/2 - Did not particip - Would "go outs	go for a fire because it was on as hung at the exit doors 4 client # 2 reported: ate in fire or disaster drills ide to mailbox" if there was a					

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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		
		MHL092-921	B. WING		08/3	0/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE			
ALPHA HOME CARE SERVICES INC 1037 WHETSTONE COURT RALEIGH, NC 27615							
(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 APPRO DEFICIENCY)	SHOULD BE COMPLETE		
V 114	Continued From pa	ge 2	V 114				
	client #3 reported: Did not particip (gave a thumbs dov Shrugged his s would do if there wa Interview on 8/29/2- Did not particip Would "go outs Would "get dow drill Interview on 8/29/2- Fire drills were Disaster drills weeks" Began working he was not respons Interview on 8/29/2- reported: Fire and disaste quarterly on each s	houlders when asked what he as a fire or a tornado 4 client #4 reported: ate in fire or disaster drills ide to mailbox" for a fire drill on in the hallway" for a tornado 4 staff #1 reported: completed "monthly" were completed "every 3 at the facility "this year" and sible for drills in 2023 4 the Qualified Professional er drills should be conducted					

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