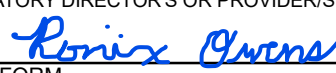


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-921	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/30/2024
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1037 WHETSTONE COURT RALEIGH, NC 27615
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/30/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p>V 114</p> <p>QP will ensure that the fire and disaster and sanitation report will be available for review at all times. Monitoring will take place Quarterly by the QP and report to the Administrator the outcome. First Aid kits is available in the home.</p>	9/3/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE General Manager/QP	(X6) DATE 9/19/2024
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-921	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/30/2024
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1037 WHETSTONE COURT RALEIGH, NC 27615
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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 8/29/24 of the facility's fire and disaster drill logs from 9/1/23 to 8/29/24 revealed:</p> <ul style="list-style-type: none"> - Shifts were: <ul style="list-style-type: none"> - 1st shift: 7am to 3pm - 2nd shift: 3:05pm to 11pm - 3rd shift: 11:05pm to 7am - No documented fire drills for: <ul style="list-style-type: none"> - 1st and 3rd shift of first quarter (9/1/23-11/30/23) - 1st and 3rd shift of second quarter (12/1/23-2/29/24) - 2nd and 3rd shift of third quarter (3/1/24-5/31/24) - 2nd shift of fourth quarter (6/1/24-8/29/24) - No documented disaster drills for: <ul style="list-style-type: none"> - any shift of first quarter - 2nd or 3rd shift of second quarter - 3rd shift of third quarter - 1st or 2nd shift of fourth quarter <p>Interview on 8/29/24 client #1 reported:</p> <ul style="list-style-type: none"> - Did not participate in fire or disaster drills - Would "go to mailbox" if there was a fire - Would "go to hallway" if there was a tornado - Knew where to go for a fire because it was on the evacuation plans hung at the exit doors <p>Interview on 8/29/24 client # 2 reported:</p> <ul style="list-style-type: none"> - Did not participate in fire or disaster drills - Would "go outside to mailbox" if there was a fire - Would "go to the hallway and get down" if there was a tornado 	V 114	<p>V114</p> <p>QP did a fire Drill and Disaster drill with the clients of the resident. Client knew to go to the mailbox for fire drill and client bent down in the hallway for the disaster drill. First and second and third shifts drills will be done quarterly.</p>	9/3/24

Division of Health Service Regulation

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V 114	<p>Continued From page 2</p> <p>Interview and observation on 8/29/24 at 3:14pm client #3 reported:</p> <ul style="list-style-type: none"> - Did not participate in fire or disaster drills (gave a thumbs down) - Shrugged his shoulders when asked what he would do if there was a fire or a tornado <p>Interview on 8/29/24 client #4 reported:</p> <ul style="list-style-type: none"> - Did not participate in fire or disaster drills - Would "go outside to mailbox" for a fire drill - Would "get down in the hallway" for a tornado drill <p>Interview on 8/29/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Fire drills were completed "monthly" - Disaster drills were completed "every 3 weeks" - Began working at the facility "this year" and he was not responsible for drills in 2023 <p>Interview on 8/29/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Fire and disaster drills should be conducted quarterly on each shift - Staff #1 was responsible for completing fire and disaster drills 	V 114	<p>V 114 QP will ensure that the fire and sanitation report will be available for review at all times. Monitoring will take place quarterly by the QP and report to the Administrator the outcome.</p> <p>V 114 QP retrained the House Manager and did a fire and disaster drills with the house manager. and clients.</p>	<p>9/3/24</p> <p>9/3/24</p>