AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-921	B. WING		R 08/30/2024		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S		1 00,00		
LPHA F	IOME CARE SERVIC	FS INC	IETSTONE CC H, NC 27615	DURT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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) COMPLE DATE	
V 000	INITIAL COMMEN	TS	V 000				
	An annual and follo on 8/30/24. A defici	ow up survey was completed iency was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disability.					
		sed for 5 and has a current urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ency Plans and Supplies	V 114	V 114			
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerge request. The plans procedures and rou (b) The plans shall and evacuation pro- posted in the facility. (c) Fire and disaster shall be held at lease repeated for each so Drills shall be cond simulate the facility emergencies.	gency services agencies upon shall include evacuation utes. be made available to all staff ocedures and routes shall be er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that 's response to fire all have a first aid kit		QP will ensure that the fire ar disaster and sanitation report available for review at all time Monitoring will take place Qua by the QP and report to the Administrator the outcome. F kits is available in the home.	ation report will be 9 w at all times. we place Quarterly port to the outcome. First Aid		
	repeated for each s Drills shall be cond simulate the facility emergencies. (d) Each facility sha	shift. ucted under conditions that 's response to fire all have a first aid kit					

Ronix gwens		General Manager/QP	9/19/2024
STATE FORM	6899	T9L011	If continuation sheet 1 of 3

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TATE MEMORY OF DEPICIENCIES (x) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER: MILDS2-21 (x) PROVIDERSUPPLIENCIA DENTIFICATION NUMBER: MILDS2-21 (x) PROVIDER OF DEPICIENCIES MILDS2-21 (x) PROVIDER OF DEPICIENCIES MILDS2-21 (x) PROVIDER OF DEPICIENCIES MILDS2-21 (x) PROVIDER OF SUPPLIENCIES MILDS2-21 (x) PROVIDERS OF SUPPLIENCIES MILDS2-21 (x) PROVIDERS2-21 (x) PROVIDERS2-21 (x) PROVIDERS2-21 (x) PROVIDERS2-21 (Division	of Health Service Re	egulation			FORMA	PPROVED
MHL092-921 IP.WING OB/30/2024 NAME OF PROVIDER OR SUPPLICE STREET ADDRESS, CITY, STATE, ZP CODE 1037 WHLFSTONE COUNT 1037 WHLFSTONE COUNT 00000 00000 00000 </td <td>STATEMEN</td> <td colspan="2">T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA</td> <td colspan="2"></td> <td colspan="2"></td>	STATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALPHA HOME CARE SERVICES INC 1037 WHETSTONE COURT RALEIGH, NC 27615 Paying SUMMARY STATEMENT OF DEFICIENCIES (Exc) DEFICIENCIES (DE NTE-YING INFORMATION) PREVIX PREVIX (Exc) DEFICIENCIES (Exc) DEFICIENCIES (DE NTE-YING INFORMATION) PREVIX (Exc) DEFICIENCIES (DE NTE-YING INFORMATION) 000000000000000000000000000000000000			MHL092-921	B. WING			
Itag WHETSTONE COURT Mail ID PRECIDE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FLL) (EACH DEPICIENCY MUST BE PRECEDED BY FLL) Trad D PRECIX (EACH DEPICIENCY MUST BE PRECEDED BY FLL) (EACH DEPICIENCY) D PRECIX (EACH DEPICIENCY) OVER (EACH DEPICIENCY) OVER (EACH DEPICIENCY) V 114 Continued From page 1 V 114 V 114 D Trad D EACH DEPICENCY) D EACH DEPICENCY) D EACH DEPICENCY D EACH DEPICENCY)	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY :		<u> </u>	
CALLEGY, NC 27615 CALL PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) Open Construction (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) Open Construction (EACH DEFICIENCY) Open Construction (EACH DEFICIENCY) Construction (EACH DEFICIENCY) Constructionc			1037 WH				
region (EACH DEFICIENCY MUST BE PRECEDED BY FULL Regulation for the class class of the precedence of the precedence of the class	ALPHA I	IOME CARE SERVIC	ES INC RALEIGH	, NC 27615			
This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure fire and disaster drill swere conducted quarterly and on each shift. The findings are: Review on 8/29/24 of the facility's fire and disaster drill ogs from 9/1/23 to 8/29/24 revealed: - Shifts were: - 1st shift: 7am to 3pm - 2nd shift: 3/05pm to 11pm - 3rd shift: 3/05pm to 7am - No documented fire drills for: - 1st shift of first quarter (9/1/23- 1/1/30/23) - 2nd and 3rd shift of fourth quarter (3/1/24- 5/31/24) - 2nd and 3rd shift of fourth quarter (3/1/24- 5/31/24) - 2nd and 3rd shift of fourth quarter (6/1/24- 8/29/24) - No documented disaster drills for: - any shift of fourth quarter - 1st or 2nd shift of second quarter - 2nd and 3rd shift of fourth quarter - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire - Would "go to hailway" if there was a fire -	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
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: Review on 8/29/24 of the facility's fire and disaster drill logs from 9/1/23 to 8/29/24 revealed: - Shifts were: - 1st shift: 7am to 3pm - 2nd shift: 10:5pm to 11pm - 3rd shift: 11:05pm to 7am - No documented fire drills for: - 1st and 3rd shift of second quarter (12/1/23-2/29/24) - 2nd shift of fourth quarter (6/1/24- 5/31/24) - 2nd shift of fourth quarter (6/1/24- 5/29/24) - No documented disaster drills for: - any shift of fourth quarter - 1st or 2nd shift of fourth quarter - 1st or 2nd shift of fourth quarter - 2nd o shift of fourth quarter - 2nd o shift of fourth quarter - 3rd shift of fourth quarter - 2nd o shift of fourth quarter - 3rd shift of fourth quarter - 1st or 2nd shift of fourth quarter - No documente to go for a fire because it was on the evacuation plans hung at the exit doors Interview on 8/29/24 client #1 reported: - Did not participate in fire or disaster drills - Would "go to malibox" if there was a tornado Interview on 8/29/24 client #2 reported: - Did not participate in me or disaster drills - Would "go to the halibox" if ther	V 114	Continued From pa	ige 1	V 114			
 No documented disaster drills for: any shift of first quarter 2nd or 3rd shift of second quarter 3rd shift of third quarter 3rd shift of fourth quarter Interview on 8/29/24 client #1 reported: 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 Interview on 8/29/24 client # 2 reported: Did not participate in fire or disaster drills Would "go to the hallway and get down" if there was a tornado Would "go to the hallway and get down" if there was a tornado 		Based on record re interview the facility disaster drills were each shift. The find Review on 8/29/24 disaster drill logs fr - Shifts were: - 1st shift: 7a - 2nd shift: 3 - 3rd shift: 1 - No documenter - 1st and 3rc (12/1/23-2/29/24) - 2nd and 3r 5/31/24) - 2nd shift of	eview, observation and a 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 d fire drills for: d shift of first quarter (9/1/23- d shift of second quarter d shift of third quarter (3/1/24-				
		 any shift of 2nd or 3rd 3rd shift of 1st or 2nd start 1st or 2nd start Interview on 8/29/2 Did not particip Would "go to m Would "go to h Knew where to the evacuation plan Interview on 8/29/2 Did not particip Would "go outs fire Would "go to the there was a tornado 	 first quarter shift of second quarter third quarter shift of fourth quarter 4 client #1 reported: ate in fire or disaster drills nailbox" if there was a fire allway" if there was a tornado go for a fire because it was on ns hung at the exit doors 4 client # 2 reported: ate in fire or disaster drills side to mailbox" if there was a 		QP did a fire Drill and Disaste drill with the clients of the resident. Client knew to go to the mailbox for fire drill and client bent down in the hallwa for the disaster drill. First and second and third shifts drills	o ay I	9/3/24
				6899	T9L011	If continuation	on sheet 2 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-921			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		R 08/30/2024		
		STREET A 1037 WH	DDRESS, CITY, S	BTATE, ZIP CODE		
		RALEIGI	H, NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
V 114	Continued From page 2 Interview and observation on 8/29/24 at 3:14pm client #3 reported: - 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 Interview on 8/29/24 client #4 reported: - Did not participate in fire or disaster drills		V 114	V 114 QP will ensure that the fire and sanitation report will be availabl for review at all times. Monitorin will take place quarterly by the QP and report to the Administrator the outcome.		
	 Would "go outs Would "get dow drill Interview on 8/29/2 Fire drills were Disaster drills were Disaster drills weeks" Began working he was not response Interview on 8/29/2 reported: Fire and disaster quarterly on each se 	side to mailbox" for a fire drill wn 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	c	V 114 QP retrained the House Ma and did a fire and disaster with the house manager. a clients.		

T9L011