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ALPHA HOME CARE SERVICES, INC III	3716 ARROWWOOD DRIVE RALEIGH, NC 27604

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on 2/25/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician affecting 1 of 3 audited clients (#2). The findings are: Review on 2/24/25 client #2's record revealed: - Admitted: 7/31/19 - Diagnoses: Borderline Personality Disorder, Attention-Deficit/Hyperactivity Disorder, Mild Intellectual Disability - Physician order dated 10/10/24 revealed: - Ibuprofen 200 milligram (mg), as needed (PRN), (pain) Review on 2/24/25 of client #2's October 2024 - January 2025 MARs revealed: - Ibuprofen 200 mg was initialed by staff as being administered: - 8 times in October - 5 times in November - 2 times in December - 4 times in January Observation on 2/24/25 at approximately 2:25pm of client #2's medication box revealed: - Over the counter Ibuprofen 200mg with an expiration date of March 2024	V 118		

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V 118	Continued From page 2 - no other Ibuprofen in the medication box Interview on 2/24/25 staff #1 reported: - he checked for expired medications monthly - the Qualified Professional (QP) checked the medications when he visited the facility - client #2 went on a home visit 2/7/25 and he was sent home with 3 or 4 Ibuprofen pills left in his bottle - client #2's parents sent back the expired one and he didn't look at it when it came back - "I missed the expiration date on this med (medication)" - client #2 had not been taking the expired medication Interview on 2/24/25 the QP reported: - he visited the facility weekly - he was responsible for checking medications expiration dates and that they match the physician orders - he checked at least monthly - staff #1 was supposed to check medications and the QP checked behind him - he didn't know that there were any expired medications Interview on 2/25/25 the Administrator reported: - the staff and the QP were responsible for making sure there were no expired meds in the client's med box especially the PRNs because they were not "hardly" used - the QP checked for expired meds monthly - "Oh no we don't have any expired meds"	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 119		

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V 119	Continued From page 3 (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 3 audited clients (#2). The findings are: Review on 2/24/25 client #2's record revealed:	V 119		

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V 119	Continued From page 4 - Admitted: 7/31/19 - Diagnoses: Borderline Personality Disorder, Attention-Deficit/Hyperactivity Disorder, Mild Intellectual Disability - Physician order dated 10/10/24 revealed: - Ibuprofen 200 milligram (mg), as needed (PRN), (pain) Observation on 2/24/25 approximately 2:25pm of client #2's medication box revealed: - Over the counter Ibuprofen 200mg with an expiration date of March 2024 Interview on 2/24/25 staff #1 reported: - he removed expired medications from the client's medication boxes and sent them back to the pharmacy - "I missed the expiration date on this med (medication)" Interview on 2/25/25 the Administrator reported: - The Qualified Professional (QP) and the staff were responsible for making sure there were no expired medications in the medication boxes especially the PRNs because they were not "hardly" used - The QP was supposed to check for expired medications monthly - If anything was expired, they would call the pharmacy immediately for a refill - They filled out the expired medication paperwork and returned the expired medication with the paperwork back to the pharmacy	V 119		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)	V 290		

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V 290	Continued From page 5 of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance	V 290		

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V 290	Continued From page 6 abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited clients (#2, #6) were capable of being in the community without staff supervision. The findings are: Review on 2/24/25 client #2's record revealed: - Admitted: 7/31/19 - Diagnoses: Borderline Personality Disorder, Attention-Deficit/Hyperactivity Disorder, and Mild Intellectual Disability - unsupervised time assessment dated 12/5/24 revealed: - "Up to 8 hours to attend the Day Program/PSR (Psychosocial Rehabilitation), Transportation assisted by Day Program, Staff TRACS or ride approved by guardian" Review on 2/24/25 client #6's record revealed: - Admitted: 10/26/21 - Diagnoses: Anemia, Undifferentiated Schizophrenia, and mixed Hyperlipidemia - unsupervised time assessment dated 9/10/24 revealed: - "Up to 8 hours to attend the Day Program/PSR, Transportation assisted by Day Program, Staff TRACS or ride approved by guardian" Interview on 2/24/25 client #2 reported: - been living in the facility since 2019 - he had unsupervised time to be without staff - he walked to the shopping center and went to	V 290		

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V 290	Continued From page 7 several shops in and around the shopping center Interview on 2/24/25 client #6 reported: - been living in the facility since 2023 - he had unsupervised time to be without staff - he walked to various stores and sometimes he walked to the library Interview on 2/24/25 staff #1 reported: - no one had unsupervised time - there was a sign out book for the clients to sign in and out of the facility when they left to go to the store Interview on 2/24/25 the Qualified Professional (QP)reported: - he was responsible for completing unsupervised time assessments - every client had unsupervised time - every client had up to 2 hours in the community and unsupervised time for their day program and the assessments should say that - the client's walked to the gas station, the corner store and other stores by themselves - he didn't know why client #2 & client #3's assessments didn't have the 2 hours on it and he would change that Interview on 2/25/25 the Administrator reported: - the QP did the unsupervised time assessments - the client's were always "allotted" some time for them to go to the store so "I'm kind of shocked" - she was "surprised" that all assessments weren't written with the 2 hours for the store on them This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		

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V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner and free from offensive odor. The findings are: Review on 2/24/25 of The North Carolina (NC) State Residential Building Code Section 310.2.1 revealed: - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")." Observation on 2/24/25 at approximately 10:30am revealed: Client #1 & Client #2's shared bedroom: - 1 window with an air conditioner in it - 1 window that wouldn't open - staff #1 and the Qualified Professional (QP)	V 736		

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V 736	Continued From page 9 from the office both tried to open it and it wouldn't open - ceiling fan had a piece with a missing screw with exposed wires at the top of it - multiple brown stains of various shapes and sizes over client #2's bed on the ceiling - right side of a 2 sided closet door was off the hinge and hung forward when opened - thick black wrapped wire that hung down the wall - round circular plastered patch on ceiling Client #1 & Client #2's shared bathroom: - 1 out of 6 light bulbs not working - plaster on the ceiling in the bathroom that had a crack and peeling plaster Hallway bathroom: - 1 out 5 light bulbs wasn't working - piece of broken towel bar on the wall Client #3's bedroom: - had a urine smell - no clothes were hung in the closet and were on the closet floor - 2 drawers in the dresser were missing the wooden cover and knobs - curtain rod was bent in the middle causing the curtain to hang lower in the middle Client #4's bedroom: - left side of a 2 sided closet door had a piece missing from the top causing the door to lean forward when opened Client #5's bedroom: - 2 pieces in the vent in the floor were bent causing a small opening in the vent - vent in the floor was uneven and not aligned with the floor	V 736		

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V 736	Continued From page 10 Interview on 2/24/25 client #2 reported: - didn't open his window - didn't know that his window wasn't working Interview on 2/24/25 & 2/25/25 staff #1 reported: - client #1 & client #2's window was opened about 2 weeks ago - 2nd window pane dropped when the 1st window pane was put up - he couldn't get the 2nd pane window to go back up - he would call about repairs but the previous "handyman" would be "too busy" and would always say he was coming and wouldn't - they had a new "handyman" that came more often - he would call the handyman - the wire in client #1 & client #2's shared bedroom was an old cable wire they no longer used Interview on 2/24/25 the facility QP reported: - he checked the facility to make sure it was "up to standard" when he visited - the facility had the window seals painted to update them a "couple of months" ago - that was why the window was "stuck" - "with the sun on the back of the house, it caused the paint to stick" - the 2nd window pane was supposed to be up and the 1st window pane was supposed to be down - they had an environmental list that had checking the windows on it but he was now going to make sure it was implemented - this would be his "checks and balances" and he would check all windows monthly when he visited the facility - staff was supposed to call him then	V 736		

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V 736	Continued From page 11 maintenance (handyman) for repairs - if staff couldn't get maintenance, then he would follow-up with maintenance Interview on 2/25/25 the Administrator reported: - she did walk throughs of the facility when she visited - if she saw things that needed to be repaired, she would call maintenance - she was told about the window and she thought it was the paint - when she previously did a tour of the facility, she noticed that the windows needed to be painted, and she called a handyman to repaint - normally when she did that, they had issues with 1 or 2 windows getting stuck - they normally had lubricant spray to help open the windows after they had been painted - staff was supposed to check the windows quarterly when they did the fire drills and if they saw that the windows were stuck, they would spray the windows with the lubricant she did not have the information for when the windows were last painted - she carried lubricant on her all the time as a "just in case" Review on 2/24/25 of the Plan of Protection completed by the QP dated 2/24/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - Staff will ensure all interior windows will operate as directed by monitoring all windows monthly to reduce/prevent injury to client in the home Describe your plans to make sure the above happens. - Staff will continue to monitor all interior window to prevent/reduce injury to client.	V 736		

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V 736	Continued From page 12 Monitoring will be monthly by QP and reported to Administrator using the environmental list." This facility serves clients with diagnoses of Schizoaffective Disorder, Schizophrenia, Attention-Deficit/Hyperactivity Disorder, and Borderline Personality Disorder. Client #1 & Client #2's shared bedroom had 2 windows in their room in which one window had an air conditioner unit in it and the other window would not open. Two staff attempted to open the window and were unsuccessful. Client #1 & Client #2 did not have access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are: Review on 2/24/25 of the facility's hot water	V 752		

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V 752	Continued From page 13 temperature logbook revealed: - the hottest water temperature recorded was 119 Observation on 2/24/25 approximately 10:30am of the facility's hot water temperatures revealed: - client #1 & client #2's shared bathroom sink was 130 degrees Fahrenheit - kitchen sink was 130 degrees Fahrenheit - hallway bathroom sink was 122 degrees Fahrenheit and the bathtub was 124 degrees Fahrenheit Interview on 2/24/25 client #2 reported: - the hot water was never too hot for him - he "knew how to adjust the water" to how he liked it Interview on 2/24/25 client #4 reported: - "water is fine" - he knew how to adjust the water temperature - he liked the temperature the way it was especially when it was very cold outside Interview on 2/24/25 client #6 reported: - he tested his own water temperature - the water was very "sensitive" so you had to turn it on in small amounts - "you had to adjust it in small amounts or slow because it will get too hot too quick" - he knew how to "adjust it and not burn himself" Interview on 2/24/25 staff #1 reported: - he didn't check water temperatures Further interview on 2/25/25 staff #1 reported: - he checked water temperatures monthly - no one had ever complained of the water being too hot	V 752		

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V 752	Continued From page 14 Interview on 2/25/25 the Qualified Professional (QP) reported: - he didn't check the actual water temperatures but he did check the logbook to make sure they were being checked - if the water temperature was too high, staff should have called him and then called maintenance - if staff couldn't get in contact with maintenance, he would follow up with maintenance Interview on 2/25/25 the Administrator reported: - never had any issues with the water or anyone complaining about it being too hot - the last time she was in the facility was "about 2 months ago or maybe a month ago" and she checked the water and it was "okay" - they had 2 maintenance people that could come fix it or she could lower it herself because she knew how to do it - she had a water thermometer that she carried with her and she was not at the facility to see what the staff used Review on 2/25/25 of the Plan of Protection signed by the QP and dated 2/25/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - Staff will ensure water temperature in the home (facility) meet state standard to prevent risk of injury to client and others. Staff will contact maintenance to update/repair water control in the home to meet state standard. Describe your plans to make sure the above happens. - Staff will measure water temperature daily to ensure that it meet state standard and prevent	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-791	A. BUILDING: _____ B. WING _____	R 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 752	Continued From page 15 the risk of injury to client and other. QP will monitor water temperature check daily & report to Administrator the conclusion." This facility serves clients with diagnoses of Schizoaffective Disorder, Schizophrenia, Attention-Deficit/Hyperactivity Disorder, and Borderline Personality Disorder. The hot water temperatures ranged from 122 degrees Fahrenheit to 130 degrees Fahrenheit at water sources utilized by clients. This deficiency constitutes a Type A2 rule violation as clients were placed at substantial risk of serious harm and must be corrected within 23 days.	V 752		