

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-832	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/10/2025
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES INC VI		STREET ADDRESS, CITY, STATE, ZIP CODE 105 OAKWOOD DRIVE WAKE FOREST, NC 27587		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 6/10/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 5. The survey consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement it's written policies regarding screening, assessment, and disposition. The findings are:</p> <p>Review on 6/10/25 of the facility's admission policy revealed:</p> <ul style="list-style-type: none"> - "AHCS (Alpha Home Care Services) Qualified Professionals (QP) will be allowed to admit clients to these services after reviewing all materials from the area mental health program. Criteria for Admission...1. Referral from the area mental health program. 2. Existence of identified need for services, base on admission, addendum, and findings of the QP" <p>Review on 6/9/25 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/8/25 - Diagnoses: Mild Mental Retardation, Major Depression Disorder II - No documentation of a screening or assessment of the client's needs, if the facility could provide services, or the disposition with recommendations to this facility <p>Attempted interview with the QP on 6/10/25 was unsuccessful.</p> <p>Interview on 6/10/25 the Administrator reported:</p> <ul style="list-style-type: none"> - He and the QP were responsible for completing screenings and admission assessments for clients - Client #5 was living in a sister facility for a long time and had a fall and went to a rehabilitation facility - Client #5 was admitted to the facility after 	V 105		

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V 105	Continued From page 3 discharge from a rehabilitation facility because the facility was a single level and would better meet Client #5's needs. - "Not a clue why this admission assessment got missed" - "It is probably because she had been with us for so long, would be my guess why it was missed" Interview on 6/10/25 the Licensee reported: - The Administrator and the QP were responsible for completing the assessments - Their policy was that a screening and assessment should be completed before a client was admitted - "An assessment should have been completed before she (Client #5) moved to the facility" - She was unsure why the assessments were not completed	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;	V 111		

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V 111	<p>Continued From page 4</p> <p>(4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete assessments prior to the delivery of services and develop strategies to address presenting problems affecting 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 6/9/25 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/8/25 - Diagnoses: Mild Mental Retardation, Major Depression Disorder II - No assessment was completed prior to delivery of services to include: presenting problem, needs and strengths, or strategies to address client's presenting problems <p>Interview on 6/10/25 the Administrator reported:</p> <ul style="list-style-type: none"> - He and the Qualified Professional (QP) were 	V 111		

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V 111	Continued From page 5 responsible for the admission assessments - Client # 5 was living in a sister facility for a long time and had a fall and went to a rehabilitation facility - She was moved to current facility after she was out of the rehabilitation facility because this was a single level facility, and would better meet Client #5's needs - "Not a clue why this admission assessment got missed" - "It is probably because she had been with us for so long, would be my guess why it was missed" Attempted interview with the QP on 6/10/25 was unsuccessful. Interview on 6/10/25 the Licensee reported: - The Administrator and the QP were responsible for completing the assessments - Their policy was a screening and admission assessment should be completed before a client was admitted - They had a form for completing the assessments - "An assessment should have been completed before she (Client #5) moved into the facility" - She was unsure why the assessments were not completed	V 111		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees	V 120		

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V 120	<p>Continued From page 6</p> <p>and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to keep refrigerated medications in a separate, locked compartment or container affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 6/9/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/16/18 - Diagnoses: Major Depression, Mild Mental Retardation, Borderline Personality Disorder, Hypertension, Asthma, Diabetes Mellitus, Hypothyroidism - Physician's Order dated 2/25/25: Ozempic .25 - .5 milligram (mg)/dose Pen (diabetes mellitus), Inject .5mg subcutaneously every week <p>Observation of Client #2's medications on 6/9/25 at approximately 2pm revealed:</p> <ul style="list-style-type: none"> - Ozempic in a plastic box with a yellow handle 	V 120		

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V 120	Continued From page 7 and a yellow latch - The box in the refrigerator where food was kept - No lock was on the box Interview on 6/9/25 Staff #1 reported: - Client #2's Ozempic was kept in an unlocked box in the refrigerator in the kitchen - No one went in the refrigerator but her - She was the only one that opened the box with the Ozempic - She did not know the box needed a lock on it - She thought that by "snapping the closure shut" (closing the latch), it was locked - She found a lock in the staff office and the box will now have a lock Interview with the Qualified Professional (QP) was attempted on 6/10/25, but was unsuccessful. Interview on 6/9/25 the Administrator reported: - Usually the QP was responsible for checking medications when they visited the facility - "Not sure why this medication box was not locked" Interview on 6/10/25 the Licensee reported: - "The medication box should have been locked"	V 120			
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) 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	V 290			

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V 290	Continued From page 8 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 abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess the capability of clients having time in the community without staff supervision for 3 of 4 clients reviewed for unsupervised time (#1, #4, #5). The findings are:</p> <p>Review on 6/10/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/20/18 - Diagnoses: Down Syndrome, History of Congenital Defect, Hypothyroidism, Asthma <p>Interview on 6/10/25 Client #1 stated:</p> <ul style="list-style-type: none"> - Went to the day program five times a week - Took public transportation (a bus) to and from the day program - The bus came to the facility - No staff were on public transportation with her <p>Review on 6/9/25 of Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 1/7/24 - Diagnoses: History of Traumatic Brain Injury (TBI), Cognitive Dysfunction, Depression, Hypothyroidism - Unsupervised Time Assessment revealed the following: <ul style="list-style-type: none"> - Signature of the Qualified Professional (QP) with a check mark to signify agreement with unsupervised time - A statement written and signed by the guardian: "[Client #4] can walk in the neighborhood without anyone with her. She can walk the loop (in neighborhood) no problem. However, I do not want her out on the main road walking. P.S. (Postscript) If [Client #4] wants to 	V 290		

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V 290	<p>Continued From page 10</p> <p>stay home and not go into town on errands, she is more than capable. [Guardian Signature]"</p> <p>Interview on 6/10/25 Client #4 stated:</p> <ul style="list-style-type: none"> - Went to Church on Sunday - Staff escort her to church and her 1:1 staff picked her up from church - She was in church for about 1.5 hours - No staff were with her when in church - She went to the day program five times a week - She took public transportation (bus) to and from the day program - The bus came to the facility - No staff were with her on public transportation <p>Review on 6/9/25 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/8/25 - Diagnoses: Mild Mental Retardation, Major Depression Disorder II - No Unsupervised Time Assessment <p>Interview on 6/10/25 Client #5 reported:</p> <ul style="list-style-type: none"> - Attended the day program five times a week - She took public transportation (bus) to get to her day program - The bus came to the facility - No staff were with her on public transportation <p>Interview on 6/9/25 Staff #1 reported:</p> <ul style="list-style-type: none"> - Client #4 had unsupervised time to walk around the block - All clients went to a day program and used public transportation to and from the day program <p>Interview with the QP was attempted on 6/10/25, but was unsuccessful.</p>	V 290		

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V 290	Continued From page 11 Interview on 6/10/25 the Administrator reported: - He and the QP was responsible for all the unsupervised time assessments - Unsupervised time was a decision that was made between the guardians and the QP - He was unsure why the unsupervised time assessments were not completed for the clients - He and the QP "will get the unsupervised time updated no problem" Interview on 6/10/25 the Licensee reported: - The Administrator and the QP were responsible for the unsupervised time assessments - It was usually a team and guardian decision - She was not sure why the unsupervised time assessments were missed - "The unsupervised time (assessment) will be updated"	V 290			