PRINTED: 07/30/2025 FORM APPROVED

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			
					F			
		MHL092-920	B. WING		07/3	0/2025		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ALPHA HOME CARE SERVICES INC  202 LINDELL DRIVE APEX, NC 27539								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
		w up survey was completed deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.							
		sed for 6 and currently has a urvey sample consisted of clients.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736					
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be ie, clean, attractive and orderly be kept free from offensive						
	Based on observat	et as evidenced by: ion and interview, the facility I in a safe, clean, attractive, e findings are:						
	am revealed: -Dining Area- Linoledisconnecting from Numerous scratchestretching about 3 from scratch line extending and another screet long on the backets.	the sides, close to the walls. es underneath the dining table feet in length. There was a ing about 7 feet long on side cratch line stretching about 6						
	track and unable to scratches on top of underneath the fire	the fully closed. There were 7 the linoleum flooring extinguisher. Each scratching. There was a hole on the						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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			,		   F	
		MHL092-920	B. WING			0/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA HOME CARE SERVICES INC 202 LINDELL DF APEX, NC 2753						
(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 736	bottom part of the v Measuring about 2 stains on the door I door was stained a Measuring about fe -Living Room- Love cushions were worn were holes in the fa flooring underneath wrinkled/broken. Mediameter. Linoleum seat was lose/disco foot in diameter. Th next to the entrance long from a previou -Client #1's room- C Each measuring ab Carpet had debris. chip about 1 inch in -Hall bathroom- The There were stains a peeling off next to t about 3 in X 3 in. D -Client #2's room- F dresser was missin -Bathroom inside e flooring was detach walls. Measuring ab -Laundry area- Wal from hallway and w plaster peeled off o feet longEmpty room #2- Se Paint by the handle was also peeled off door. Measuring ab	wall leading to the back door. in X 1 in. There were several eading to the back. Edge of and had paint worn off. eet long. e seat seemed worn down, and down and had holes. There abric of the love seat. Linoleum a the long couch was easured about 1 foot in aflooring underneath the love onnected. Measured about 1 are was a crack on the wall e measuring about 3 inches as patch up work. Carpet had six large dark stain. out 3 inches in diameter. One of the windows had a and diameter in the glass. ere was no toilet tissue holder. all over the walls. Paint was the light switch. Measuring oor had paint discolored. Right, upper drawer from ag. mpty room #1- Linoleum and at the edges near the bout 6 feet long. Il separating the laundry area with the fire extinguisher had an edge. Measuring about 2 everal stains on the door. In had peeled/worn off. Paint affrom 13 spots on back of bout 1 in each. Window ledge atches. Area of scratches	V 736	DEFICIENCY)		

Division of Health Service Regulation

against wall. 1 plastic drawer filled with rain water.

STATE FORM 6899 YUN011 If continuation sheet 2 of 3

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	
		MHL092-920	B. WING			R <b>30/2025</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE			
ALPHA	HOME CARE SERVICE	ES INC	NDELL DRIVE NC 27539				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 736	2 wet pillows agains Interview on 7/29/29 revealed: -They were aware of needed to be fixed, administration about needed to be fixed, Including the love in the windowThey also informed out from the refrige to wipe it dry several to the facilityShe was in the protection of the facilityShe acknowledged had seeped out of the several to the facility revealed: -She visited the facility of the confirmed the several to the facility of the several to the seve	st the wall.  5 with Client #1 and Client #2 of many of the items that They had notified ut most of the things that but they had not fixed them eat, flooring, and the chip on d that water has been seepin rator in the kitchen. Staff had al times a day.  5 with Staff #4 revealed: moved from a sister facility to beess of organizing things at d that she had to dry water the the refrigerator daily.	g i	DELITION TO			

6899

Division of Health Service Regulation STATE FORM

YUN011 If continuation sheet 3 of 3