

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/11/2025
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
(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 August 11, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/11/2025
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
(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 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure medication was administered as ordered by the physician affecting one of three clients (#3). The findings are:</p> <p>Review on 8/7/25 of client #3's record revealed: -Admission date of 11/9/08. -Diagnoses of Mild Autism, Mild Intellectual Developmental Disability, Depression and Diabetic Type II.</p> <p>Review on 8/8/25 of client #3's physician order dated 10/8/24 revealed: -Ozempic 4 milligram (mg)/3 milliliter (ml)- Inject 1mg subcutaneously once weekly.</p> <p>Observation on 8/8/25 at approximately 1:10pm of client #3's medication revealed: -Ozempic 4mg/3ml was unopened. -Ozempic package was noted to not begin medication as awaiting doctor approval.</p> <p>Review on 8/8/24 of client #3's MARS for June 2025 through August 2025 revealed: June 2025 -Ozempic 4mg/3ml was marked as administered from 6/1/25 through 6/30/25.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/11/2025
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
(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 118	Continued From page 2 July 2025 -Ozempic 4mg/3ml was marked as administered from 7/1/25 through 7/31/25. August 2025 -Ozempic 4mg/3ml was marked as administered from 8/1/25 through 8/7/25. Interview with Staff #1 on 8/8/25 revealed: -Client #3 administers his self-injections. -He was responsible for handing the pen to client #3 and observing him give the injection. -He had not opened the Ozempic 4mg/3ml box. -Client #3 was still using the lower dosage injection pen. -Confirmed he made a mistake initialing for observing client #3 Ozempic 4mg/3ml dosage. Interview on 8/11/25 with the pharmacy revealed: -The Ozempic 4mg/3ml pen was not approved for administration. -They were awaiting authorization from the provider for the increase. -Staff were instructed to not initial for giving the medication. -She had a scheduled in-service with the staff at the home to review documenting medication administration and observing the clients self-administer their injections.	V 118		
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:	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/11/2025
NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICE			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE RALEIGH, NC 27604		
(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	<p>Continued From page 3</p> <p>Based on observation and interview, the facility failed to ensure the home was maintained in a clean and attractive manner. The findings are:</p> <p>Observation on 8/8/25 at approximately 2:08pm revealed:</p> <ul style="list-style-type: none"> -Bathroom #1 had dirt in the sink, around the tub, toilet seat, floor and wall beside the tub. -Bathroom #2 had bodily fluids and matter on the toilet seat and the sink was dirty. <p>Interview on 8/8/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> -He would constantly redirect the clients to clean up behind themselves. -Client #2 would refuse to clean up and he would have to supervise or clean the bathroom himself. <p>This deficiency constitutes a rec-cited deficiency and must be corrected within 30 days.</p>	V 736			