STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL091-108		B. WING		08/1	2/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	I.	STATE, ZIP CODE	1	
ALPHA F	RESIDENTIAL SERVIO	CES-MEGAN 105 MEGA HENDERS	AN LANE SON, NC 27	537		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey w Deficiencies	vas completed on 8/12/25.				
	category: This facili service category: 1	sed for the following service ity is licensed for the following 0A NCAC 27G .5600A for Adults with Mental Illness.				
		sed for 5 and has a current urvey sample consisted of clients.				
V 118	8 27G .0209 (C) Medication Requirements		V 118			
	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	administering the drug; he drug is administered; and of person administering the				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION (X3) DATE OF COM		SURVEY LETED	
	MHL091-108		B. WING		08/1	2/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AI PHA F	RESIDENTIAL SERVIO	CES-MEGAN 105 MEGA				
ALITIAT	T	HENDERS	SON, NC 27			
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
	This Rule is not me Based on record refailed to keep 1 of 3 current. The finding Review on 8/12/25 - admitted 1/31/2 - diagnoses: Bip Schizophrenia & At Disorder - physician's ord	for medication changes or corded and kept with the MAR appointment or consultation  et as evidenced by: eview and interview the facility audited clients (#1) MARs as are: of client #1's record revealed: 19 olar, Depression, Paranoid tention Deficit Hyperactivity ers dated:	TAG V 118	DEFICIENCY)		
	everyday (estrogen - Progesterone 1 - Vyvanse 70mg - Nicotine 21mg - Aripiprazole 10 - Fluticasone 50(8pm) (inflammator  Review on 8/12/25 August 2025 MAR - June 2025 MAI - Estradiol was nadministered from	100mg bedtime (8pm) (steroid) morning (8am) (ADHD) bedtime mg bedtime (antipsychotic) mcg 2 puffs twice day (8am) ry conditions) of client #1's June 2025 & revealed: R antidocumented as 6/1/25 - 6/12/25 vas not documented as 6/1/25 - 6/11/25				

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	ATEMENT OF DEFICIENCIES  O PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL091-108	B. WING		08/	12/2025	
	PROVIDER OR SUPPLIER	CES-MEGAN 105 MEG	DRESS, CITY, S AN LANE SON, NC 27	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	- the Progesteror documentation as a 8/11/25 - Vyvanse was nadministered 8/11/2 - Nicotine was not administered 8/9/25 - Aripiprazole was administered 8/11/2 - Fluticasone was administered at 8ar (8/7/25 - 8/11/25)  During interview on (HM) reported: - been at the factother (HM) was out the clients receet it was hard to spharmacy's MARs of During interview on Manager/Qualified had not reviewed medication errors did not notice a	ne was initialed at 8am with no administered from 8/10/25 - ot documented as 25 of documented as 25 or 8/11/25 of not documented as 25 or not documented as 26 or not documented as 27 or not documented as 28 or not documented as 27 or not document	V 118				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				

Division of Health Service Regulation

STATE FORM 6899 058K11 If continuation sheet 3 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY		
		MHL091-108		B. WING		08/	12/2025
NAME OF	PROVIDER OR SUPPLIER	1	STREET AD	DRESS CITY S	STATE, ZIP CODE	1 00/	12/2020
	RESIDENTIAL SERVIO	CES-MEGAN	105 MEG		,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Based on observat was not maintained orderly manner. The Observation on 8/1 revealed: - kitchen dining in the Coval size dent in the Licensee's client #3's bedroom in the Licensee's client #3's bedroom in the Licensee's client #1 spilled in walked through month in the Licensee's client #1 spilled in will remove the During interview on reported:	ion and interview the din a clean, attractive findings are:  2/25 at 11:11am of the coom:  vall, the length of a pin the wall  ssing 4 stove burners in the wall  ssing 4 stove burners in the harmon siding peeled of the sunroom of a quarter in the harmon with large white start the second flush, that proper disposal room:  er dresser with clother at 8/12/25 the General Professional (GM/Quity 2 - 3 week in the facility at least thusband planned to indresser lumber about client at the second client at the second planned to indresser lumber about client at the second client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned to indresser lumber about client at the second planned planned to indresser lumber about client at the second planned plann	the facility  the facility  cencil  rs ed from  allway  cains in  the water  es that  al  iP)  twice a  replace  #1's  et  urners  ee	V 736			

Division of Health Service Regulation

STATE FORM 6899 058K11 If continuation sheet 4 of 8

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL091-1	08	B. WING		08/	12/2025
	PROVIDER OR SUPPLIER	ES-MEGAN	105 MEG/	, ,	STATE, ZIP CODE		
(X4) ID PREFIX TAG		TEMENT OF DEFICI ' MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 4		V 736			
	checks & notify mai	ntenance					
V 752	27G .0304(b)(4) Ho  10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot wate water shall be main degrees Fahrenheit  This Rule is not me Based on observati facility failed to ensumaintained between (F). The findings and Review on 8/12/25 disaster drill book re- month of June and documented water 115 degrees Fahren  Observation on 8/12 water temperatures the kitchen sinker client #1's bath degrees F bathroom in the  During interview on no issues with verifications.	cility shall be de uipped in a mar al safety of clien of the facility where, the temperat tained between tained between 100-116 degree of the facility's frevealed: 2025 & July 202 temperatures benheit (F)  2/25 at 11:11am revealed: was 120 degree om temperature hallway was 12 & hallway was 12 & hallway was 12 & 8/12/5 client #2	esigned, nner that its, staff and ere clients are cure of the 100-116  by: interview the eratures were ees Fahrenheit ire and 25 there were etween 114 - a of the facility's ees F ire 120 20 degrees F 2 reported:	V 752			

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Division of Health Service Regulation STATE FORM

	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL091-108		B. WING		08/	12/2025
NAME OF I	PROVIDER OR SUPPLIER	STF	REET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA F	RESIDENTIAL SERVIC	CES-MEGAN	_	AN LANE SON, NC 27	537		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 5		V 752			
		8/12/25 client #3 reporte with water & able to adjus					
	- she liked the wa	8/12/25 client #1 reporte ater "hot" e dishes and liked to "bat					
	reported: - she been at the - checked the wa fingers three times - wanted to make was not too hot that	ater temperatures "with h a week" e sure the water tempera	er ture				
	Manager/Qualified - was not able to - he viewed the f water temperatures	8/12/25 the General Professional reported: locate the water thermol ire & disaster log book fo tenance to adjust water					
V 774	27G .0304(d)(7) Mi	nimum Furnishings		V 774			
	EQUIPMENT (d) Indoor space reprior to October 1, 2 square footage requireme. Unless otherw residential facilities 1988 shall meet the requirements: (7) Minimum furnish	quirements: Facilities lice 1988 shall satisfy the mir uirements in effect at tha vise provided in these Ru licensed after October 1 e following indoor space hings for client bedrooms bed, bedding, pillow, bed	ensed nimum t iles,				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		SURVEY PLETED	
		MHL091-108	3	B. WING		08/	12/2025
	PROVIDER OR SUPPLIER	CES-MEGAN	105 MEG		STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN / MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 774	Continued From pa table, and storage f each client.		gings for	V 774			
	This Rule is not me Based on observati failed to ensure mir bedroom included a pillow, bedside table belongings. The fine	ion and interview t nimum furnishings a separate bed, be e and storage for	he facility for a client's edding,				
	sewing machine,cu miscellaneous item - items that lined - boxes of artifici Christmas ornamer	the following: ner be bed that consiste p of pencils & othe s the wall: al fall colored flow nts & books iner with miscellar	ed of a: er vers,				
	<ul><li>had shared a ro</li><li>1 went to a nurs</li><li>to behaviors</li></ul>	ility 4 or 5 years from with 2 different sing home & the co v, the items in her	nt people other left due				
			rted: roommate				

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MHL091-108  B. WING	2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 7IP CODE	
ALPHA RESIDENTIAL SERVICES-MEGAN 105 MEGAN LANE	
HENDERSON, NC 2/53/	(X5) COMPLETE DATE
V 774  Continued From page 7  During interview on 8/12/25 the Licensee reported:  - was at the facility last month  - could not recall if 2 beds were in client #2's bedroom  - would replace the bed & furniture in the bedroom	

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