Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: R B. WING MHL092-727 08/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE ALPHA HOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on August 11, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients. V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (c) Medication administration: Staff will continue to administer all (1) Prescription or non-prescription drugs shall 8/30/25 medication as prescribed by the only be administered to a client on the written doctor's order to reduce the risk of order of a person authorized by law to prescribe medication error in the home. (2) Medications shall be self-administered by Monitoring will take place monthly bu clients only when authorized in writing by the the QP while reviewing the MAR and client's physician. reporting the outcome to the (3) Medications, including injections, shall be Administrator. 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. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

> RECEIVED BY MHL & C 9/2/25

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL092-727 08/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE ALPHA HOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 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 reviews, observation and interviews, the facility failed to ensure medication was administered as ordered by the physician V 118 affecting one of three clients (#3). The findings Staff will continue to administer all 8/30/25 medication as prescribed by the doctor's order to reduce the risk of Review on 8/7/25 of client #3's record revealed: medication error in the home. -Admission date of 11/9/08. Monitoring will take place monthly by -Diagnoses of Mild Autism, Mild Intellectual the QP while reviewing the MAR and Developmental Disability, Depression and reporting the outcome to the Diabetic Type II. Administrator. 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. 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. 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

Division of Health Service Regulation STATE FORM

from 6/1/25 through 6/30/25.

WP.IK11

PRINTED: 08/20/2025 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL092-727 08/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE ALPHA HOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREEIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 2 V 118 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 736 27G .0303(c) Facility and Grounds Maintenance V 736 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:

PRINTED: 08/20/2025 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL092-727 08/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3612 CAROLYN DRIVE ALPHA HOME CARE SERVICE RALEIGH, NC 27604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 736 V 736 Continued From page 3 V 736 Based on observation and interview, the facility Maintenace/staff will replace, repair 8/30/25 failed to ensure the home was maintained in a and clean the identified areas in the clean and attractive manner. The findings are: home according to the state regulations. Monitoring will take place Observation on 8/8/25 at approximately 2:08pm monthly by the QP by using the -Bathroom #1 had dirt in the sink, around the tub. **Environmental Assessment Form** toilet seat, floor and wall beside the tub. and reporting the outcome to the -Bathroom #2 had bodily fluids and matter on the Administrator. toilet seat and the sink was dirty. Interview on 8/8/25 with staff #1 revealed: -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. This deficiency constitutes a rec-cited deficiency and must be corrected within 30 days.