

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/26/2025
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME CARE SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 712 ROCKVILLE ROAD WAKE FOREST, NC 27587
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(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 11/26/25. Deficiencies were cited</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician for 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 11/25/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/11/22 - Diagnoses: Schizophrenia; Generalized Anxiety; Insomnia; Mild Intermittent Asthma - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Review on 11/25/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/22/24 - Diagnoses: Schizoaffective Disorder; 	V 113		

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V 113	<p>Continued From page 2</p> <p>Cannabis Use Disorder; Elevated Blood Pressure</p> <ul style="list-style-type: none"> - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Interview on 11/25/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "3 years 11 months" - Was responsible for ensuring all required documents were in the clients' records - Was unable to locate the consent to seek emergency care in clients #1 and #2's records - Did not know why the consent to seek emergency care was not in clients #1 and #2's records - "Most of the time my books (client records) are in order" and the consents were all included 	V 113		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit (°F). The findings are:</p>	V 752		

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V 752	<p>Continued From page 3</p> <p>Observation on 11/25/25 at approximately 9:31AM of the facility's hot water temperatures revealed:</p> <ul style="list-style-type: none"> - Hall bathroom sink was 143°F - Hall bathroom tub was 141°F - Client 2's bathroom sink was 148°F - Client 2's bathroom shower was 142°F - Kitchen sink was 147°F - Steam rose from the water in all of the above locations - No thermometer was in the facility <p>Review on 11/26/25 of the facility's hot water temperature readings from 10/3/24 through 10/30/25 revealed:</p> <ul style="list-style-type: none"> - Hot water temperatures were documented approximately once a month and ranged from 112°F to 116°F on the "Fire Alarm/Disaster Drill form signed and dated at the bottom by the House Manager (HM) and Qualified Professional (QP) <p>Interview on 11/25/25 client #1 reported:</p> <ul style="list-style-type: none"> - Had been at the facility for "almost maybe 4 years" - Adjusted his own water temperatures - Water temperature at the facility had never been too hot and he had never been burned <p>Interview on 11/25/25 client #2 reported:</p> <ul style="list-style-type: none"> - Been at the facility since 10/1/24 - Adjusted his own water temperatures - Water temperature had been too hot "sometimes" and he would "make it cool" - Had never been burned by the water at the facility <p>Interview on 11/25/25 client #3 reported:</p> <ul style="list-style-type: none"> - "I can't really remember how long I've been 	V 752		

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V 752	<p>Continued From page 4</p> <p>here"</p> <ul style="list-style-type: none"> - Adjusted his own water temperatures - The water had never been too hot at the facility, and he had never been burned <p>Interview on 11/25/25 the HM reported:</p> <ul style="list-style-type: none"> - Had worked at the facility "since last December (2024)" - "The office (administration)" was responsible for the water temperatures at the facility - "I was never taught to do that (check water temperatures at the facility)" - No clients had complained that the water was too hot, and no clients had been burned by the water at the facility <p>Interview on 11/25/25 the QP reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "3 years 11 months" - "The House Manager is responsible as well as I am" for the water temperatures at the facility - The water temperatures at the facility were checked once a month but "I don't know the last time he (HM) checked it" because "I haven't checked (the water temperature logs) in probably the last month and half" <p>Review on 11/25/25 of the Plan of Protection signed by the Administrator and dated 11/25/25 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - Staff will ensure water temperature in the home meet state standards to prevent risk of injury to clients and others. Staff will contact maintenance to update/repair water control in the home to meet state standards. These actions will be implemented immediately on 11/25/25 and strongly encourage to continue to provide the safety of the client and others in the home. 	V 752		

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V 752	<p>Continued From page 5</p> <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - Statt will measure water temperature daily to ensure that it meet state standard and prevent the risk of injury to client and other. QP will monitor water temperature checks daily beginning 11/25/25 and report to administrator the outcome" <p>This facility served clients with diagnoses of Schizophrenia, Generalized Anxiety, Insomnia, Mild Intermittent Asthma, Schizoaffective Disorder; Cannabis Use Disorder; Elevated Blood Pressure. The hot water temperatures on 11/25/25 ranged from 141 degrees Fahrenheit to 148 degrees Fahrenheit at water sources in the bathrooms and kitchen utilized by clients. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 752		