STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING: B. WING		R 06/02/2025	
		MHL091-109				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LPHA R	ESIDENTIAL SERVIC		KLAND AVENU SON, NC 275			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000			
	completed on 6/2/2 unsubstantiated (in deficiency was cite This facility is licens	int and follow up survey was 25. The complaint was take #NC00230852). A d. sed for the following service .C 27G .5600A Supervised				
	Living for Adults with Mental Illness.					
		sed for 6 and has a current 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 e, clean, attractive and orderly be kept free from offensive				
	Based on observat	et as evidenced by: ion and interview, the facility I in a clean, attractive and e findings are:				
	 Area on dining inches by 24 inches not painted Area behind the 	9/25 at 1:13pm revealed: room wall approximately 12 s that had been patched but e oven in the kitchen below the imately 24 inches by 8 inches	9			
	- Bathroom for c - 1 light fixtu light bulbs burned of	lients #4 and #5: re above the mirror with 1 of 3 out he wall above the toilet				
		size of a basketball that was				

ZVSW11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-109		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COM	COMPLETED R 06/02/2025	
		MHL091-109					
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		2103 OA					
ALPHA F	RESIDENTIAL SERVIO	CES-OAKLAND	SON, NC 275				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 736	Continued From pa	ige 1	V 736				
	smudged with a brown substance						
		he bedroom for clients #4 and					
	#5 had paint that was peeling in spots across the						
	entire surface						
	- Dormer crawl space door in the bedroom for clients #1 and #6 had duct tape around the frame						
	on the bottom and the right side						
		er for client #6 had 2 drawers					
		ed and unable to close fully					
		pace door in the bedroom for					
		ad duct tape around the frame					
	on the top and the right side - Mattress for client #3 was sunken in the						
	middle	ent #5 was surker in the					
		oom had a black substance on					
		e shower and extending out					
		ea approximately 24 inches in					
	both directions						
		bom had a piece of plywood					
		nches by 24 inches that was ed to the wall beside the toilet					
		e emergency exit staircase					
		was split down the middle and					
		ea about 6 inches long					
		e stairs between the first and					
		interior of the home was loose					
		ont storm door had peeling					
		dged with brown substance in across the entire surface					
		terior front door frame was					
		own substance in an area					
	approximately 48 ir						
	- Light switch cover by the front door was						
	cracked along the length of the right sideInside of the back door had an area around						
	was smudged with	oximately 10 inches long that					
	-	he steps leading to the front					
		s broken loose and 1 missing					
	 Full length of th 					1	

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL091-109		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL091-109	B. WING			R 0 2/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
		2103 OA	KLAND AVEN			
ALPHA F	RESIDENTIAL SERVIC	ES-OAKLAND	SON, NC 275			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	back of the facility had pine needles coming over the edges and there were tree saplings growing out of the gutters in multiple places					
	Interview on 5/29/25 staff #1 reported: - She did not typically work at this facility but did fill-in when needed					
	space doors in the around the frames	ow why the dormer crawl client bedrooms had duct tape				
	 Client #3's mattress was sunken in the middle and she thought he needed a new one 					
	Interview on 6/2/25 the Qualified Professional reported:					
	 The House Manager would call him for any repairs that were needed at the facility The dormer crawl space doors were duct 					
		ents from going into that				
	 The facility had mattresses 	replaced some client				
	we'll get him a new	uests a new one (mattress), one" Ird crew that was responsible				
	for tasks such as cl	eaning out the gutters came out regularly to mow the				
		not do additional things				
		tain who owned the house				
	Interview on 6/2/25 the Licensee reported: - The house was rented and the landlord was					
		as not diligent about making				
	complete repairs w					
	taped because ther	awl space doors were duct e had been bats in those attic but she could not recall when				
Division of H	ealth Service Regulation		1			1

ZVSW11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 06/02/2025	
	MHL091-109				
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	2103 04				
ESIDENTIAL SERVIC	HENDER	SON, NC 275	37		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
Continued From page 3		V 736			
everything and rem - The dormer do the bats were remo - She will have o and replaced This deficiency has	hoved the bats bors had been duct taped since byed as an additional measure client #3's mattress looked at s been cited 3 times since the				
	COF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER ESIDENTIAL SERVIO SUMMARY ST/ (EACH DEFICIENC REGULATORY OR I Continued From pa - A company car everything and rem - The dormer do the bats were remo - She will have o and replaced This deficiency has original cite on 7/28	DEF CORRECTION IDENTIFICATION NUMBER: MHL091-109 MHL091-109 ROVIDER OR SUPPLIER STREET AL ESIDENTIAL SERVICES-OAKLAND 2103 OAH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 - A company came to the facility, sealed everything and removed the bats - - The dormer doors had been duct taped since the bats were removed as an additional measure - - She will have client #3's mattress looked at and replaced This deficiency has been cited 3 times since the	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE DEF CORRECTION MHL091-109 B. WING MHL091-109 B. WING B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST ESIDENTIAL SERVICES-OAKLAND 2103 OAKLAND AVENU KEGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX ID REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 3 V 736 - A company came to the facility, sealed V 736 - The dormer doors had been duct taped since the bats were removed as an additional measure - She will have client #3's mattress looked at and replaced This deficiency has been cited 3 times since the original cite on 7/28/22 and must be corrected	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL091-109 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ESIDENTIAL SERVICES-OAKLAND 2103 OAKLAND AVENUE HENDERSON, NC 27537 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY Continued From page 3 V 736 V 736 - A company came to the facility, sealed everything and removed the bats V 736 - The dormer doors had been duct taped since the bats were removed as an additional measure V 736 - She will have client #3's mattress looked at and replaced Image: Since the original cite on 7/28/22 and must be corrected	COF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COM MHL091-109 B. WING 06/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06/ ESIDENTIAL SERVICES-OAKLAND 2103 OAKLAND AVENUE HENDERSON, NC 27537 06/ SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 3 V 736 V 736 - A company came to the facility, sealed everything and removed the bats - The dormer doors had been duct taped since the bats were removed as an additional measure - She will have client #3's mattress looked at and replaced V 736 This deficiency has been cited 3 times since the original cite on 7/28/22 and must be corrected III