Division	of Health Service Re				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL091-109	B. WING		R 06/02/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
	RESIDENTIAL SERVIO	CES-OAKLAND	AKLAND AVENU RSON, NC 2753		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
∨ 000	INITIAL COMMEN	TS	V 000		
	completed on 6/2/2	int and follow up survey was 25. The complaint was ntake #NC00230852). A rd.			
		sed for the following service AC 27G .5600A Supervised th Mental Illness.			
		sed for 6 and has a current urvey sample consisted of clients.			
V 736	27G .0303(c) Facil	lity and Grounds Maintenance	v 736		
	EXTERIOR REQU (c) Each facility an maintained in a sa	303 LOCATION AND IIREMENTS d its grounds shall be fe, clean, attractive and orderl be kept free from offensive	ly	RECEIVED MHL & C 6	
	Based on observat	net as evidenced by: tion and interview, the facility d in a clean, attractive and ne findings are:			
	<ul> <li>Area on dining inches by 24 inche not painted</li> <li>Area behind th oven range approx that was unpainted</li> <li>Bathroom for on a 1 light fixtu light bulbs burned</li> <li>a spot on approximately the</li> </ul>	clients #4 and #5: ure above the mirror with 1 of out the wall above the toilet size of a basketball that was	5	V 736 1. Maintenance will paint the and kitchen room according to state building co prevent hazard and other dis QP will monitor with Environn Assessment monthly and rep Administrator the outcome.	des to astrous. nental
Division of H LABORATOR	ealth Service Regulation	IDER/SUPELIER REPRESENTATIVE'S	SIGNATURE	TITLE	(X6) DATE
STATE FOR	Mary 4	manne	6899 TV	IN BYE BYE L	If continuation sheet 1 of
YILLION			2.4	675567 (7)/7	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-109		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		R 06/02/2025		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ALPHA F	ESIDENTIAL SERVI	CES-OAKLAND	KLAND AVEN RSON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	
V 736	Continued From page 1 smudged with a brown substance - Window sill in the 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		V 736	2. Maintenance will replace bulb in bathroom for client #4 & #5 according to state building codes prevent hazard and other disas QP will monitor with Environmer Assessment monthly and report Administrator the outcome.	s to trous. htal	
	that were misaligned - Dormer crawles clients #2 and #3 h on the top and the - Mattress for climiddle	ser for client #6 had 2 drawers ed and unable to close fully space door in the bedroom for had duct tape around the frame		3. Maintenance will repair/update window sill in bedroom client #4 according to state building codes prevent hazard and other disast QP will monitor with Environmer Assessment monthly and report Administrator the outcome.	7/2/2 s to trous. ital	
	the ceiling above the from the shower and both directions - Upstairs bathron approximately 48 in unpainted and nail - Upstairs outside had a handrail that	he shower and extending out rea approximately 24 inches in oom had a piece of plywood nches by 24 inches that was ed to the wall beside the toilet de emergency exit staircase t was split down the middle and		4. Maintenance will repair/updat crawl space door in bedroom #1 according to state building code prevent hazard and other disas QP will monitor with Environmen Assessment monthly and report Administrator the outcome.	l & #6 77272 s to trous. ntal	
	<ul> <li>Handrail for the second floor of the</li> <li>Inside of the fr paint and was smu various size spots</li> <li>Inside of the in smudged with a br approximately 48 in</li> </ul>	ea about 6 inches long e stairs between the first and interior of the home was loose ont storm door had peeling udged with brown substance in across the entire surface iterior front door frame was own substance in an area nches long over by the front door was	9	5. Maintenance will repair/replace client #6 dresser drawers, include items 6.7.8.9.10.11.12.13-17. according to state building code prevent hazard and other disas QP will monitor with Environmer Assessment monthly and report Administrator the outcome.	ting s to trous. ntal	
	cracked along the - Inside of the b the door knob app was smudged with - Handrails for t porch had 4 picket	length of the right side ack door had an area around roximately 10 inches long that a brown substance he steps leading to the front is broken loose and 1 missing he gutters on the front and		<ol> <li>Maintenance will clean the graccording to state building code prevent hazard and other disas QP will monitor with Environme Assessment monthly and report Administrator the outcome.</li> </ol>	es to strous. ntal	

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ZVSW11

If continuation sheet 2 of 4

IDENTIFICATION NUMPER		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER	A. BUILDING:		COMPLETED	
		B. WING		R 06/02/2025		
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
		2103 OA	KLAND AVENU	JE		
ALPHA F	RESIDENTIAL SERVIO	CES-OAKLAND HENDER	SON, NC 275	37		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	age 2	V 736			
	hack of the facility	had pine needles coming over				
		e were tree saplings growing				
	out of the gutters in					
		25 staff #1 reported:				
	- She did not typically work at this facility but					
	did fill-in when needed		÷			
	- She did not know why the dormer crawl space doors in the client bedrooms had duct tape					
	around the frames					
		ttress was sunken in the				
	middle and she tho	ought he needed a new one				
	Interview on 6/0/25	the Qualified Deefensional				
	reported:	the Qualified Professional				
		nager would call him for any				
		eeded at the facility				
		awl space doors were duct				
		ients from going into that				
	space	t rankaged game alight				
	mattresses	d replaced some client				
		uests a new one (mattress),				
	we'll get him a new					
	- There was a ya	ard crew that was responsible				
		leaning out the gutters				
		came out regularly to mow the				
		not do additional things				
	requested of them	rtain who owned the house				
	The was not del	tain who owned the house				
	Interview on 6/2/25	the Licensee reported:				
	and the second	s rented and the landlord was				
	notified when repai					
		as not diligent about making				
	complete repairs w	lity had someone they called to when needed				
		awl space doors were duct				
		re had been bats in those attic				
		but she could not recall when				

STATE FORM

ZVSW11

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL091-109	B. WING		R 06/02/2025		
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
LPHA R	ESIDENTIAL SERVI	CES-OAKLAND 2103 OA	KLAND AVENU RSON, NC 275	JE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLE DATE	
V 736	Continued From pa	age 3	V 736				
	- A company ca everything and ren	me to the facility, sealed					
	- The dormer do	pors had been duct taped since					
		oved as an additional measure client #3's mattress looked at	L .				
	and replaced						
		s been cited 3 times since the					
	within 30 days	8/22 and must be corrected					
		3	1				
	alth Service Regulation					_	