

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 4/8/26. 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(f) DHSR shall conduct inspections of facilities without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Change in ownership including any change in partnership; or</p>	V 139		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 139	<p>Continued From page 1</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to submit a written request to the Division of Health Service Regulation (DHSR) a minimum of 30 days prior to any change in decrease in capacity. The findings are:</p> <p>Review on 4/7/26 of the facility's license capacity effective January 1, 2026 revealed:</p>	V 139		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 139	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Capacity: 6 <p>Observation on 4/7/26 at approximately 1:30pm revealed:</p> <ul style="list-style-type: none"> - The staff bedroom was located in one of the double occupancy bedrooms - The second double occupancy bedroom only had furnishing for one client <p>Review on 4/8/26 of the facility's approved floor plan from DHSR Construction revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for 6 clients - There were two double occupancy rooms and two single occupancy rooms <p>Interview on 4/7/26 the House Manager (HM) reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "about 6 years" - She was not aware the facility was licensed for 6 clients - She had not changed which room she had been sleeping in since she started working at the facility - There had been no room adjustments since she started working at the facility - She did not know "where the sixth person (client) would live" <p>Interview on 4/8/26 the Business Officer reported:</p> <ul style="list-style-type: none"> - Was aware DHSR needed to be notified of any capacity changes at the facility - She was responsible for notifying DHSR of a change in capacity - She thought she had notified DHSR of the change in capacity in January 2026, but realized she had not sent the request yet 	V 139		
V 722	27G .0302 (a) DHSR Construction Approval	V 722		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 722	<p>Continued From page 3</p> <p>10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS</p> <p>(a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to consult with the Division of Health Service Regulation (DHSR) Constriction Section prior to making facility alterations and changes. The findings are:</p> <p>Review on 4/7/26 of the facility's license capacity effective January 1, 2026 revealed: - Capacity: 6</p> <p>Review on 4/7/26/25 of DHSR Construction's survey dated 10/1/24 revealed the following: - "at the time of the survey it was observed that there were room changes since the intial licensing. A client now resides in a room that was identified as an office. The staff bedroom was moved from the left of the foyer to the right of the foyer...if you wish to make any room designation changes you will need to submit a change application to DHSR Construction Section...this deficiency was previously cited during our March 19, 2014, and December 8, 2016, biennial surveys, take action to correct these deficiencies."</p> <p>Observation on 4/7/26 at approximately 1:30pm revealed: - The staff bedroom was located in one of the</p>	V 722		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 722	<p>Continued From page 4</p> <p>double occupancy bedrooms, located to the right of the foyer</p> <ul style="list-style-type: none"> - A client's bedroom was located in the staff bedroom, to the left of the foyer - The second double occupancy bedroom only had furnishing for one client <p>Review on 4/8/26 of the facility's approved floor plan from DHSR Construction revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for 6 clients - There were two double occupancy rooms and two single occupancy rooms - The staff room was located to the left of the foyer and one double occupancy room was located to the right of the foyer <p>Interview on 4/8/26 a representative from DHSR Construction Section reported:</p> <ul style="list-style-type: none"> - DHSR Construction had received a Plan of Correction "over a year later", which revealed that the facility would change the rooms to reflect the approved floor plan - He had not been notified by the facility of floor plan changes as of 4/7/26 when the current DHSR survey was opened <p>Interview on 4/7/26 the House Manager (HM) reported:</p> <ul style="list-style-type: none"> - She had worked at the facility for 6 years, and did 24 hour shifts - None of the rooms had been changed since she started working - She did not know "where the sixth person (client) would live" - She did not know what the DHSR Construction had approved in regard to the bedroom layouts <p>Interview on 4/8/26 the Business Officer reported:</p> <ul style="list-style-type: none"> - The facility wanted to decrease their capacity 	V 722		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 722	<p>Continued From page 5</p> <p>from 6 clients to 5</p> <ul style="list-style-type: none"> - She thought she had notified DHSR of a change in capacity in January 2026, but realized she had not sent the request yet - The Facility Manager had the new floor plan to submit to DHSR Construction but had not sent in the request as of 4/8/26 as it was "just completed" - Now that it was brought to her attention, it was "on my radar, it will get submitted (to DHSR Construction) by the 17th (4/17/26)" <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 722		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide minimum furnishing for a client bedroom that included a</p>	V 774		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
--	--

(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 774	<p>Continued From page 6</p> <p>separate bed, bedding, pillow, bedside table, and storage for personal belongings. The findings are:</p> <p>Observation on 4/8/26 at approximately 1:30pm revealed:</p> <ul style="list-style-type: none"> - The designated double occupancy bedroom did not have a bed, bedding, pillow, bedside table, or storage for a second client's personal belongings <p>Interview on 4/7/26 the House Manager (HM) reported:</p> <ul style="list-style-type: none"> - She was not aware the facility was licensed for 6 clients - She did not know "where the sixth person (client) would live" - There was no extra bedroom furnishings for a sixth client in the facility <p>Interview on 4/8/26 the Business Officer reported:</p> <ul style="list-style-type: none"> - The facility wanted to decrease their capacity from 6 clients to 5, and the Division of Health Service Regulation had not been notified of the change yet - She thought she had notified DHSR of a change in capacity in January 2026, but realized she had not sent the request yet - The extra furnishings were kept in storage and not at the facility 	V 774		