

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-883 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/01/2019 |
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| NAME OF PROVIDER OR SUPPLIER THE LOVING HOME, INC #5 | STREET ADDRESS, CITY, STATE, ZIP CODE 3581 TORBAY DRIVE FAYETTEVILLE, NC 28311 |
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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 August 1, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 08/01/19 at approximately 10:15am of the facility revealed:</p> <ul style="list-style-type: none"> -The carpet in the kitchen was soiled and dirty. -The kitchen cabinets were peeling paint. -The carpet was soiled throughout the facility. -The living room had two patched areas on the sheetrock. -The hallway bathroom had paint that had been rubbed off and peeling. -The floor in front of the toilet had a soft area an the linoleum was separating and the towel rack was missing. -The bedroom to the left of the hallway had a patched area above the light switch in the sheetrock. | V 736 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 736 | Continued From page 1 During interview on 08/01/19 the Clinical Director stated: -The agency rented the facility and it was very difficult to get the landlord to address the issues in the facility. -The agency had discussed doing a change of location due to the landlord not wanting to fix any issues in the facility. | V 736 | | |