Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED							
AND I DAN OF CONNECTION			A. BUILDING: _									
		MHL026-761	B. WING		07/31/20	019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
THE LOVING HOME, INC 4944 MACEDONIA CHURCH ROAD												
			ILLE, NC 2831									
(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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE								
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on July 31, 2019. A deficiency was cited.											
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.											
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736									
	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.											
	was not maintained in orderly manner. The formal of the facility of the facili	ns and interviews, the facility in a clean, attractive and findings are:  /19 at approximately										
	area had a large rust the back of the sink. -The walls around the appearance with grea -The wall socket cove the kitchen was broke	ase. or behind the bread box in on. ne sitting area had a large										

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

PRINTED: 08/12/2019 FORM APPROVED

Division of Health Service Regulation

MANE OF PROVIDER OR SUPPLIER THE LOVING HOME, INC  ANALY STREET ADDRESS, CITY, STATE, ZIP CODE 4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312  [CAJ ID PREPARATION STREET ADDRESS OF PAYED FROM CORRECTION SHOULD BE COMMANDED TO THE FLORENCES BY PAYED.  [CACH DEPOSITION ON LISE DENTIFYING INFORMATION]  V 736  Continued From page 1  -The bathroom at the end of the hall had cracked tile and rust behind the sink.  -Client #3's bedroom had paint peeling from the ceiling.  During interview on 07/31/19 the Clinical Director stated the issues in the facility would be addressed.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
THE LOVING HOME, INC  4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 1  -The bathroom at the end of the hall had cracked tile and rust behind the sinkClient #3's bedroom had paint peeling from the ceiling.  During interview on 07/31/19 the Clinical Director stated the issues in the facility would be	MHL026-761			B. WING			07/31/2019						
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	V 736	-The bathroom at the tile and rust behind th -Client #3's bedroom ceiling.  During interview on 0' stated the issues in the	end of the hall had cracked e sink. had paint peeling from the 7/31/19 the Clinical Director	V 736									

Division of Health Service Regulation

STATE FORM 6899 KVR511 If continuation sheet 2 of 2