PRINTED: 10/16/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
					R						
MHL026-761		B. WING		10/14/2020							
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
THE LOVING HOME, INC 4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312											
(X4) ID											
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	on October 14, 202	low up survey was completed 0. The complaint was take #NC00170105). A d.									
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.									
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive									
		on and interview, the facility in a safe, clean, attractive									
	11:45am revealed: - The kitchen had 4	12/20 at approximately cabinet doors which would nets had a sticky film on the									
	surface The light fixture at 1 of 6 light bulbs wo - The hallway smok sound approximate indicate a battery w - Client #1's bedroo	pove the dining room table had orking. e detector emitted a chirping ly every 30 seconds to									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 10/16/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		A. BOILDING.		F	₹						
MHL026-761		B. WING		10/14/2020							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE LOVING HOME, INC 4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312											
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE						
V 736 Continued From page detector in client #1' sound approximatel indicate a battery was - Client #3's ceiling for the hallway bathrocabinet door would be linterview on 10/12/2 was dark because hout. Interview on 10/12/2 detectors needed batteriew on 10/14/2 stated: - She understood the batteries to work programs.	ge 1 's room emitted a chirping ly every 30 seconds to as needed. fan light had a missing globe. from had rust in the sink and a not close. 20 client #1 stated her room her ceiling fan light had blown 20 staff #1 stated the smoke atteries. 20 the Qualified Professional he smoke detectors needed operly. The professional had been sidentified for a stitutes a re-cited deficiency	V 736	DEFICIENCY)								

6899

Division of Health Service Regulation
STATE FORM

PRM611 If continuation sheet 2 of 2