STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-883	A. BUILDING: _____ B. WING _____	R 11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOVING HOME, INC #5	3581 TORBAY DRIVE FAYETTEVILLE, NC 28311

(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	INITIAL COMMENTS An annual and follow up was attempted on November 30, 2021. According to the Director there are no clients being served at the facility. The last time clients were served at the facility was February 2021. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Developmental Disabilities. Interview on 11/30/21 the Director stated: - No clients had been served at the facility since February 2021. - He was aware to contact the Division of Health Service Regulation when clients are admitted.	V 000		