

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-761</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE LOVING HOME, INC**

**4944 MACEDONIA CHURCH ROAD  
FAYETTEVILLE, NC 28312**

(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 survey was completed on December 3, 2021. 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 000		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 11/30/21 at approximately 9:00am revealed: - Client #2's bedroom had no smoke detector. The bracket for the smoke detector was on the ceiling and had wires hanging down. Client #2's bedroom door had fist sized crack in the surface. The ceiling fan did not have a globe. One of the dresser drawers were missing. - Client #3's bedroom had no smoke detector. The bracket for the smoke detector was on the ceiling and had wires hanging down. Client #3's ceiling fan globe was missing.  Interview on 12/03/21 the Director stated he had	V 736		

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>THE LOVING HOME, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4944 MACEDONIA CHURCH ROAD</b> <b>FAYETTEVILLE, NC 28312</b>		
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V 736	Continued From page 1  no questions regarding facility items discussed at exit of the survey.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736			