

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/02/2022
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NAME OF PROVIDER OR SUPPLIER LUV-N-ARMS	STREET ADDRESS, CITY, STATE, ZIP CODE 6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314
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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>A limited follow up survey for the two type A1's was completed on March 2, 2022. This was a limited follow up survey, only 10A NCAC 27G .0203 Privileging/Training Professionals (V109), G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection (V132), 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367), and 27D .0304 Client Rights-Harm, Abuse, Neglect (V512) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0203 Privileging/Training Professionals (V109), G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection (V132), 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367), and 27D .0304 Client Rights-Harm, Abuse, Neglect (V512). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The survey sample consisted of audits of three current clients.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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