PRINTED: 05/18/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LOVING HEARTS HOME SUMMARY STATEMENT OF DEFICIENCIES GREENSBORO, NC 27407 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	, ,	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LOVING HEARTS HOME STREET ADDRESS, CITY, STATE, ZIP CODE STREET			7 56.2561			R	
LOVING HEARTS HOME 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT DAT DAT		B. WING	B. WING		1		
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A limited follow up survey for the Type A2 was completed on 5/17/22. This was a limited follow up survey, only 10A NCAC 27G. 0205 Assessment and Treatment/Habilitation or Service Plan (V112): and 10A NCAC 27E. 0101 Least Restrictive Alternative (V513) were reviewed for compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112): and 10A NCAC 27E. 0101 Least Restrictive Alternative (V513). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living. This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.	completed on 5/17/ up survey, only 10A Assessment and Tr Service Plan (V112 Least Restrictive Ali reviewed for compli brought back into co .0205 Assessment Service Plan (V112 Least Restrictive Ali deficiencies were ci This facility is licens category: 10A NCA Living/Alternative File This facility is licens census of 1. The su						

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

(X6) DATE TITLE