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 _____	10/24/2022

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 survey was attempted on 10/24/22. According to the Director there are no clients being served at the facility. The last time clients were served at the facility was October 2020. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 10/24/22 at approximately 10:00am during an attempted survey revealed: -The porch light was on. -There were spider webs around the perimeter of the front door. -A smoke detector could be heard chirping from inside the facility. Interview on 10/24/22 the Director stated: -No clients had been served at the facility since prior to the last attempted survey 11/30/21. -Clients were last served at the facility in October 2020. -He would contact the Division of Health Service Regulation when a client is admitted.	V 000		