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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/03/2023	
		MHL090-208				
IAME OF PF	ROVIDER OR SUPPLIER	STREET	I ADDRESS, CITY, STATE, ZIP CODE			
MAZING	LOVE, LLC		EST CROWELL STR E, NC 28112	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COMP O THE APPROPRIATE DAT	
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on 1-3-23. The complaint was unsubstantiated (#NC00194442). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability.					
		ed for four and currently has ne survey sample consisted rent clients.				
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each shi under conditions that	an shall be developed and the appropriate local made available to all staff edures and routes shall be				
	that fire and disaster	as evidenced by: the facility failed to ensure drills were held at least ed for each shift. The findings				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-208			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING	01	01/03/2023			
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
AMAZING	LOVE, LLC		EST CROWELL STF E, NC 28112	REET			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(Y5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 114	Continued From page 1		V 114				
	Interview on 12-14-22 with Staff #1 revealed: -He and Staff #2 work and sleep at the facility. -A third staff works on the weekends.						
	revealed: -Fire drills docum and 11-19-22 at 5:39 -No fire drills com Staff #1's and Staff # -Disaster drills do pm and 11-19-22 at 5 -No disaster drills Staff #1's and Staff #	npleted during the week on 2's shift. ocumented: 9-24-22 at 2:04 5:00 pm. s completed during the week 2's shift.					
	-He didn't remen the facility	2 with Client #1 revealed: nber how long he had lived at one any fire or disaster drills ere.					
	-He had lived at	2 with Client #2 revealed: the facility for six months. one any fire or disaster drills. of."					
	-She came to the	2 with Client #3 revealed: a facility August 28, 2022. done any fire or disaster drills					
	-He lives at the fa through Friday, with a weekends. -The first client h June 2022.	2 with Staff #1 revealed: acility so he works Monday a relief person coming on the ad come to the facility in					
	-He started to wo 2022.	ork at the facility in October					

STATE FORM

ZZC511

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Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 01/03/2023	
	MHL090-208				01		
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
MAZING	LOVE, LLC		EST CROWELL STR E, NC 28112	(EE I			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 114	Continued From page 2		V 114				
	-He had never completed a fire or disaster drill at the facility.						
	-She lived at the -She had only be 2 1/2 weeks. -She had never of since she had been w Interview on 12-14-22 -She worked 1:1 only at the facility unt	een working at the facility for done a fire or disaster drill working at the facility. 2 with Staff #3 revelaed: with Client #2, so she was					
	drill that week. -She would make						

ZZC511

If continuation sheet 3 of 3