

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/03/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMAZING LOVE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST CROWELL STREET MONROE, NC 28112
--	---

(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>An annual and complaint survey was completed on 1-3-23. The complaint was unsubstantiated (#NC00194442). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for four and currently has a census of three. The survey sample consisted of audits of three current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p>	V 114	<p>A disaster plan will be completed and reviewed by the local authority and approved. Qualified professional will review the plan with DSPs for clear understanding of expectations during emergencies. To be completed by 2-15-2023</p> <p>DHSR - Mental Health</p> <p>JAN 20 2023</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LAP [REDACTED] PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE owner/president	(X6) DATE 01/18/2023
--	--------------------------	-------------------------

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMAZING LOVE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST CROWELL STREET MONROE, NC 28112
--	---

(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 114	<p>Continued From page 1</p> <p>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.</p> <p>Review on 12-21-22 of Fire and Disaster drill log revealed: -Fire drills documented: 9-24-22 at 3:04pm and 11-19-22 at 5:39pm. -No fire drills completed during the week on Staff #1's and Staff #2's shift. -Disaster drills documented: 9-24-22 at 2:04 pm and 11-19-22 at 5:00 pm. -No disaster drills completed during the week Staff #1's and Staff #2's shift.</p> <p>Interview on 12-14-22 with Client #1 revealed: -He didn't remember how long he had lived at the facility -He had never done any fire or disaster drills since he had been there.</p> <p>Interview on 12-14-22 with Client #2 revealed: -He had lived at the facility for six months. -He had never done any fire or disaster drills. -"Not that I know of."</p> <p>Interview on 12-21-22 with Client #3 revealed: -She came to the facility August 28, 2022. -She had never done any fire or disaster drills at the facility.</p> <p>Interview on 12-21-22 with Staff #1 revealed: -He lives at the facility so he works Monday through Friday, with a relief person coming on the weekends. -The first client had come to the facility in June 2022. -He started to work at the facility in October 2022.</p>	V 114	<p>A training on how to run a drill was completed on 12-27-2022 with all staff and residents. A drill was conducted as training for all staff. A follow-up drill was also completed on 1-17-2023 and subsequent drills will be completed quarterly. All drills will be reviewed by Qualified Professional to ensure that they were completed and as required on different shifts to ensure emergency preparedness in the setting of an actual emergency.</p>	
-------	--	-------	--	--

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMAZING LOVE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST CROWELL STREET MONROE, NC 28112
--	---

(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 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He had never completed a fire or disaster drill at the facility. <p>Interview on 12-14-22 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -She lived at the facility. -She had only been working at the facility for 2 1/2 weeks. -She had never done a fire or disaster drill since she had been working at the facility. <p>Interview on 12-14-22 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -She worked 1:1 with Client #2, so she was only at the facility until approximately 2:30. -She had never seen or participated in a fire or disaster drill. <p>Interview on 1-3-23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The facility had run both a fire and a disaster drill that week. -She would make sure that all fire and disaster drills were completed correctly in the future. 	V 114		
-------	--	-------	--	--

Division of Health Service Regulation



Amazing Love, LLC
1201 W. Crowell Street
Monroe, NC 28112

MS

Team Leader

Division of Health Service Regulation, Mental Health Licensure & Certification Section
NC Department of Health and Human Services

Dear Team Leader and Facility Compliance Team,

We are grateful that you took the time to visit our facility, review our practices, interview our staff and residents, and provide feedback. We appreciate your thoughtful feedback which will significantly improve our operations and facility standards. Please find below plan of action in response to identified area of deficiency related to emergency preparedness. Please let us know if additional information is required.

With thanks,
Amazing Love, LLC