STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
712 . 21			A. BUILDING:			
		MHL026-826	B. WING		04/1	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE LOV	ING HOME, INC #2		BIN HOLME			
			VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	A follow up survey v 2023. Deficiencies	was completed on April 19, were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
		sed for 3 and currently has a urvey consists of audits of 1 former client.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	This Rule is not me	et as evidenced by:				
	Based on observati	on and interview, the facility in a safe, clean, attractive				
	12:35pm - 1:15pm revealed:	8/23 between approximately during the facility tour				
	the brown sub floor -The vinyl flooring a	it the back door off the kitchen				
	was peeled and lifter. The light switch comissing.	ed at the exit. ver near the back door was				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUU aaa aaa	B WING		F	
		MHL026-826	D. WING		04/1	9/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE LOV	ING HOME. INC #2		BIN HOLME			
	,	FAYETTE	/ILLE, NC 2	8312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 1	V 736			
V 750	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 -The vinyl flooring in the kitchen was lifted at the cabinets and not flushed to the floor. -The wall near the dining table had a linear damage. -The metal floor transition strip between the kitchen and laundry area was bent upward. -2 of 3 light bulbs on the kitchen's light fixture were blown. -The floor between the office area and living room had a rectangle uneven indention. -Client #1's bedroom window blinds were broken and had missing slates. -Client #1's bedroom dresser was broken and one drawer had fallen into another. -The hall bathroom had 2 of 3 lights blown on the vanity light. -The vacant bedroom next to client #1's room had white paint plaster about the size of a sheet of paper on the bedroom door. -There were approximately 4 white paint plaster repairs next to the bed. -The vacant (master) bedroom's door was broken off 2 of the 3 door hinges. The frame was split along the side. -There were brownish color stains along the ceiling of the living room. Interview on 4/19/23 the Clinical Director/Qualified Professional stated: -The maintenance efforts are the facility are ongoing. -The vacant (master) bedroom door "just came off the hinge" when staff opened it. -The facility had an outside contractor who worked on the facility.					
	This deficiency has					

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Division of Health Service Regulation STATE FORM

U3D611 If continuation sheet 2 of 4

DIVISION	of Health Service INC	guiation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	₹
		MHL026-826	B. WING		1	9/2023
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DDECC CITY O	STATE, ZIP CODE		
NAME OF F	TROVIDER OR SUFFEIER		BIN HOLME			
THE LOV	ING HOME, INC #2		VILLE, NC 2			
	OLUMBA DV OTA					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Continued From page 2		V 752			
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factors and equensures the physical visitors. (4) In areas of exposed to hot water shall be main degrees Fahrenheit This Rule is not measured by the safety of the safety	et as evidenced by: ons and interview, the facility ater temperatures between ahrenheit where clients had				
	Observation on 4/18 12:35pm - 1:15pm or revealed: -The hot water in th was 118 degrees Fa-The hot water in th was 120 degrees Fa-The hot water in th was 118 degrees Fa-	B/23 between approximately during the facility tour e hall bathroom at the sink ahrenheit. e hall bathroom at the bathtub ahrenheit. e vacant bedroom at the sink ahrenheit.				
	-Maintenance had a temperatures. -He believed the wa replaced.	rofessional stated: tures were checked monthly. adjusted the water ter heater needed to be				
	This is a recited def	iciency and must be corrected				

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U3D611 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
MILL OOC OOC		B. WING			R 04/19/2023		
		MHL026-826	1		04/	19/2023	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S BBIN HOLME	STATE, ZIP CODE			
THE LOV	/ING HOME, INC #2		EVILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	Continued From pa	ge 3	V 752				
	within 30 days.						
	William 66 days.						

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