STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-884	A. BUILDING: _____ B. WING _____	R 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOVING HOME, INC #4	1710 SCAMPTON ROAD FAYETTEVILLE, NC 28303

(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 completed on August 27, 2025. Deficiencies were cited. This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to the date of hire for one of 2 of 3 audited staff (Residential Care Coordinator, Qualified Professional (QP)). The findings are: Review on 8/26/25 of the QP's personnel record revealed; -Date of hire: January 24, 2025	V 131		

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V 131	Continued From page 1 -A HCPR check with an accessed date of 8/26/25. -No documentation the HCPR was accessed prior to hire. Interview on 8/26/25 Residential Care Coordinator stated she thought the HCPR check had been completed for the QP prior to hire but it could not be located. Interview on 8/27/25 the QP stated she would ensure HCPR checks will be completed on staff prior to hire. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on August 26, 2025 between 12:10pm and 1:00pm of the facility revealed: - The bottom door of the refrigerator was missing a handle. - Brown rust colored spots covered the bottom half of the fridge and the right side. - There were 3 areas of linoleum that were approximately 3 inches in size and 1 area that	V 736		

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V 736	Continued From page 2 was approximately 4 inches in size that were torn. - There was black writing on the wall in the living room on the left side of the window. - The vacant bedroom to the left had paint peeling at the bottom of the door approximately 3 inches in size. - The vacant bedroom to the right had paint peeling on the wall by the dresser and paint peeling around the door knob; the blind had approximately 11 blind slats that were broken. - Client #1's outside window screen was inside her bedroom behind her dresser; approximately 3 inches of caulking was discolored around the bathtub and approximately 5 inches of discolored caulking; the toilet was had not been flushed; a 5 bulb light fixture with 3 light bulbs not working; the floor vent was rusted; paint had chipped from the wall under the right side of the window in multiple areas and sizes; the closet door had a 1/2 inch hole under the door knob. - The hall bathroom had a 3 light bulb fixture with 1 light bulb not working; the linoleum was torn approximately 6 inches at the entrance of the bathroom. Interview on 8/26/25 the Residential Care Coordinator stated she would ensure the issues found were addressed. This deficiency has been cited 3 times since the original cite on February 23, 2022 and must be corrected within 30 days.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed,	V 750		

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V 750	Continued From page 3 constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility's water systems were maintained in a operating condition. The findings are: Observation on 8/26/25 between 12:10pm -1:00pm during a tour of the facility revealed: -The hallway bathroom sink had approximately 1/2 inch of standing water that had not drained. -The bathtub had approximately 2 inches of standing water that had not drained. Interview on 8/26/25 client #2 stated she had another bathroom in the facility during her personal hygiene routine. Interview on 8/26/25 the Residential Care Coordinator stated: -The sink and tub had been stopped up since Sunday August 24, 2025. -The plumber was coming on Wednesday or Thursday to fix it. Interview on 8/27/25 the Qualified Professional acknowledged the facility's water system issues and stated it would be fixed.	V 750		