


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER AMAZING LOVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6614 MEDLIN ROAD MONROE, NC 28112
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(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 survey was completed on 7-10-25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120	<p style="text-align: center;">RECEIVED SEP 25 2025 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 9/15/28	(X6) DATE
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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that medications were stored in a securely locked cabinet and stored separately for each client. The findings are:</p> <p>Observation on 7-8-25 at approximately 12:00pm of medication room revealed: -The door to the medication room was unlocked. -Client #4's box of medications was sitting on a file cabinet, opened. -Various medications were sitting on top of the file cabinet. -Client's #2, and #1, medication boxes were sitting on top of a second file cabinet with the keys in the lock.</p> <p>Observation on 7-10-25 at approximately 3:00pm revealed: -Refrigerator had medication box that was unlocked with the key in the lock. -Medication box contained Client #2's Ozempic and Client #4's insulin, both stored together. -Door to the medication room was unlocked. -Client's #1, #2, #3, and #4's medication boxes were sitting on top of the file cabinet with the key in the lock. -Client #2's box was open with plastic bags hanging out of the box.</p> <p>Interview on 7-8-25 with Staff #2 revealed: -She could not answer as to why the medications were unlocked. -She suggested that Staff #1 be asked about the medications.</p>	V 120	<p>All medications were immediately secured in locked cabinets and/or locked compartments in the refrigerator, separated by client. The medication room door is locked at all times. Existing Medication Storage Policy & Procedure was reviewed with all staff on 7/15/25, and all staff signed acknowledgment of the review.</p> <p>Measures to Prevent Recurrence: Policy will be reviewed with all new staff during orientation and quarterly during in-services. A daily Medication Storage Checklist is completed by staff to document compliance.</p> <p>Monitoring to Ensure Ongoing Compliance: Qualified Professional [REDACTED] will conduct weekly unannounced audits of medication storage. Audit results will be submitted monthly to the Managing Director [REDACTED], PharmD) and Ownership ([REDACTED] PharmD & [REDACTED] PharmD).</p>	7-15-25

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V 120	Continued From page 2 Interview on 7-10-25 with the Co-owner/Managing member revealed: -They had been told that the door to the medication room could not be locked. -She did not know why the medications was not locked. -She would separate the medications in the refrigerated box immediately.	V 120		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	Continued From page 3 diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on observations and interviews the facility failed to operate under the scope of it's license as it served as a private residence for 2 of 2 audited	V 289	Deficiency Tag V289 – Scope of License (Staff Residence) Corrective Action Taken: Staff #1 and Staff #2 misunderstood the surveyor's questions. Staff do not live permanently at the facility. Staff work rotating extended shifts (7 days on/7 days off) and return to their primary residences after shifts. Existing Staff Scheduling & Residence Policy was reviewed with staff on 7/15/25, and staff signed acknowledgment of understanding. Staff were educated on how to accurately respond to question regarding residence. Measures to Prevent Recurrence: Staff Scheduling & Residence Policy will be reviewed with all new hires during orientation and with all staff annually. Quarterly reminders will be provided to the QP and Managing Director to reinforce understanding and compliance. Monitoring to Ensure Ongoing Compliance: Qualified Professional [REDACTED] and Managing Director [REDACTED] PharmD will conduct quarterly staff interviews and policy reviews. Owner [REDACTED] will complete an annual review of the policy.	7-15-25

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V 289	<p>Continued From page 4</p> <p>staff (Staff #1 and Staff #2). The findings are:</p> <p>Observation on 7-10-25 at approximately 3:00pm revealed:</p> <ul style="list-style-type: none"> -Two locked bedroom doors. <p>Interview on 7-8-25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -He lives at the facility and that is his only residence. -"I live here with them." <p>Interview with Staff #2 on 7-8-25 and 7-10-25 revealed:</p> <ul style="list-style-type: none"> -The doors that were locked were where the staff lived. -The staff have two bedrooms because there are two of them. -Both she and Staff #1 live at the facility and it is their only residence. <p>Interview on 7-10-25 with the Co-owner/Managing member revealed:</p> <ul style="list-style-type: none"> -She did not know that staff could not live at the facility. -She would correct the situation as soon as possible. 	V 289		