

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2025
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NAME OF PROVIDER OR SUPPLIER THE LOVING HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A annual and follow up survey was attempted on November 12, 2025. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was December 1, 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>A follow up survey was attempted for a Type A1 for 10A NCAC 27G .5603 Operations (V291), Type B for 10A NCAC 27G .5601 Scope (V289) with crosses 10A NCAC 27G .0201 Governing Body Policies (V105), 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment or Service Plan (V111), 10A NCAC 27G .0206 Client Records (V113), 10A NCAC 27G .0209 Medication Requirements (V118), G.S. 131E-256 Health Care Personnel Registry (V132), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Response Requirements for Category A and B Providers (V367), 10A NCAC 27G .0101 Policy on Rights Restrictions and Interventions (V500), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) and 10A NCAC 27E .0108 Training on Seclusion, Physical Restraint and Isolation Time-Out (V537) and standard level deficiencies for G.S. 131E-256 Health Care Personnel Registry (V131), G.S. 122C-80 Criminal History Record Check (V133) and 10A NCAC 27G .0303 Location and Exterior Requirements (V736).</p>	V 000		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 000	Continued From page 1 Interview on November 12, 2025 the Licensee stated: -The facility last served clients December 1, 2024. -She was aware she needed to contact the Division of Health Service Regulation when clients are admitted.	V 000		