

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on April 1, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold disaster drills that simulated disaster emergencies at least quarterly on all</p>	V 114		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314</b>
---	--

(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>shifts. The findings are:</p> <p>Review on 3/31/26 and 4/1/26 of facility records from 1/01/25 - 12/31/25 revealed: 1st quarter (1/01/25 - 3/31/25): -Fire drill was completed on 3/4/25 at 8:10am and disaster drill was completed on 3/4/25 at 8:10am. 2nd quarter (4/01/25 - 6/30/25): -Fire drill was completed on 4/27/25 at 5pm and disaster drill was completed on 4/27/25 at 5:02pm. 3rd quarter (7/01/25- 9/30/25): -Fire drill was completed on 9/12/25 at 6:50am and disaster drill was completed 9/12/25 at 6:50am.</p> <p>Interview on 4/1/26 client #1 stated: -He would go across the street for fire drills. -He doesn't practice disaster drills, but discuss them and asked if he knew where to go.</p> <p>Interview on 4/1/26 client #2 stated: -He has not been there long enough to do a disaster drills. -He would act out fire drills as if he was doing them.</p> <p>Interview on 3/31/26 client #3 stated: -He would complete fire drills and then staff would ask him if he knew where to go for a disaster. -The staff would talk him through a disaster drill.</p> <p>Interview on 4/1/26 staff #2 stated: -She had worked at facility for about 2 years. -The disaster drills were completed at the same time as fire drills. -The client's know where to go for disaster drills because of table talk discussions.</p> <p>Interview on 4/1/26 the Qualified Professional</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/01/2026</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314</b>
---	--

(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	Continued From page 2  stated: -He would ensure fire and disaster drills were simulated quarterly on every shift.	V 114		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314</b>
---	--

(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 296	<p>Continued From page 3</p> <p>Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 2 direct care staff were present when clients were at the facility for 4 of 4 current audited clients (#1, #2, #3, and #4). The findings are:</p> <p>Review on 3/31/26 - 4/1/26 of client #1's record revealed: -15 year-old male. -Admission date of 3/4/24. -Diagnoses of Conduct Disorder, Oppositional Defiant Disorder, Pyromania and Major Depressive Disorder.</p> <p>Review on 3/31/26 - 4/1/26 of client #2's record revealed: -14 year-old male. -Admission date of 10/30/24. -Diagnoses of Attention Deficit Hyperactivity Disorder, Opposition Defiant and Intellectual and Developmental Disabilities.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE FAYETTEVILLE, NC 28314</b>
---	--

(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 296	<p>Continued From page 4</p> <p>Review on 3/31/26 - 4/1/26 of client #3's record revealed: -14 year-old male. -Admission date of 4/14/25. -Diagnoses of Post Traumatic Stress Disorder and Depressive Disorder.</p> <p>Review on 3/31/26 - 4/1/26 of client #4's record revealed: -11 year-old male. -Admission date of 2/19/26. -Diagnoses of Adjustment Disorder, Disturbance Conduct, Conduct Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Interview on 4/1/26 client #1 stated: -He had been at the facility for 1 - 2 years. -There were 2 staff present when they get home from school. -There was only 1 staff present for third shift when they went to bed. -There were 2 staff present for first shift on weekends and only 1 staff for second shift on weekends.</p> <p>Interview on 4/1/26 client #2 stated: -He had been at the facility for over a year. -There was only 1 staff present on the overnight shift. -There were usually 2 staff present on the first shift when he got home from school, but sometimes there may be only one staff present.</p> <p>Interview on 3/31/26 client #3 stated: -He had been at the facility since April, 2025. -There was only 1 staff present at night on most shifts. -There was only one staff present from 8pm - 8am on the weekend shifts.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUV-N-ARMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6777 CANDLEWOOD DRIVE</b> <b>FAYETTEVILLE, NC 28314</b>
---	--

(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 296	<p>Continued From page 5</p> <p>-At times, staff brought them to the office if only 1 staff was present during the day.</p> <p>Interview on 3/31/26 client #4 stated: -He had been at the facility since February, 2026. -There had only been one staff present when he woke up in the mornings. -There was one staff present from 8pm - 12am on the weekends.</p> <p>Interview on 4/1/26 staff #1 stated: -The night shift had only 1 staff present. -The QP watched over the camera at night.</p> <p>Interview on 4/1/26 the QP stated: -He watched over the camera at night, which he stated provided 2 staff on shift, but the second staff was not physically present. -He would ensure there were always 2 staff present when clients were in the home.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 296		