STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-520	A. BUILDING: _____ B. WING _____	R 05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AGAPE HOUSE	7320 BENTLEY WOOD LANE RALEIGH, NC 27616

(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 survey and follow up survey was completed on 5/10/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug regimen review was completed at least every 6 months for 2 of 3 audited clients (#1 - #2). The findings are: Review on 5/4/18 of client #1's record revealed: - Admission date: 6/23/02 - Diagnoses: Chronic Obstructive Pulmonary Disease (COPD), Paranoid Schizophrenia and Pulmonary Emphysema - Drug Regimen April 2017 - May 2018	V 121		

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V 121	Continued From page 1 included: Invega (used to treat Schizophrenia) 6 mg 1 tablet daily; Invega (used to treat Schizophrenia) 156mg intramuscularly every 4 weeks - No evidence of 6 a month drug review Review on 5/4/18 of client #2's record revealed: - Admission date: 5/14/09 - Diagnoses: Schizophrenia - Chronic, Hyperlipidemia, Weight loss due to Psychosis - Drug Regimen (January 2017 - May 2018 included: Olanzapine (used to treat mental disorders) 20mg 1 tablet daily - No evidence of 6 a month drug review Interview on 5/9/18 with the Manager revealed: - The drug reviews were completed - The pharmacy was supposed to fax them to him on 5/9/18 however he still had not received them - He would go to the pharmacy to pick up the drug reviews As of 5/10/18 at 5:00pm, Facility Compliance Consultant I had not received the drug reviews Interview on 5/10/18 with the Manager revealed: - He was unable to obtain the drug reviews for clients #1 and #2	V 121		