Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(3) DATE SURVEY COMPLETED	
			A. BUILDING.			,	
MHL092-520		B. WING		C 07/05/2018			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE AGAPE HOUSE 7320 BENTLEY WOOD LANE							
040.15	CLIMMA DV CTA		NC 27616	DDOMDEDIC DI ANI OF CODDECTI	ON	0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
		was completed on 7/5/18. NC was substantiated. A					
	The facility is licensed for a 10A NCAC 27G .5600A Supervised Living for Mentally III Adult.						
V 754	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (c) Comfort Zone: Each 24-hour facility shall provide heating and air-cooling equipment to maintain a comfort range between 68 and 80 degrees Fahrenheit. (1) This requirement shall not apply to therapeutic (habilitative) camps and other 24-hour facilities for six or fewer clients. (2) Facilities licensed prior to October 1, 1988 shall not be required to add or install cooling equipment if not already installed.		V 754				
	review the facility fa	et as evidenced by: on, interview and record illed to maintain a comfort 30 degrees Fahrenheit. The					
	following temperatu thermometer: -Kitchen tempe -Den temperatu -Client bedroon -Thermostat in	8/18 at 1:50 PM revealed the tres from an inferred air rature was 86.5 degrees use was 85 degrees hallway read 90 degrees eter in the facility placed in den					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
						;	
		MHL092-520	B. WING			5/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE AGA	APE HOUSE		TLEY WOOI , NC 27616	LANE			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CO		COMPLETE DATE	
V 754	Continued From page 1		V 754				
	Interview on 6/18/18 -Air condition u for a few weeksHad repair guy sometimes it would -Someone was week and replace u -Called two difficand get someone of meeting him todayClients had be monitoring the temp was running between -This week, it ju -Hoping someone of the control of the c	8 the licensee stated: nit had been having problems of out several times, because work, sometimes not. supposed to come out last init, but they never showed up. erent companies today to try out, someone is actually en staying here, had been berature in the home and it en 76-78 degrees. Just got hot. One can fix it tomorrow. Of invoice dated 6/?/18 nend replace unit, factory no " Conditioning repair man quote, where the licensee was set on 6/19/18 for the unit view on 6/18/18 the Licensee ove the clients to an alternate it had been replaced and the nied the licensee on 6/18/18 to firm a comfortable /18 of the home temperature					
	was 74 degrees. During interview on	7/5/18 client #1 stated: AC unit a few weeks ago.					

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STATE FORM 6899 O0ZU11 If continuation sheet 2 of 3

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE AGAPE HOUSE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 754 Continued From page 2 -It would get really hot in the house, but they managed to stay.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER THE AGAPE HOUSE THE AGAPE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE TAGE TAGE TAGE STREET ADDRESS, CITY, STATE, ZIP CODE TAGE TAGE TAGE STREET ADDRESS, CITY, STATE, ZIP CODE TAGE TAGE TAGE TAGE STREET ADDRESS, CITY, STATE, ZIP CODE TAGE TAGE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAGE) COMPLET TAGE TAGE					С			
THE AGAPE HOUSE 7320 BENTLEY WOOD LANE RALEIGH, NC 27616 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 754 Continued From page 2 -It would get really hot in the house, but they managed to stay.		MHL092-520	B. WING		07/0	5/2018		
THE AGAPE HOUSE RALEIGH, NC 27616 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 754 Continued From page 2 -It would get really hot in the house, but they managed to stay.	NAME OF PROVIDER OR SUPPLIER							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 754 Continued From page 2 -It would get really hot in the house, but they managed to stay.	I THE AGAPE HOUSE							
-It would get really hot in the house, but they managed to stay.	PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE		
-Licensee moved them to a different location for a few daysHad COPD (Chronic Obstructive Pulmonary Disease) and when it was hot, it was hard to breatheThe house would be around 80 degrees inside. During interview on 7/5/18 the Licensee stated he was not aware of client #1 having issues breathing, he never made him aware of this during that time	-It would get re managed to stayLicensee move for a few daysHad COPD (Control of the control of the contr	eally hot in the house, but they wed them to a different location Chronic Obstructive Pulmonary in it was hot, it was hard to build be around 80 degrees in 7/5/18 the Licensee stated he client #1 having issues	V 754					

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