

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE UNIT CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 RAMSEY STREET</b> <b>FAYETTEVILLE, NC 28301</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, complaint and follow up survey was completed on May 30, 2018. The complaint was unsubstantiated (intake #NC00137990). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>OCT 01 2018</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 500	<p><b>27D .0101(a-e) Client Rights - Policy on Rights</b></p> <p><b>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</b></p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p>	V 500		

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>MHL026-874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE UNIT CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 RAMSEY STREET FAYETTEVILLE, NC 28301</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 500	<p>Continued From page 1</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided an allegation of resident exploitation by health care personnel. The findings are:</p>	V 500		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE UNIT CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 RAMSEY STREET FAYETTEVILLE, NC 28301</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 500	<p>Continued From page 2</p> <p>Review on 05/30/18 of a North Carolina Incident Response Improvement System (IRIS) report completed by Qualified Professional (QP) #1 revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 04/23/18.</li> <li>- "Incident Comments: Consumer (client #42) volunteers to organize and set up the Resource center. Upon reviewing of the policy we determine we were in violation of our policy."</li> <li>- "Describe the cause of this incident, (the details of what led to this incident). Consumer volunteers to organize and set up the Resource center. Upon reviewing of the policy we determine we were in violation of our policy."</li> <li>- "To remedy this matter the consumer will be compensated a minimum wage on the next payroll cycle for their time render. To review policies before actions are taken. To ensure that person served will be paid at least minimum wage for work perform for Agape Unit Care Services, and any services outside the scope of their PCP (Person-Centered Plan), during PSR (Psychosocial Rehabilitation) programmatic hours."</li> <li>- Notification of the Health Care Personnel Registry was checked on the document.</li> <li>- No documentation the local DSS was notified of the incident.</li> </ul> <p>Interview on 05/30/18 QP #1 stated:</p> <ul style="list-style-type: none"> <li>- She had completed the IRIS report for the exploitation allegation from client #42.</li> <li>- She had not sent the document nor notified the local DSS of the allegation.</li> </ul> <p>Interview on 05/30/18 the Program Director stated:</p> <ul style="list-style-type: none"> <li>- He was aware of the allegation of exploitation made by client #42.</li> </ul>	V 500		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE UNIT CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 RAMSEY STREET FAYETTEVILLE, NC 28301</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 500	Continued From page 3  - The program had been stopped. - He understood the local DSS needed to be notified of all allegations of abuse, neglect and exploitation.	V 500		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:  Observation on 05/30/18 at approximately 10:10am revealed: - The hot water temperature in the male bathroom used by the clients was 120 degrees Fahrenheit  Interview on 05/30/18 the Program Director stated: - He was not aware if anyone checked the hot water temperature at the facility. - He would ensure the water temperature was regulated as required.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE UNIT CARE SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 RAMSEY STREET</b> <b>FAYETTEVILLE, NC 28301</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

**STATEMENT OF DEFICIENCIES/ PLAN OF CORRECTION- 2<sup>nd</sup> Submission 06/14/18**

Please complete all requested information and mail completed Plan of Correction form to:		<b>Martheia Fairley Sandhills Center</b>	
<b>Type of Review:</b>	Complaint # 2348	<b>Date of Review:</b>	4/24/18
<b>Service(s) Reviewed:</b>	PSR	<b>Phone:</b>	910-822-1700
<b>Provider Name:</b>	Agape Unit Services, Inc.	<b>Fax:</b>	
<b>Provider Contact Person for follow-up:</b>	Jesse Brayboy, CEO	<b>Email:</b>	jesse.brayboy@gmail.com
<b>Address:</b>	2801 Ramsey Street Fayetteville, NC 28301		

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Time Line</b>
<p><u>Issue 1:</u> Clients are taken to a different location called the "resource center" to practice independent living skills.</p> <p>The "resource center" is a private residence.</p> <p>Clients have been cleaning the house during the time assigned to the PSR program. In exchange, clients have been allowed to take items from the house such as clothes and jewelry.</p> <p><u>Follow up needed in POC:</u></p> <p>A. How will the agency ensure that member's rights are maintained, including the right to be free from abuse, neglect, or exploitation?</p>	<p><b>Background:</b> The sister of Agape's CEO, Jesse Brayboy, owns a single-family house near Agape's PSR site. All PSR clients were consulted and after gaining their approval, a decision was made to use the house as a "resource center" to practice independent skills learned at the PSR. As the house was used for storage it needed to be cleaned up before it could be used. PSR clients were asked if they wanted to volunteer to help clean up the house or wait until it was fully set up. Some of the clients volunteered including the client that complained. At no time was any client coerced to participate in this project nor were they told they would be compensated for their volunteer time. Clients were told that if they saw something they liked while helping to clean out the house they could take it but in no way was this compensation for them volunteering. No Agape client ever expressed a privacy concern. Agape did file an incident report through <del>ISIS</del> IRIS. <del>ISIS</del>-IRIS automatically scored the incident as a Level II incident rather than a Level III incident as stated in the complaint. Agape contacted the DHSR Healthcare Registry an inquired if we needed to file a 24 hour and 7-day investigation report. Agape was told by DHSR that they did</p>	<p>CEO Qualified Professionals Direct Care Staff CCO</p>	<p>Implementation Date: 4/24/18</p> <p>Projected Completion Date 6/23/18</p>

<p>B. How will the agency ensure members' rights of privacy are protected?</p> <p>C. How will the agency ensure members are safe during activities provided by the PSR?</p> <p>D. What is agency policy in regard to the PSR service outside of the licensed facility</p>	<p>not as the allegation did not rise to their threshold of reportable exploitation.</p> <p>All this being said, Agape acknowledges that numerous mistakes were made in this matter on our part. We are filing a plan of correction to address all of Sandhills Center's concerns.</p> <p><b>To address the immediate issue Agape will take the following actions:</b></p> <ol style="list-style-type: none"> <li>1. Agape has permanently closed the resource center.</li> <li>2. Agape will pay the clients involved in this issue minimum wage for time spent at the resource center by 6/1/18.</li> <li>3. [added 6/14/18] On 6/14/18 Agape has revised its Level II IRIS Incident Report as an allegation against an "other" to be a Level III incident as an allegation against staff, per Sandhills letter of 6/1/18.</li> </ol> <p><b>To ensure ongoing compliance with standards Agape will take the following actions:</b></p> <ol style="list-style-type: none"> <li>A. Agape will develop curricula and syllabi that address 10A NCAC 27G.0304 Protection From Harm including exploitation. The training will be in PowerPoint format. Handouts and supplemental material will be published. The training will be presented live or via interactive online training to all Agape staff. The training will be recorded and available for future staff. The training will include: conducted by Carl Noyes. The training will include: Applicable 10 NCAC, General Statue, and APSM statutes and rules that address protection from harm, neglect and abuse. Specifically: <ol style="list-style-type: none"> <li>1. 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect Or Exploitation</li> <li>2. § 122C-66 Protection from abuse neglect, and</li> </ol> </li> </ol>	
---	--	--

	<p>exploitation</p> <ol style="list-style-type: none"> <li>3. § 14-32.3. (b) Definition of Neglect.</li> <li>4. 10A NCAC 27C .0102 Definition of abuse neglect, and exploitation,</li> <li>5. Applicable 95-2 Client Rights Rules on Community MH/IDD/SA Services that address 10A NCAC 27C, 27D, 27E and 27F.</li> </ol> <p>All newly hired staff will complete the recorded training within 30 days of hire.</p> <p>B. Agape will develop curricula and syllabi that address NC General Statute and Federal Code regarding confidentiality. The training will be in PowerPoint format. Handouts and supplemental material will be published. The training will be presented live or via interactive online training to all Agape staff. The training will be recorded and available for future staff. The training will be conducted by Carl Noyes. The training will include:</p> <ol style="list-style-type: none"> <li>1. Applicable G.S. 122C-51 through 122C-56 and the rules in this Subchapter regarding confidentiality</li> <li>2. 42 C.F.R. Part 2, adopted by reference pursuant to G.S. 150B-14(c) regarding substance abuse confidentiality.</li> <li>3. GS 130A-143 regarding HIV/AIDS status confidentiality</li> <li>4. 45 C.F.R. Part 160 &amp; 164 regarding HIPAA</li> </ol> <p>All newly hired staff will complete the recorded training within 30 days of hire.</p> <p>The agency will ensure that all persons who have access to or control over confidential information take affirmative measures to safeguard such information.</p>		
--	--	--	--

<p><u>Issue</u> Additional issues with documentation. Specifically:  The interventions in the notes contain numerous amount of rote statements copied and pasted.  A numerous amount these statements are a re-wording of the goals.  Intervention section appear to be a repeat of the goals twice. A numerous amount of the section is</p>	<p>C. Agape will ensure that PSR clients are safe by retraining staff in the agency's infection control plan, OSHA and Blood Borne Pathogen including the requirement that any housekeeping chores are done safely and with protective equipment. All staff will be trained by Jesse Brayboy live onsite.  All newly hired staff will complete this training within 30 days of hire.  D. Agape will follow DMA Clinical Coverage Policy 8a- Psychosocial Rehabilitation which states (PSR) is a service that shall be available five hours a day minimally and the setting shall meet the licensure requirements of 10A NCAC 27G .1200. We now interpret this to mean that any facility-based service must be licensed by DHSR and be approved by Sandhills Center (and other applicable LME/MCOs). The DMA CCP 8a does allow the PSR to take clients into the community on an occasional basis for activities relevant to their treatment.</p>	
	<p><b>To address the immediate issue and ensure ongoing conformance with standards Agape will take the following actions regarding documentation:</b></p> <ol style="list-style-type: none"> <li>1. Agape will develop curricula and syllabi that address service documentation requirements contained in APSM 45-2 and DMA Clinical Coverage Policy 8a including the requirement for individualized and signed documentation that includes the full names of the other participating staff members involved and describes their role in providing the service. The training will be in PowerPoint format. Handouts and supplemental material will be published. The training will be presented live or via interactive online training to all Agape staff. The training will be</li> </ol>	<p>CEO Qualified Professionals Direct Care Staff CCO</p>
	<p>Implementation Date: 4/24/18</p> <p>Projected Completion Date 6/23/18</p>	

<p>the same from note to note.</p> <p>The effectiveness section is also very similar with some sentences word for word.</p> <p>Some notes are not signed.</p> <p>Multiple paraprofessionals work with Allan throughout the week. Notes do not list the staff working with Allan, The Records Management and Documentation Manual states in Chapter 7-3 Service Notes When Provided by a Team: When the same discrete service or intervention is provided to an individual by more than one staff member at the same time, such as PSR or Day Treatment, or in the case of certain teams, such as ACT or CST, one of the members of the team who provided the service may write and sign the service note. The service note must include the full names of the other participating staff members involved and describe their role in providing the service.</p> <p><u>Follow up needed</u></p> <p>A. What measures will be put in place to ensure documentation is individualized from week to week with all the activities noted?</p>	<p>recorded and available for future staff. The training will be conducted by Carl Noyes.</p> <p>All newly hired staff will complete this training within 30 days of hire.</p> <p>2. Agape has re-assigned the review of progress notes from a QA staff doing look back audits to the program's Qualified Professionals doing real-time review and approval of progress notes. Allowable corrections to the record will follow APSM 45-2 Chapter 8-3 guidance regarding corrections in an electronic record.</p> <p>When approving service notes the reviewer will ensure all APSM 45-2 and DMA CCP 8a documentation requirements are followed and look to guidance from APSM 45-2 Chapter 7-3 regarding group service documentation as its standard i.e. "When a service is provided to a group of individuals at the same time, a full-service note is required for every person in the group receiving the service, and each note must contain all the required elements as outlined in this manual. Although a description of the interventions utilized during the provision of a service to a group might well be the same for each note entered in each group participant's service record, the effectiveness of – and each individual's response to – the interventions will vary from person to person and must be addressed individually in the note. Additionally, while many of the interventions for members of the group may be similar [and indicated as such in the note], the staff person writing the note must also indicate any individual interventions provided as well". - APSM 45-2 Chapter 7-3</p>	
---	---	--

<p>B. What measures will be put in place to ensure all service notes include the full names of the other participating staff members involved and describes their role in providing the service?</p>	<p>3. QA staff will conduct a quarterly look back review of a representative sample of service notes utilizing a standardized audit tool. The outcome of the self-audit will be used for performance improvement activities. Any overpayments identified in the self-audit will be paid back within 60 days of discovery.</p> <p>4. With regard specifically to the signing of service notes: Agape currently uses ShareNote as its electronic record. ShareNotes requires multiple steps be completed before a staff can complete and electronically sign notes. The complexity has led to errors. Agape will move to a different electronic medical record that allows staff to document and sign notes in a much simpler fashion. We will start transitioning to a new EMR by 6/23/18.</p>	
--	---	--