

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/19/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</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>A Follow Up Survey was completed on November 19, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	{V 000}		
{V 289}	<p><b>27G .5601 Supervised Living - Scope</b></p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which</p>	{V 289}		

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>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/19/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</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 289}	<p>Continued From page 1</p> <p>serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure it operated within the scope for which it was licensed affecting 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 11/16/18 of the facility's public record maintained by Division of Health Service</p>	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/19/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</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 289}	<p>Continued From page 2</p> <p>Regulation revealed:</p> <ul style="list-style-type: none"> <li>- License effective January 1, 2018 for service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</li> <li>- Annual, Complaint and Follow Up Surveys Statement of Deficiencies (SOD) between 2010 and July 2018 yielded citations for Supervised Living Scope regarding admitting clients with no diagnosis of Intellectual or Developmental Disability (IDD).</li> <li>-SOD dated 07/27/18 listed the following record reviews as follows: client #1 (Admitted: 01/03/18, Diagnoses: Paranoid Schizophrenia and Dyslipidemia, No diagnosis related to IDD)...client #2 (Admitted: 03/29/14, Diagnoses: Paranoid Schizophrenia, Hypertension and Type 2 Diabetes, No diagnosis related to IDD).</li> </ul> <p>During interview on 11/16/18, the Qualified Professional/Registered Nurse/Licensee reported:</p> <ul style="list-style-type: none"> <li>-Not admitted or discharged clients since the July 2018 Survey.</li> <li>-Not initiated pursuit of either a letter of support from the Local Management Entity/Managed Care Organization to obtain a letter of support to change the service category nor a Waiver request through the Division of Mental Health...anticipated in December 2018, he would began the process to address the service category change.</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	{V 289}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND	{V 736}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/19/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</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 736}	<p>Continued From page 3</p> <p><b>EXTERIOR REQUIREMENTS</b> (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain the facility and it's grounds in an attractive manner. The findings are:</p> <p>Observation on 11/16/18 between 12 noon &amp; 1:00 PM revealed: -Outside the facility: white car in front of yard with windows busted</p> <p>Review on 11/16/18 of the facility's public record maintained by Division of Health Service Regulation revealed: - Annual, Complaint and Follow Up Surveys Statement of Deficiencies (SOD) between 2010 and July 2018 yielded citations for Supervised Living Scope regarding admitting clients with no diagnosis of Intellectual or Developmental Disability (IDD). -SOD dated 07/27/18 listed citation for the car in the driveway.</p> <p>During interview on 11/16/18, the Qualified Professional/Registered Nurse/Licensee reported: -He anticipated to repair the car in December 2018.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	{V 736}		