Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL0411146 B. WING 07/03/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC GREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 7/3/19. The complaint was substantiated (Intake# NC00152538) and deficiencies were cited This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 110 27G .0204 Training/Supervision V 110 Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS DHSR - Mental Health (a) There shall be no privileging requirements for paraprofessionals. AUG 1 4 2019 (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Lic. & Cert. Section Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness: (3) analytical skills: (4) decision-making: (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision Division of Health Service Regulation

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

STATE FORM

ualified Professional

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 07/03/2019 MHL0411146 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2708 16TH STREET** AGAPE HOME LIVING CARE LLC GREENSBORO, NC 27405 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 1 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on observations, records review, and interviews, 1 of 4 staff (the Owner/staff #5) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Cross reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on interview and record review, the facility staff failed to ensure an assessment was completed for each client, prior to the delivery of services, that included a minimum of client needs, strengths, social history, family history and other required information, for 2 of 3 current clients (#1 and #3) and 1 of 1 former client (FC #4). Cross reference: 10A NCAC 27G .0404 Operations During Licensed Period (V138). Based on record review and interview the facility failed to operate within its licensed capacity by accepting more clients than the number for which it is licensed. Cross reference: 10A NCAC 27G .5603 Operations (V291). Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment, affecting 1 of 1 former client (FC #4).

Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

					1) 10A NCAC 27G 0204	Tit. Ji	Address.	rerson for follow-up:	Provider Contact	Provider Name:
Cross Reference G.S 122C-62 Phone Calls will no longer be monitored at the residential program by any staff. Qualified Professional will conduct staff training on Client Rights. Clients will also not be referred to in a derogatory manner. Qualified Professional will also conduct professionalism/effective communication training.	Cross Reference 27G. 5603 Chantay Parker will consult with and receive direct supervision from Qualified Professional(s) when it comes to making decisions (when affecting client rights, environmental/structural changes, etc) and handling client treatment (clinical care). Qualified Professional will provide direct supervision via supervision plan for all staff to include Director Chantay Parker. Ms. Parker will communicate with Qualified Professional and House Manager when needing to discuss matters with the remainder of the staff at a staff meeting.	Cross Reference 27G. 0404 Agape Home Living Care will not accept any clients beyond the capacity set forth according to the license posted in the facility. House manager, Director and Qualified Professional will work in unison to make sure that there are not more than 3 clients in the residence at one time.	Cross Reference 27G. 0205 All new admitting clients will have a proper intake package completed by Qualified Professional upon arrival to the residential facility. Qualified Professional will complete all future intakes for new admissions to residential facility to ensure admission intake package is completed the first day the client is in the facility.		Corrective Action Steps	2700 to Street Greensporo, INC 27403	2708 16th Street Creamble VIC 27105	Chantay Parker, Director (336) 324-8008	Nicole Moore, Qualified Professional (336) 662-7724	Agape Home Living Care LLC
			Manager)	Nicole Moore (QP) Chantay Parker (Director) Felecia Tucker (House	Responsible Party	Provider # MHL 041		Email:	Fax:	Phone:
08-10-2019	08-10-2019	07-03-2019	Projected Completion Date: 07-03-2019	Implementation Date: 07-03-2019	Y Time Line	L		mooreqpservices@gmail.com	N/A	336-324-8008

Cross Reference27G. 0303 The table on the back deck has been moved to another location on the deck. The access point (stairway) is free and clear of any blockage. House manager will make sure that no furniture and/or fixtures are placed near any access point at the facility.	Cross Reference 27F. 0104 At the time of discharge, the legal guardian/responsible party will receive an exact date and time when personal items can be retrieved from the residential facility. While at the facility, all clients belongings will inventoried and documented I loss, damaged or thrown away with reasoning. An initial inventory will be conducted at the time of the admission agreement, and it will be up to staff to continue/ keep up with the inventory throughout the client's stay in the facility. A meeting will be held to alert staff of the change.	Cross Reference 122C-63 No client will be discharged from the facility without the proper 60-day notice for clients with IDD/MR/DD diagnosis. The decision to discharge will be discuss in length with entire treatment team meeting, and an exact date for discharge (QP will verify 60-day timeframe) will be set.	Cross Reference 27G. 0604 All Level II incident reports will be reported to the LME using the IRIS system within the allotted 72 hour timeframe. Qualified Professional will conduct training on how to complete an IRIS report in order for all staff to be aware of how to complete an incident report. Staff will receive adequate training and can consult with Qualified Professional with any questions as needed. Training will be recurrent on a yearly basis.
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