

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/14/2019
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NAME OF PROVIDER OR SUPPLIER AGAPE FAMILY CARE HOMES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2336 RAVENHILL DRIVE RALEIGH, NC 27615
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 10/14/19. 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 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <ul style="list-style-type: none"> (A) documentation of physical disorders 	V 113		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 113	<p>Continued From page 1</p> <p>diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the Qualified Professional failed to assure documentation of progress towards outcomes was maintained in records for 3 of 3 audited clients (#1, #4, #6). The findings are:</p> <p>Review on 10/11/19 of client #1's record revealed: - an admission date of 6/30/14 - an FL2 dated 2/20/17 with diagnoses including Mild Mental Retardation, Major Depression and History of Iron Deficiency - an treatment plan dated 10/1/18 with long term goals addressing maintaining placement, staying physically and mentally healthy and accessing the community independently without supervision - no evidence of progress towards outcomes within the current year</p> <p>Review on 10/11/19 of client #1's record revealed: - no clear admission date - an FL2 dated 6/15/17 with diagnoses including Schizoaffective Disorder bipolar type, Asthma and History of heart disease - an treatment plan dated 10/3/18 with long term</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>goals addressing reduction of paranoid thoughts, decreasing frustration by increasing relationship skills, displaying budgeting skills, monitoring hand lesions and developing coping skills to address stress</p> <ul style="list-style-type: none"> - no evidence of progress towards outcomes within the current year <p>Review on 10/11/19 of client #6's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 1/3/18 - an FL2 dated 6/15/17 with diagnoses including Schizophrenia paranoid type and Dsy lipidemia - a treatment plan dated 1/5/19 with goals addressing maintaining mental and physical health, developing coping skills to address stress and accessing the community independently without supervision - no evidence of progress towards outcomes within the current year <p>During an interview on 10/11/19, the Qualified Professional (QP) reported he had progress notes at the office. The QP reported he would fax the progress note information.</p> <p>Review on 10/14/19 revealed no evidence of faxed information regarding client outcomes.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on medication review, record review and interview, the governing body failed to assure medication administration records (MARs) were kept current for one of three audited clients (#4). The findings are:</p> <p>During review on 10/11/19 of client #4's medications, Fetzima 20 milligram tablets, used to treat depression, was present.</p> <p>Review on 10/11/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - no clear admission date - an FL2 dated 1/17/19 with diagnoses including 	V 118		

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V 118	<p>Continued From page 4</p> <p>Schizoaffective Disorder bipolar type, Asthma, Hypertension and History of heart disease - a physician's order dated 3/11/18 instructing two Fetzima 20 mg tablets to be administered each morning and one tablet was to be administered each evening - the August and September MARs were printed differently than the October MAR - the MAR for October 2019 had no documentation to reflect the evening dose of Fetzima was administered</p> <p>During an interview on 10/11/19, client #4 reported he received all his medications daily.</p> <p>During an interview on 10/11/19, staff #1 reported she administered the evening dosed but failed to document on the MAR.</p>	V 118		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p>	V 289		

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V 289	<p>Continued From page 5</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 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)&(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</p>	V 289		

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V 289	<p>Continued From page 6 (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 (#4 and #6). The findings are:</p> <p>Review on 10/11/19 of the facility's public record maintained by Division of Health Service Regulation revealed the facility was licensed for the service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Review on 10/11/19 of client #4's record revealed: - no clear admission date - an FL2 dated 1/17/19 with diagnoses including Schizoaffective Disorder bipolar type, Asthma, Hypertension and History of heart disease - no developmental disability diagnosis</p> <p>Review on 10/11/19 of client #6's record revealed: - an admission date of 1/3/18 - an FL2 dated 6/15/17 with diagnoses including Schizophrenia paranoid type and Dsy lipidemia - no developmental disability diagnosis</p> <p>During interview on 10/11/19, the Qualified Professional/Registered Nurse/Licensee reported he had not sought a waiver request through the Division of Mental Health Licensure and Certification to keep client with no developmental disability diagnosis.</p>	V 289		

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V 289	Continued From page 7 This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 observation and interview, the facility staff failed to assure the facility was maintained in a clean and safe manner. The findings are:</p> <p>Observation on 10/11/19 between 12:30 PM and 12:50 PM revealed: - the upstairs bathroom shower curtain was mildewed - the shower stall in the women's bathroom was stained - the wooden handrail to the second floor egress and was warped and the bottom step had a loose board</p> <p>The Qualified Professional reported corrections would be made.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 736		