

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/13/2019
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NAME OF PROVIDER OR SUPPLIER THE AGAPE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7320 BENTLEY WOOD LANE RALEIGH, NC 27616
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(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>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed 8/12/19. Deficiencies were cited.</p> <p>The facility is licensed for a 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other qualified professionals responsible for the treatment/habilitation for one of three audited clients (#1). The findings are:</p> <p>Review on 08/09/19 of client #3's record revealed: -Admitted: 10/01/18 -Diagnoses: Schizophrenia, Hypercholesterolemia, Diabetes Type 2 and Tobacco Use -Primary Care Physician visit dated 05/17/19 listed Ophthalmology visit scheduled for 07/02/19 -No documentation or follow up information regarding the 07/02/19 Ophthalmology visit</p> <p>During interview on 08/12/19, client #3 reported the following: -He recently had an eye exam -The Ophthalmologist "said they didn't show my pupil and they didn't do anything. I went there and I got to go tomorrow to the eye doctor. I forgot about it until [staff #1] told me about it Saturday."</p> <p>During interview on 08/13/19, the receptionist at the Ophthalmologist's office reported: -Client #3 missed his 07/02/19 -The morning of 08/13/19, someone from the group home made an appointment for client #3</p> <p>During interview on 08/13/19, the Licensee's/Qualified Professional Spouse -She was responsible for scheduling and taking clients to appointments</p>	V 291		

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V 291	Continued From page 2 -Client #3's missed Ophthalmologist appointment was an oversight	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the facility and its grounds were maintained in an orderly manner. The findings are: Observations between 08/09/19 and 08/12/19 of the facility revealed: -Overhead light fixture in bedroom occupied by client #4 and client #5 initially did not turn on. Client #5 manipulated the switch and the overhead light turned off. The switch could not be manipulated to turn off. -Chirping noise from smoke detector in hallway noted During interviews between 08/09/19 and 08/12/19, staff #1 reported: -Prior to 08/12/19, he was not aware the overhead light fixture in clients #4 & #5's bedroom was not operating. He would contact maintenance to have it repaired -Prior to 08/09/19, the batteries had been changed in one of the smoke detectors. He would	V 736		

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V 736	<p>Continued From page 3</p> <p>have maintenance replace batteries a second smoke detector by 08/12/19. On 08/12/19, he anticipated the batteries to be replaced by 08/13/19.</p> <p>During interview on 08/13/19, the Licensee reported: -He was not aware of the smoke detectors or the overnight light fixtures prior to this interview</p>	V 736		