STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` 'cc			DATE SURVEY COMPLETED	
		A. BUILDING:		С			
		MHL0411146 B. WING		04/09/2020			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
AGAPE	HOME LIVING CARE	HC	H STREET	7405			
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	BORO, NC 2	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE	
V 000	ON INITIAL COMMENTS  A Complaint Survey was completed on April 9, 2020. The complaint was substantiated (intake #NC00161424). A deficiency was cited.		V 000				
	category: - 10A NCAC 27	sed for the following service 7G .5600C: Supervised Living elopmental Disabilities					
V 289	27G .5601 Supervi	sed Living - Scope	V 289				
	27G .5601 Supervised Living - Scope  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:  (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;  (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (3) "C" designation means a facility which serves adults whose primary diagnosis is a						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0411146	B. WING		l l	C <b>09/2020</b>
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
AGAPE	HOME LIVING CARE	I I C	H STREET BORO, NC 27	405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 289	developmental disadiagnoses; (4) "D" designoses; (4) "B" designoses; (5) "E" designoses; (5) "E" designoses; (6) "F" designoses; (6) "F" designoses; (7) "F" designoses; (8) "F" designoses; (9) "F" designoses; (10) "F" designoses; (11) "F" designoses; (12) "F" designoses; (21) "F" designoses; (32) "F" designoses; (4) "F" designoses; (5) "F" designoses; (6) "F" designoses; (7) "A designoses; (8) "D" designoses; (9) "E" designoses; (10) "F" designoses; (11) "F" designoses; (12) "F" designoses; (13) "F" designoses; (14) "F" designoses; (15) "F" designoses; (16) "F" designoses; (16) "F" designoses; (16) "F" designoses; (17) "A designoses; (17) "A designoses; (18) "F" designoses; (18	ability but may also have other nation means a facility which se primary diagnosis is ependency but may also have nation means a facility which e primary diagnosis is ependency but may also have nation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor	V 289			
	failed to ensure the	et as evidenced by: and record review, the facility primary purpose of services itation or rehabilitation for one				

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
				С				
		MHL0411146	B. WING		1	9/2020		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
AGAPE HOME LIVING CARE LLC 2708 16TH STREET								
AGAPET	TOME LIVING CARE I	GREENS	BORO, NC 2	7405				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 289	Continued From pa	ge 2	V 289					
	of four clients (client #4). The findings are:							
	revealed: - admitted 1-20 - discharged 4 51 years old - diagnosed wit - Intellectua - Prader-W - discharge sundated 1-20-20: - not signed (LG) - states the	4-20						
	(former D/L) of client revealed: - Client #4 's L his weight and exer - Initially he was return The move was AGAPE Home Living a sister facility) - He and the Di work together on tradaccreditation inform respective facilities.	s just going for a week, then s a lateral move (even though ng Care LLC (AGAPE) was not rector of AGAPE frequently ainings, guidelines and nation sharing, to improve their						
	and given to AĞAP - He didn ' t rea made for a tempora	E  Ilize a discharge needed to be ary move  hk the other facility was						

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:   COMPLETED    C   MHL0411146   B. WING   04/09/202    NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE    AGAPE HOME LIVING CARE LLC   2708 16TH STREET    GREENSBORO, NC 27405								
MHL0411146  B. WING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2708 16TH STREET	AND PLAN OF CORRECTION IDENTIFICATION NUMBE							
AGAPE HOME LIVING CARE LLC 2708 16TH STREET	MHL0411146							
AGAPE HOME LIVING CARE LLC	NAME OF PE							
GREENSBORO, NC 27405	AGAPE H							
	GREENSBORO, NC 27405							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX							
V 289 Continued From page 3 V 289	V 289							
Interview on 4-8-20 with client #4 's LG revealed:     - "I knew nothing about it (the move to AGAPE)"     - Was told by the former D/L client #4 would be at the other facility for a weekend (1-20-20 was a Monday)     - Was later told by former D/L client #4 would be at AGAPE for a week     - Then was later told by the former D/L he would be at AGAPE longer, because his Day Program was closer to the facility     - "Then when the Coronavirus came, we didn 't want to move him, so he ended up staying longer"     - When client #4 was moved to AGAPE, it was intended to be a temporary relocation.  Interview on 4-6-20 with staff #1 revealed:     - Client #4 came to AGAPE, "around the end of January (2020)"     - When he came here, it was to be temporary     - The, "first day he got there I was told he was going to be there temporarily."  Interview on 4-6-20 with the House Manager (HM) revealed:     - "We were told he (client #4) was being moved to help with his diet."     - "We got information before he came."     - "We got information before he came."     - "We, "expected him to stay a month or so because of the virus. It was supposed to be (a) shorter time, but then the virus hit and we felt we weren 't suppose to move him (back)."     - Is AGAPE licensed as a respite provider?     "No."  Interview on 3-26-20 with the Director/Licensee revealed:     - "We (AGAPE and client #4' s previous								

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
MHL0411146		B. WING	C 04/09/202			
	NAME OF PROVIDER OR SUPPLIER  AGAPE HOME LIVING CARE LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  2708 16TH STREET  GREENSBORO, NC 27405					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 289	opened up. We did     - AGAPE and of not have the same facilities     - The decision of address his diet     - "We didn ' t do have a transfer agree	I an in-house transfer."  Ilient #4 's previous facility do licensee and are not sister to move client #4 was to better anything permanent; we seement."	V 289			

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