

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 C 08/19/2020
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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>A survey was completed on 8/19/20. 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>27G .5601 Supervised Living - Scope</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		

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

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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)&(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 1 of 1 audited clients (#6). The findings are:</p> <p>Review on 08/14/20 of client #6's record</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 5/7/20 - a discharge summary dated 5/7/20 from the hospital with the following diagnosis: Schizophrenia, Hx of Catatonia <p>Review on 8/19/20 of a FL2 dated 5/7/20 fax to the Division of Health Service Regulation (DHSR) on 8/19/20 revealed:</p> <ul style="list-style-type: none"> - diagnoses: Schizophrenia, Hx of Catatonia, Vitamins B12 & D deficiency, and Hx of Myocarditis secondary to clozapine <p>During interview on 8/19/20 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he was aware client #6 didn't have a developmental diagnosis - he admitted him on an emergency basis - the hospital had no other placement for client #6 - DHSR guidelines allowed emergency placement during the COVID-19 pandemic - clients admitted on an emergency basis, had to be discharged 90 days after the pandemic ended (per DHSR guidelines) <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 289		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff was present except when any adult clients treatment plan documented the client was capable of remaining in the community without supervision affecting 1 of 1 audited client (#6). The findings are:</p> <p>Review on 08/13/20 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 5/7/20 - a discharge summary dated 5/7/20 from the hospital with the following diagnosis: Schizophrenia, Hx of Catatonia <p>Review on 8/14/20 of a faxed document sent to the Division of Health Service Regulation from the Qualified Professional (QP) on 8/6/20 revealed:</p> <ul style="list-style-type: none"> - an assessment for client #6 dated 5/10/20 "...because client stated 'I'm not interested in going out in the community by myself now' I will not recommend time out in the community for now...will recess in 90 days...but client can exercise with peers within the circle..." <p>During interview on 8/5/20 client #4 reported:</p> <ul style="list-style-type: none"> - he and client #6 walked around the neighborhood the day client #6 left - they walked about a quarter mile from the facility - it took about 15 minutes to get to their destination and 15 minutes to get back <p>During interview on 8/5/20 staff #1 reported:</p> <ul style="list-style-type: none"> - client #4 & #6 went for a walk the day client #6 left the facility - him and client #4 went for a walk a couple times a week 	V 290		

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V 290	Continued From page 5 During interview on 8/5/20 the QP reported: - Clients can walk in front of the facility in the circle - staff can see the clients from the window when they walked - if the clients walked 15 minutes from the facility, staff could not see them - client #4 has unsupervised time in the community, however client #6 does not	V 290		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified	V 367		

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V 367	<p>Continued From page 6</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level III incident was completed. The findings are:</p> <p>Review on 8/5/20 of the Incident Response Improvement System (IRIS) for the facility revealed:</p> <ul style="list-style-type: none"> - no incidents since 2018 <p>Review on 8/19/20 of a faxed IRIS report for client #6 revealed the following:</p> <ul style="list-style-type: none"> - Qualified Professional (QP) sent the fax - date of incident was 6/15/20 - client #6 eloped from the facility - submitted to the Managed Care Organization (MCO) on 1/1/0001 (no specified date) 	V 367		

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V 367	<p>Continued From page 8</p> <p>Review on 8/19/20 of a police report dated 6/15/20 revealed:</p> <ul style="list-style-type: none"> - "...the missing person was only living at the group home for about a month and is used to being homeless...he just came to the group home May 7 from [mental health hospital]. He is so quiet and never really talks...would commonly walk in the neighborhood and would come right back home...[staff #1] explained that she last saw [client #6] around midnight and observed to be gone when breakfast was getting fixed around 7am..." <p>During interview on 8/5/20 the QP reported:</p> <ul style="list-style-type: none"> - client #6 was admitted to the facility on 5/7/20 & eloped June 2020. Staff went to wake him up at breakfast and he was gone - staff #1 stated she checked client #6's bedroom around 10pm and he was there. She last checked at 12am and he was asleep. Clients are in their bedrooms at 10pm. Staff are required to check on clients throughout the night to make sure clients OK. There are no set times for staff to monitor clients. They do not have to document their checks. It was not Ok that staff #1 did not check on client #6 after 12am. He looked for client #6 in the neighborhood for an hour or two. He then notified the police - There are no alarms on the facility doors - He submitted a level II IRIS report to the MCO - he did not keep a copy of the IRIS report <p>During interview on 8/5/20 the Licensee reported:</p> <ul style="list-style-type: none"> - staff are sleep staff. - staff #1 reported she read a book until 12am and did not hear anything after 12am. - an incident report was sent to the MCO - she spoke with the police 2 weeks ago and the case was still opened. 	V 367		

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V 367	<p>Continued From page 9</p> <p>During interview on 8/10/20 staff #1 reported:</p> <ul style="list-style-type: none"> - Client #6 walked away from the facility. He went for a walk earlier that day with client #4. They returned for dinner at 5:30pm. He took his 8pm medications. He went to bed at 10pm after he watched television. All clients have to be in their bedrooms at 10pm. She checked on him at 12am & 3am & he was in bed. She checked on him at breakfast time & he was gone. She asked his roommate & he said when he went to the bathroom at 5am, client #6 was not in bed. She looked around the facility inside & outside. She called the QP & Licensee. - They don't have to document their nightly checks on the client - She thought client #6 left out the exit door in his bedroom - No alarm was on his bedroom door - The doors in the living room and dining room had alarms - Her bedroom was downstairs and client #6 bedroom was upstairs <p>During interview on 8/5/20 the Quality Assurance representative with the MCO reported:</p> <ul style="list-style-type: none"> - No incident reports were submitted in the last 3 months - If a client eloped from the facility, a level II report needed to be submitted - If a silver alert was done, a level III needed to be submitted - Incident reports needed to be submitted within 72 hours <p>During interview on 8/19/20 the QP reported:</p> <ul style="list-style-type: none"> - There were no alarms on the facility doors - He completed a level II incident report for client #6 - The IRIS system gave the level to complete 	V 367		

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V 367	Continued From page 10 based on the incident - the IRIS system requested a Level II incident to be submitted for client #6's elopement - Level III incident reports are submitted when there was a death - he will fax over the incident report he submitted to the MCO	V 367		