Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7.1. 20.22.1.10.	<del></del>	С	
		MHL0411146	B. WING	<del></del>	01/13/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E. ZIP CODE		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  2708 16TH STREET					
AGAPE H	OME LIVING CARE LLC		BORO, NC 27405	5		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(* )	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
	on 1/13/21. The comp (intake #NC00171281 This facility is licensed category: 10A NCAC	w up survey was completed plaint was substantiated  1). Deficiencies were cited.  d for the following service  27G .5600C Supervised  Developmental Disability.				
V 110	SUPERVISION OF PA	COMPETENCIES AND ARAPROFESSIONALS	V 110			
	paraprofessionals. (b) Paraprofessionals associate professional professional as specification (c) Paraprofessionals knowledge, skills and population served.	ied in Rule .0104 of this s shall demonstrate abilities required by the				
	then qualified profess professionals shall de (e) Competence shal exhibiting core skills in (1) technical knowled (2) cultural awarenes	s established by rulemaking, ionals and associate monstrate competence. I be demonstrated by ncluding:				
	develop and impleme	ls; kills; and dy for each facility shall nt policies and procedures individualized supervision				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
MHL0411146		MHL0411146	B. WING		C 01/13/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
AGAPE H	OME LIVING CARE LLC	2708 16TH				
			ORO, NC 2740			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 110	Continued From page	e 1	V 110			
	one of one staff (the of competency by exhibit communication skills clients served. The firm Interview on 12/23/20 revealed: -She was angry and hon 11/2/20; -She had been stoppe officer that was looking walking; -A former staff (FS) #- by and saw her stand with the officer; -FS #4 stopped and exhere the client to the office -After talking with the minutes, she had stare -The Owner arrived at that FS #4 was not all -The Owner was curs b***h so she got angre-The Owner had called at the facility.  Interview on 12/23/20 -She saw FC #4 on 1 of the road with a law	the facility failed to ensure Dwner) demonstrated iting interpersonal and to meet the needs of the ndings are:  with former client (FC) #4  mad eloped from the facility ed by a law enforcement ag for her as she was  4 of the facility was driving ing on the side of the road explained her knowledge of r; officer and FS #4 for a few ted to calm down; and started yelling and saying lowed to speak with her; ing and called her a fat y again; and her a fat b***h previously  1 with FS #4 revealed:  1/2/20 standing on the side				

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DIVISION	n nealth Service Regu	iation	_		_
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		1		_	
		D 14/11/0		C	
		MHL0411146	B. WING	<del></del>	01/13/2021
NAME OF D	DOVIDED OD SUDDUED	STDEET AD	DRESS, CITY, STA	TE 710 CODE	
NAIVIE OF PI	ROVIDER OR SUPPLIER		, ,	II E, ZIP GODE	
AGAPE H	OME LIVING CARE LLC	2708 16TH			
		GREENSE	BORO, NC 2740	05	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEI IGIENCI)	
V 110	Continued From page	2	V 110		
	. •				
		C #4 was angry but after			
	talking with her and th	ne Officer, she calmed			
	down;				
	-The Owner arrived a	nd started yelling and			
	cursing;				
	-"She (The Owner) wa	as just going off in general;"			
	,	e of them a fat b***h but			
		as directed at her or FC #4;			
		in and ended up being			
	transported to the loc				
	psychological evaluat				
	psychological evaluat				
	Interview on 12/17/20 with a law enforcement				
	officer revealed:	with a law chief coment			
		a call on 11/2/20 regarding			
	-	ad eloped from the facility;			
	•	#4 while she was walking			
		74 Wille Sile was walking			
	down the street;				
		rming for me was another			
	woman (FS #4) who used to work at the facility was driving by and stopped and volunteered to				
	,	.the woman (FS #4) was			
	doing a really great job with [FC #4]the Owner				
showed up and the Owner was very adamant that					
	,	eeded to leave the scene;"			
		him that FS #4 used to			
	_	d was "forbidden to speak			
	to her client (FC #4);"				
		to the Owner that she (FC			
	#4) isn't a client, she's	s a human being;"			
	-"She (the Owner) sai	id the state likes for her to			
	refer to them as client	ts;"			
	-The Owner kept repe				
		nat they're (clients) basically			
	chips in a poker game;"				
	-"The Owner's response didn't seem measured or appropriate to the circumstance;"				
		is derogatory to the [FS #4]			
	and calling her a fat b				
	and calling net a lat b	' 11,	1	1	

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-FC #4 informed him that the Owner had made

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MML OF PROVIDER OR SUPPLIER  AGAPE HOME LIVING CARE LLC  2708 16TH STREET GREENSBORD, N. C 27405  PREDIX SUMMARY STATEMENT OF DEPICIENCIES (EEA/O DEFICIENCY MUST BE PRECEIBED BY PILL) TAG.  V110  Continued From page 3  derogatory comments to her in the past about her weight; -"I wasn't even expecting motherly because that's not her (FC #4) mom but the response from the Owner didn't seem appropriate to me."  Interviews on 12/16/20 and 1/13/21 with the Owner revealed: -An officer had stopped FC #4 while she was walking down the street and was talking with her and FS #4 when she arrived; -She discussed the situation with the Officer but didn't speak to FC #4 or FS #4; -"If I was acting so irate like that, why didn't the police officer give me a citation;" -"I never got close up on them (FC #4 and FS #4) at allI never said any foul language."	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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