

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/27/2021
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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/27/21. A deficiency was 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 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required</p>	V 367		

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

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V 367	<p>Continued From page 1</p> <p>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 definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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 observation, record review and interview, the facility failed to ensure all level II incidents were reported within 72 hours of the incident to the Local Management Entity (LME) responsible for the catchment area where services were provided. The findings are:</p> <p>Observation of the facility on 10/25/21 at 3:04 pm revealed:</p> <ul style="list-style-type: none"> - A white minivan parked at the front of the facility with significant damage to the front of the vehicle (a crumpled hood, damaged headlights and a missing front bumper) - The airbag had deployed in the front seat area on the passenger side of the van - The front bumper of the van was sitting on the second row of passenger seats inside the van <p>Record review on 10/26/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/21/20 	V 367		

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Diagnoses of Schizoaffective Disorder (D/O); Mild/Moderate Intellectual Disability D/O; Diabetes, Type II and Hypothyroidism <p>Review on 10/26/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/8/21 - Diagnoses of Intellectual Disability D/O, Moderate and Post Traumatic Stress D/O - An after visit summary dated 9/27/21 which reflected that client #2 was treated for headache and back/neck pain - Client #2 was prescribed Ibuprofen 600 mg every 8 hours as needed <p>Review on 10/26/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 2/26/18 - Diagnoses of Severe and Persistent Mental Illness with Anxiety; Persistent Depressive Mood D/O; Psychological Impairment and Intellectual Disability D/O, Moderate <p>Interviews on 10/25/21 and on 10/26/21 with the Director revealed:</p> <ul style="list-style-type: none"> - She, staff #1 and (#1, #2 and #3) were involved in a car accident on 9/27/21 when another individual ran a stop light - On 9/27/21, staff #1, and herself and all of the clients were evaluated at local urgent care center for any possible injuries - There had been no hospitalizations as a result of the accident. <p>Interviews on 10/25/21 with clients (#1, #2 and #3) revealed:</p> <ul style="list-style-type: none"> - On 9/27/21, they were present in the facility's van when the accident occurred - The clients confirmed they were all seen the 	V 367		

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V 367	Continued From page 4 same day at a local urgent care center for an medical assessment of any possible injuries Interview on 10/27/21 with the facility's Qualified Professional revealed: - No incident report had been submitted to the North Carolina Department of Health and Human Services Incident Response Improvement System regarding the events of 9/27/21.	V 367		