

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 07/27/2022
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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 survey was completed on July 27, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for five beds and currently has a census of five. The survey sample consisted of audits of three current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<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 ensure treatment plans were developed annually for three of three audited clients (#1, #4, #5). The findings are:</p> <p>Review on 7/21/22 of client #1's record revealed: -Admission date of 6/23/02 -Diagnoses of Chronic Obstructive Pulmonary disease (COPD), Pulmonary Emphysema, Paranoid Schizophrenia -No treatment plan present in the home</p> <p>Review on 7/21/22 of client #4's record revealed: -Admission date of 10/1/18 -Schizophrenia, Hypercholesterolemia, Diabetes Type 2 -Treatment Plan dated 10/6/18</p> <p>Review on 7/21/22 of client #5's record revealed: -Admission date 11/21 -Diagnosis of Schizophrenia-paranoid type -No treatment plan present in the home.</p> <p>Interview on 7/21/22 staff #2 stated: -Not sure where the plans are located. -The Qualified Professional (QP) probably had them at the office.</p> <p>Interview on 7/27/22 the QP stated: -Had gotten behind on the plans at that house -Will get them done.</p>	V 112		

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V 736 V 736	Continued From page 2 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 maintain the home in a safe and attractive manner. The findings are: Observation on 7/21/22 at 1:00 PM revealed: -Smoke detector in the hallway chirping -Carpet in client bedrooms dirty/stained -Bathroom dirty with black algae on sink and tub -Bathroom sink had lots of caulk/glue exposed behind it as it was attached to the wall. -The bathroom walls had peeled paint throughout. Interview on 7/21/22 staff #2 stated: -They are looking to replace the carpet with laminate floor in the bedrooms. -The bathroom vanity had been removed and replaced with the sink. -Will have the sink/wall fixed.	V 736 V 736		