

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 R 08/25/2022
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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>An annual survey was completed on August 25, 2022. 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> <p>This facility is licensed for six beds and currently has a census of six. 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, #5, #6). The findings are:</p> <p>Review on 8/25/22 of client #1's record revealed: -Admission date of 3/19/14 -Diagnoses of Mild Intellectual Developmental Disability (IDD) and Anxiety -Treatment Plan dated 10/1/20</p> <p>Review on 8/25/22 of client #5's record revealed: -Admission date of 3/16/20 -Diagnoses of Generalized Anxiety, Major Depressive Disorder, Schizoid Personality Disorder -Treatment Plan dated 4/1/20</p> <p>Review on 8/2522 of client #6's record revealed: -Admission date of 9/2/20 -Diagnosis of Post Traumatic Stress Disorder and Schizoaffective Disorder -Treatment Plan dated 9/4/20</p> <p>Interview on 8/25/22 the Licensee stated: -Not sure where the plans are located. -The Qualified Professional (QP) was the one who completed the plans.</p> <p>Interview on 8/25/22 the QP stated: -Did not have everyone's plans updated.</p>	V 112		

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V 112	Continued From page 2 -Will get them done.	V 112		
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 developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is	V 289		

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V 289	<p>Continued From page 3</p> <p>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 two 1 of three audited clients (#5, #6). The findings are</p> <p>Review on 8/25/22 of client #5's record revealed: -Admission date of 3/16/20 -Diagnoses of Generalized Anxiety, Major Depressive Disorder, Schizoid Personality Disorder -Treatment Plan dated 4/1/20</p>	V 289		

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V 289	Continued From page 4 Review on 8/25/22 of client #6's record revealed: -Admission date of 9/2/20 -Diagnosis of Post Traumatic Stress Disorder and Schizoaffective Disorder -Treatment Plan dated 9/4/20 Interview on 8/25/22 the Licensee's stated: -The Qualified Professional (her husband) did all the admissions. -Not sure if he was aware of them not having a Developmental Disability diagnoses. -Will address this with him. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 289		
V 736	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 record review and interview the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are: Observation on 8/25/22 at 1:05 PM revealed: -Ceiling in client #5's room had paint peeling off. -Bathroom in client #6's room had light bulb out and paint peeling around the vent	V 736		

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V 736	<p>Continued From page 5</p> <p>-Hallway bathroom had a tub with black mildew throughout and the grout around the edge was black and peeling off.</p> <p>The Qualified Professional stated: -They are looking to do repairs. -Will handle the repairs soon.</p>	V 736		