

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE HOME LIVING CARE PHASE II, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4407 PHEASANT RUN DRIVE GREENSBORO, NC 27455</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 9/30/2022. The complaint was unsubstantiated (intake #NC193100. 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> <p>This facility is licensed for 3 and has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the</p>	V 367		

Division of Health Service Regulation  
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>cause of the incident; and</p> <p>(6) other individuals or authorities notified 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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure level 2 incidents were reported to the LME responsible for oversight within 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 9/29/2022 of former client (FC) #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 6/25/2021</li> <li>- Discharge date: 9/10/2022</li> <li>- Diagnoses: Bipolar I Disorder; Disruptive Mood Dysregulation Disorder; Mild Intellectual</li> </ul>	V 367		

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V 367	<p>Continued From page 3</p> <p>Developmental Disorder; Autism Spectrum Disorder; Attention Deficit-Hyperactivity Disorder; Schizoaffective Disorder; Mood Disorder NOS (not otherwise specified); Oppositional Defiant Disorder; Fetal Alcohol Syndrome; Prediabetes.</p> <ul style="list-style-type: none"> <li>- She had eloped from the facility requiring assistance from the local Police on 8/4/2022, 8/14/2022, 8/17/2022, and 9/10/2022.</li> </ul> <p>Review on 9/29/2022 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- A search for incident reports between 6/3/2022 to 9/29/2022 revealed only one incident report dated 9/10/2022 was present.</li> <li>- There were no incident reports for FC #2's incidents on 8/4/202, 8/14/2022 or 8/17/2022.</li> </ul> <p>Review on 9/29/2022 of an electronic IRIS report provided by the Director revealed:</p> <ul style="list-style-type: none"> <li>- An incident report dated 8/4/2022 had been started on the IRIS system.</li> <li>- No documentation confirming that the draft report had been fully submitted.</li> </ul> <p>Interview on 9/30/2022 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- All facility staff were responsible for completing incident reports when incidents occurred.</li> <li>- She did not know whether there was confirmation of IRIS report submission for FC #2's elopements from the facility.</li> </ul> <p>Interview on 9/29/2022 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- FC #2 had eloped from the facility on 8/4/2022, 8/14/2022, 8/17/2022, and 9/10/2022.</li> <li>- She had entered incident reports in IRIS for all of those incidents.</li> <li>- She did not know why the reports for 8/4/2022,</li> </ul>	V 367		

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V 367	Continued From page 4  8/14/2022 or 8/17/2022 were not showing as having been submitted in IRIS.	V 367		