

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411222 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 09/20/2022 |
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| NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 310 FIELDS STREET GREENSBORO, NC 27405 |
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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 |
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V 000 INITIAL COMMENTS

An annual and complaint survey was completed on 9/20/2022. The complaints were substantiated (intake #NC 192023, #NC192025 & #NC192879). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This facility is licensed for 6 and has a census of 5. The survey sample consisted of audits of 5 current clients.

This survey originally closed on 9/7/2022 but was reopened on 9/12/2022 due to additional complaints.

A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.

V 000

V 111 27G .0205 (A-B)
Assessment/Treatment/Habilitation Plan

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:

- (1) the client's presenting problem;
- (2) the client's needs and strengths;
- (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program

V 111

DHSR - Mental Health

OCT 18 2022

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

TATE [Redacted Signature] BA, GP

Qualified Professional

10/08/22

Appendix 1-B: Plan of Correction Form

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| Plan of Correction |
| Please complete <u>all</u> requested information and email completed Plan of Correction form to: |
| Plans.Of.Correction@dhhs.nc.gov |

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| Provider Name: Agape Home Living Care, LLC | Phone: 336-324-8008 |
| Provider Contact Person for follow-up: Chantay Parker Nicole Moore | Fax: |
| | Email: Chantay.parker@yahoo.com |
| Address: 310 Fields Street Greensboro, NC 27405 | Provider # MHL-041-1222 |

| Finding | Corrective Action Steps | Responsible Party | Time Line |
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| <p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V111)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an assessment was completed prior to providing services affecting 4 of 5 clients (#2, #3, #4 & #5).</p> | <p>Agape Home Living Care will make sure that an addendum to the intake assessment is completed when a client is moved from one licensed facility to another licensed facility that have the same director/owner. The addendum will include an update to the client's presenting problem, any medication changes, and the reason for the move. If the client is moving from a location that is not within the same umbrella of Agape Home Living Care, LLC a complete intake assessment will continue to be completed as the client will be processed a new client.</p> <p>This corrective action has been put into place as of the date of the exit, however there are no clients left in the facility to move and at the time of this plan of correction, suspension of admissions is in effect. Agape will be able to demonstrate this corrective measure when there is a new client admitted and/or an existing client of Agape is transitioned to a new location.</p> | Qualified Professional | <p>Implementation Date: 09-20-2022</p> |
| | | | <p>Projected Completion Date: 09-20-2022 and ongoing as clients are admitted and/or transitioned to the facility.</p> |
| <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (V132)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against facility staff and the results of investigations were reported to HCPR within five working days of the initial report affecting 3 of 6 audited staff (#2, #3 & the Director).</p> | <p>Agape Home Living Care will complete all healthcare registry reports within 24 hours for allegations of abuse, neglect, exploitation and harm for each client and each staff member involved. Agape Home Living Care will get a complete list of the allegations from the reporting entity in order to ensure that all allegations are accounted for. If the information is unavailable or is not communicated by the reporting entity, a report will reflect the given information and with details for the reporting entity.</p> | Qualified Professional Director | <p>Implementation Date: 09-20-2022</p> |
| | | | <p>Projected Completion Date: 09-20-22 and ongoing if an incident is to occur involving allegation, harm, exploitation or abuse</p> |
| <p>27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (V291)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of care between the facility operator and qualified professionals responsible for treatment/habilitation or case management affecting 1 of 5 clients (#1)</p> | <p>Agape Home Living Care will make sure that all services are coordinated for the clients for the entire treatment team. Agape will retain records of any documentation sent over to another provider (i.e behavior data sheets, assessments, client logs) by requesting copies from the provider moving forward. Agape Home Living Care will also make sure that staff are completing the in-house behavior data logs for cross reference for all behaviors exhibited by the clients as well in addition to the required documentation of the provider. If the client does not have a behavioral specialist, the data sheets will continue to be completed by staff. The Qualified Professional will continue to supervise the staff for Agape Home Living Care and will have weekly supervision with the Director to make sure that client's coordination of care is being followed.</p> | Qualified Professional | <p>Implementation Date: 09-20-2022</p> |
| | | | <p>Projected Completion Date: 09-20-2022 and ongoing for coordination of care for clients</p> |
| <p>27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT</p> | <p>Agape Home Living Care will complete all incident reports and ensure that they are submitted with all included documentation within the specified timeframe of within 72</p> | Quality Assurance Personnel Qualified Professional | <p>Implementation Date: 09-20-2022</p> |

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| <p>FOR CATEGORY A AND B PROVIDERS (V367)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level 2 and 3 incidents within required timeframes affecting 5 of 5 clients (#1, #2, #3, #4 & #5).</p> | <p>hours of an incident. All incident numbers will be documented on a data log for incidents and will be checked by Quality Assurance personnel to make sure that they have been submitted and within the appropriate timeframe. The Qualified Professional will complete the Supervisor's Action portion of the incident reports and document the completion on the incident report data log. The Qualified Professional and/or the Quality Assurance personnel will complete monthly reviews of all incident reports in order to monitor the completion and accuracy of level of incident reporting.</p> | | |
| | | | <p>Projected Completion Date: 09-20-2022 and ongoing for any incident reports that are submitted.</p> |
| <p>27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512)</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, 3 of 6 audited staff (#2, #3 & the Director) abused 5 of 5 clients (#1, #2, #3, #4 and #5); 1 of 6 audited staff (the Director) failed to protect 5 of 5 clients (#1, #2, #3, #4 and #5) from harm; and 1 of 6 audited staff (#1) neglected 1 of 5 clients (#1)</p> | <p>Agape Home Living Care will ensure that clients remain safe and free from abuse, harm, neglect or exploitation by following the statutes in place by the licensing section. Staff #2 and Staff #3 have been terminated from the facility. Director continues to receive weekly supervision from Qualified Professional working on leadership skills, decision-making, effective communication. client's rights and will be making recommendations on additional areas of improvement based on the arising concerns and issues presented during supervision. The client's right committee for Agape Home Living Care has agreed to provide more oversight for the agency as it relates to allegations and incident reporting by being a point of contact for any allegations brought against the facility. Staff #1 has received training on the appropriated procedures on handling the coordination of client care and has been re-trained on effective communication, tactfulness, decision-making and crisis intervention. All Plan of Protection interventions has been put into place and completed as documented.</p> | <p>Client's Right Committee Qualified Professional</p> | <p>Implementation Date: 09-20-2022</p> |
| | | | <p>Projected Completion Date: 09-23-2022 and ongoing with weekly supervision and additional trainings as needed for staff.</p> |