

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 R 06/19/2023
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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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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 6/19/23. The complaint was unsubstantiated (intake #NC00201939). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	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 develop & implement 1 of 3 audited clients (#1) treatment plan. The findings are:</p> <p>Review on 6/14/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/12/21 - diagnoses: Schizophrenia, Hypertension, Chronic Obstructive Pulmonary Disease & Diabetes Type II - no current treatment plan <p>During interview on 6/14/23 staff #1 reported:</p> <ul style="list-style-type: none"> - working with client on independent living skills <p>During interview on 6/19/23 the Qualified reported:</p> <ul style="list-style-type: none"> - he thought the current treatment plan was in the record - will ensure current plan was placed in the record <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain client records for 1 of 3 audited clients (#1, #4 & #5). The findings are:</p> <p>Review on 6/14/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/12/21 - diagnoses: Schizophrenia, Hypertension, Chronic Obstructive Pulmonary Disease & Diabetes Type II - no treatment plan - no progress notes - copies of lab test <p>Review on 6/14/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/16/19 - diagnoses: Schizophrenia & Hyperlipidemia - no progress notes <p>Review on 6/14/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/5/09 - diagnoses: Schizophrenia & Hyperlipidemia - no progress notes <p>During interview on 6/16/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he was responsible for maintaining client records - client #1 labs were completed but physician had not sign facility consultation forms - will ensure progress notes were in records & records maintained 	V 113		

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V 114	Continued From page 4	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire & disaster drills were completed quarterly & on each shift. The findings are:</p> <p>Review on 6/14/23 of the facility's fire and disaster log revealed: - no fire or disaster drills completed since 12/22</p> <p>During interviews client #1 - #3 were able to identify appropriate destinations if there were a fire or disaster</p> <p>During interview on 6/14/23 the Qualified Professional reported: - he was responsible for ensuring drills were</p>	V 114		

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V 114	Continued From page 5 done - will ensure drills were done quarterly & on each shift	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 6/14/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/12/21 - diagnoses: Schizophrenia, Hypertension, Chronic Obstructive Pulmonary Disease & Diabetes Type II - a physician order dated 11/2/22: discontinue Colace (Constipation) <p>Observation on 6/14/23 client #1 at 11:32am of client #1's medication bin revealed:</p> <ul style="list-style-type: none"> - Colace <p>Observation on 6/14/23 at 11:38am of client #1's bed revealed: bowel movement on client #1's mattress cover</p> <p>Review on 6/14/23 of client #1's December 2022</p> <ul style="list-style-type: none"> - June 2023 MARs revealed: - staff initialed the entire months <p>During interview on 6/14/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - not aware the Colace was discontinued - contacted the pharmacy and the pharmacist was not aware it was discontinued - will monitor physician orders for medications discontinued 	V 118		

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V 536	Continued From page 7	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility to ensure 2 of 3 audited staff (#1 & #2) had current restrictive interventions. The findings are:</p> <p>Review on 6/14/23 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - no hire date - EBPI (Evidenced Based Protective Intervention) expired 1/31/23 <p>Review on 6/14/23 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - hire date 8/5/21 - no documentation of restrictive intervention training <p>During interview on 6/14/23 & 6/19/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - responsible for ensuring staff trained in restrictive intervention 	V 536		

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V 536	Continued From page 11 - on 6/19/23: staff were trained on 6/15/23 in EBPI	V 536		
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 observations and interview the facility to failed to maintain its grounds in a clean and attractive manner. The findings are: Observation on 6/14/23 at 10:38am revealed: - high grass at the facility - vehicle in the yard with no tags & grass grown up around it Observation on 6/14/23 at :11:38am during the tour of the facility revealed: - the porch on the back of the house had the following: - a microwave in a open box - 2 empty laundry baskets - a wooden desk the hallway bathroom: - tub had dirt and a dead bug in it client #1's bedroom:	V 736		

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V 736	<p>Continued From page 12</p> <ul style="list-style-type: none"> - mattress cover had bowel movement on it - staff #1 removed the mattress cover and placed in washing machine <p>During interview on 6/14/23 staff #1 reported:</p> <ul style="list-style-type: none"> - she cleaned the bathrooms each morning - clients showered in the mornings prior to going to the program - client #1 had incontinence issues <p>During interview on 6/14/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - the lawn guy cut the grass every 2 weeks & will cut this weekend - will have the car removed from the yard - some items were placed on the back porch while the facility was treated for bedbugs <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		