

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2024
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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH 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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/26/24. 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

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V 114	<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 fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 8/20/24 of the facility's fire drill log from 9/6/23-8/7/24 revealed:</p> <ul style="list-style-type: none"> - No 2nd or 3rd shift drill was held during the 3rd quarter of 2023 (July 2023 - September 2023) - No 1st shift drill was held during the 4th quarter of 2023 (October 2023 - December 2023) <p>Review on 8/20/24 of the facility's disaster drill log from 10/13/23-8/7/24 revealed:</p> <ul style="list-style-type: none"> - One disaster drill was held during the 4th quarter of 2023 (October 2023 - December 2023); however, no time was listed to indicate on which shift the drill was held - No evidence any additional drills were held during the 4th quarter of 2023 <p>Interview on 8/26/24 with the Director revealed:</p> <ul style="list-style-type: none"> - The facility's shifts were as follows: 7 am - 5 pm (1st shift); 5 pm - 10 pm (2nd shift) and 10 pm - 7 am (3rd shift) - She and her staff were working together to ensure the drills were held as required 	V 114		