

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/15/2024
NAME OF PROVIDER OR SUPPLIER AGAPE AT HARDIMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 HARDIMONT ROAD RALEIGH, NC 27609		
(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, complaint and follow up survey was completed on 11/15/24. The complaint was unsubstantiated (intake #NC00222425). 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 6 and has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</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 disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 11/7/24 of the facility's disaster drills from 10/1/23-10/31/24 revealed:</p> <ul style="list-style-type: none"> - No documentation of disaster drills for the following shifts and quarters: <ul style="list-style-type: none"> - October 2023-December 2023: 1st shift - January 2024-March 2024: 2nd shift - April 2024-June 2024: 2nd shift - July 2024-September 2024: 2nd shift <p>Interview on 11/7/24 client #1 reported:</p> <ul style="list-style-type: none"> - She had lived at the facility for "a while" - She did not know if she participated in disaster drills <p>Interview on 11/7/24 client #2 reported:</p> <ul style="list-style-type: none"> - She did not know how long she had lived at the facility but it had "been a long time" - She could not remember if she participated in disaster drills - She was not sure what she would do if there was a tornado, but she "would be scared" <p>Interview on 11/7/24 staff #1 reported:</p> <ul style="list-style-type: none"> - She completed disaster drills with clients - Disaster drills were completed once every 3 months <p>Interviews on 11/7/24 and 11/15/24 the Administrator/Qualified Professional reported:</p> <ul style="list-style-type: none"> - The staff at the facility were live-in staff and the facility days were split into shifts from 8:00am-8:00pm and 8:00pm-8:00am - Staff #1 was the only staff responsible for 	V 114		

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V 114	Continued From page 2 completing disaster drills - He reviewed the logs monthly to ensure drills were completed - Disaster drills were completed once quarterly - Disaster drills were staggered and completed at different times each quarter - He did not realize that disaster drills had to be completed quarterly for each shift This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 11/7/24 at 10:02am revealed: - The blinds covering the dining room window had 2 broken slats - The blinds covering the window of the exit door in the kitchen had 4 broken slats - A section of molding around the bottom of the kitchen island approximately 5 inches long was broken off - The left window in the downstairs vacant client bedroom had a crack approximately 12 inches long in the glass - Client #1 and #2's bathroom: - Had rust around the perimeter of the sink	V 736		

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V 736	<p>Continued From page 3</p> <p>drain</p> <ul style="list-style-type: none"> - Had 5 softball size spots on the textured stipple ceiling above the shower that were peeling and hanging off - Had small brown spots speckled along the horizontal seam of the shower walls about 2 feet above the shower floor - Had a light brown film covering the shower floor - A light brown film covering the bottom and sides of the tub and soap tray located in the hallway bathroom - The blinds in client #4 and #5's bedroom had 2 broken slats <p>Interview on 11/7/24 staff #1 reported:</p> <ul style="list-style-type: none"> - The Administrator/Qualified Professional (Admin/QP) was responsible for repairs at the facility - She told the Admin/QP when repairs were needed - She was not aware of any repairs currently needed at the facility <p>Interviews on 11/7/24 and 11/15/24 the Admin/QP reported:</p> <ul style="list-style-type: none"> - He was responsible for having repairs at the home completed - He was not aware of the broken window in the downstairs bedroom but was aware of the blinds with broken slats - He did not know of any additional repairs that were needed for the facility <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		