

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER THE AGAPE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7320 BENTLEY WOOD LANE RALEIGH, NC 27616			
(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	INITIAL COMMENTS An annual and follow-up survey was completed on March 20, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A. Supervised Living for Adults with Mental Illness This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	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 shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111			

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

TITLE

(X6) DATE

Division of Health Service Regulation
STATE FORM

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V 290	<p>Continued From page 2</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the community affecting one of three audited clients (#3). The findings are:</p> <p>Review on 3/20/25 of Client #3's record revealed: -Admission date of 5/16/19. -Diagnoses of Schizophrenia, Paranoid Type. -Treatment Plan dated 1/29/25 included the following goal: - "Client will access the community independently without incident for 3 hours a day." -There was no assessment to determine client's capability of having unsupervised time in the community.</p> <p>Interview on 3/20/25 with the Paraprofessional revealed: -Client #3 had unsupervised time in the community. -Client #3 would sign out and walk to the store and come back.</p> <p>Interview on 3/20/25 with the Administrator/Qualified Professional revealed: -He reported client #3 had unsupervised time in the community but he did not use it. -He completed client #3's treatment plan and included an unsupervised time goal.</p>	V 290		

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V 290	Continued From page 4 -He did not complete an assessment to determined client #3's capability of having unsupervised time in the community.	V 290			
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 safe, clean, and attractive manner. The findings are: Observation on 3/20/25 at 9:45 a.m. of the facility revealed: -The kitchen floor: two tiles were separated on the floor near the stove and there was a separate wood slab on the floor under the sink. -The bottom of the stove would not close entirely. -The red paint on the kitchen wall was peeling. -There was black dirt or dust covering the hallway vent. -The white doors throughout the house were stained. -The shared bedroom for client #1 and client #3 doorknob was broken and there was a strong musty smell in the room. -The bathroom in the hallway toilet and bathtub were dirty and had brown dirt or rust around it. -There was no mirror in the hallway bathroom. -Refrigerator/Freezer combination: -The bottom draw of the refrigerator was missing covers. -Refrigerator and freezer were dirty with	V 736			

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V 736	<p>Continued From page 5</p> <p>crumbs and dark drippings. -Food fell out of the refrigerator and freezer when opened due to not having shelf protectors.</p> <p>Interview on 3/20/25 with the Administrator/Qualified Professional revealed: -He would initiate and contact the landlord to see what he could do. -He would complete items that the landlord would not fix.</p> <p>This deficiency has been cited 4 time(s) since the original cite on 7/27/22 and must be corrected within 30 days.</p>	V 736		