

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AGAPE AT HARDIMONT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1120 HARDIMONT ROAD RALEIGH, NC 27609</b>		
(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on June 25, 2025. The complaint was unsubstantiated (Intake #NC00230439). 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 1 former client</p> <p>.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 6/23/25 of the facility's disaster drill logs from 1/15/25-6/23/25 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of disaster drills for the following quarters and shifts: <ul style="list-style-type: none"> <li>- January 2025-March 2025: 2nd shift</li> <li>- April 2025-June 2025: 1st shift</li> </ul> </li> </ul> <p>Interview on 6/24/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Practiced disaster drills once a month</li> <li>- The drills were completed "sometimes" in the morning or after she returned from the day program</li> <li>- Knew to go in the hallway during a tornado</li> </ul> <p>Interview on 6/23/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- Practiced disaster drills monthly, but she couldn't recall how many drills were practiced during the month</li> <li>- Knew to go in the hallway during a tornado</li> </ul> <p>Interview on 6/24/25 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Practiced disaster drills, but she couldn't recall how often</li> <li>- "I think every few weeks"</li> <li>- Knew to go in the hallway or basement during a tornado</li> </ul> <p>Interview on 6/23/25 client #5 reported:</p> <ul style="list-style-type: none"> <li>- Practiced disaster drills twice a month</li> <li>- The drills were conducted in the morning and afternoon</li> <li>- Knew to go to the basement during a tornado</li> </ul>	V 114		

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V 114	Continued From page 2  Interview on 6/23/25 the House Manager reported: - Was a "live-in" staff - Was instructed to conduct disaster drills once every 3 months  Interview on 6/23/25 the Registered Nurse/Qualified Professional/Administrator reported: - Disaster drills were supposed to be conducted at least "once a month" and at different times of the day - Was responsible for checking the facility's disaster drill log - He didn't check the disaster drill log "last month" and he couldn't recall the last time the disaster drill log was checked - Wasn't aware the disaster drills were only being conducted once every three months - He spoke with the House Manager in December 2024 about how often the disaster drills were supposed to be conducted  This deficiency has been cited 3 time since the original cite on 8/9/23 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	V 736		

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V 736	<p>Continued From page 3</p> <p>was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/23/25 at 1:15pm revealed:</p> <ul style="list-style-type: none"> <li>- The blinds covering the dining room window had 2 broken slats</li> <li>- The blinds covering the window of the exit door in the kitchen had 4 broken slats</li> <li>- A section of molding around the bottom of the kitchen island approximately 5 inches long was broken off</li> <li>- The left window in the downstairs vacant client bedroom had a crack approximately 12 inches long in the glass</li> <li>- Client #1 and #2's bathroom located in their shared bedroom: <ul style="list-style-type: none"> <li>- Had rust around the perimeter of the sink drain</li> <li>- Had small brown spots speckled along the horizontal seam of the shower walls about 2 feet above the shower floor</li> </ul> </li> <li>- The hallway bathroom: <ul style="list-style-type: none"> <li>- Had a light brown film covering the bottom and sides of the tub and soap tray</li> <li>- Had 5 softball size spots on the textured stipple ceiling above the shower that were peeling and hanging off</li> </ul> </li> <li>- The blinds in client #3 and #4's shared bedroom had 2 broken slats</li> </ul> <p>Interview on 6/23/25 the Registered Nurse/Qualified Professional/Administrator reported:</p> <ul style="list-style-type: none"> <li>- Was responsible for overseeing the repairs in the facility</li> <li>- He purchased new blinds in December 2024 and replaced the damaged blinds in the facility</li> <li>- He had unopened boxes of blinds stored in the facility to replace the remaining damaged blinds</li> </ul>	V 736		

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- He planned to call maintenance to repair the island in the kitchen as soon as possible</li> <li>- He spoke with the landlord about the repairing the ceiling in the hallway bathroom and the cracked window located in the spare bedroom in December 2024</li> <li>- The landlord informed him that they would repair the ceiling and the cracked window "this year (2025)," but he was unaware of when the repairs would be completed</li> <li>- Was unaware of the rust and brown stains located in the tubs of the facility's bathrooms because the House Manager "scrubbed it (brown stains) off," but he "will check again"</li> </ul> <p>This deficiency has been cited 3 time since the original cite on 8/9/23 and must be corrected within 30 days.</p>	V 736		