STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
AND FLAN OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL092-993	B. WING			R-C 06/25/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
AGAPE A	AT HARDIMONT		RDIMONT ROA 1, NC 27609	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	TS	V 000				
	on June 25, 2025. unsubstantiated (In Deficiencies were of This facility is licens category: 10A NCA Living for Adults with This facility is licens	take #NC00230439). bited. sed for the following service C 27G .5600A Supervised th Mental Illness. sed for 6 and has a current urvey sample consisted of					
V 114	-	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerg request. The plans procedures and rou	all develop a written fire plan and shall make a copy of ele gency services agencies upon shall include evacuation					
	and evacuation proposted in the facility. (c) Fire and disaster shall be held at least repeated for each so Drills shall be condisimulate the facility emergencies.	er drills in a 24-hour facility er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that 's response to fire					
		all have a first aid kit					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI		Qulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-993			(X3) DATE SURVEY COMPLETED R-C 06/25/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
AGAPE	AT HARDIMONT		RDIMONT ROA I, NC 27609	D		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	failed to ensure disa quarterly and on ea Review on 6/23/25 d logs from 1/15/25-6 - No documentat following quarters a - January 20 - April 2025-4 Interview on 6/24/25 - Practiced disas - The drills were morning or after sho program - Knew to go in th Interview on 6/23/25 - Practiced disas couldn't recall how of during the month - Knew to go in th Interview on 6/24/25 - Practiced disas recall how often - "I think every fe - Knew to go in th a tornado Interview on 6/23/25 - Practiced disas	view and interview the facility aster drills were conducted ch shift. The findings are: of the facility's disaster drill /23/25 revealed: ion of disaster drills for the nd shifts: 25-March 2025: 2nd shift June 2025: 1st shift 5 client #1 reported: ter drills once a month completed "sometimes" in the e returned from the day the hallway during a tornado 5 client #3 reported: ter drills monthly, but she many drills were practiced the hallway during a tornado 5 client #4 reported: ter drills, but she couldn't w weeks" he hallway or basement during 5 client #5 reported: ter drills twice a month conduced in the mnorning and				

040W11

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		DENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-993	B. WING			R-C <b>25/2025</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AGAPE /	AT HARDIMONT		RDIMONT ROA H, NC 27609	AD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	ge 2	V 114			
	Interview on 6/23/25 the House Manager reported: - Was a "live-in" staff - Was instructed to conduct disaster drills once every 3 months		9			
	reported: - Disaster drills w conducted at least ' different times of th - Was responsib disaster drill log - He didn't check month" and he coul disaster drill log wa - Wasn't aware t being conducted or - He spoke with the December 2024 ab drills were suppose	ofessional/Administrator vere supposed to be "once a month" and at e day le for checking the facility's the disaster drill log "last dn't recall the last time the s checked he disaster drills were only nce every three months the House Manager in out how often the disaster d to be conducted				
		been cited 3 time since the 23 and must be corrected				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	This Rule is not me Based on observati	et as evidenced by: on and interview the facility				

040W11

Division	of Health Service Re	egulation			FURIN	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL092-993	B. WING		R-C 06/25/2	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	AT HARDIMONT	1120 HAF	RDIMONT RO	AD		
AGAPE /		RALEIGH	, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
	was not maintained orderly manner. Th	in a clean, attractive and ne findings are:				
	<ul> <li>The blinds cover had 2 broken slats</li> <li>The blinds cover door in the kitchen I</li> <li>A section of more kitchen island appropriate broken off</li> <li>The left window client bedroom had inches long in the g</li> <li>Client #1 and #</li> <li>shared bedroom: <ul> <li>Had rust ar</li> </ul> </li> <li>drain <ul> <li>Had small I</li> <li>the horizontal seam feet above the show</li> <li>The hallway bar</li> <li>Had a light bottom and sides of</li> <li>Had 5 softs</li> </ul> </li> <li>stipple ceiling above and hanging off</li> <li>The blinds in clibedroom had 2 brow</li> </ul>	blding around the bottom of the oximately 5 inches long was y in the downstairs vacant a crack approximately 12 lass 2's bathroom located in their round the perimeter of the sink brown spots speckled along n of the shower walls about 2 wer floor throom: brown film covering the f the tub and soap tray ball size spots on the textured e the shower that were peeling ient #3 and #4's shared ken slats				

Division of Health Service Regulation STATE FORM

6899

040W11

If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
	MHL092-993	B. WING			R-C 06/25/2025	
PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
AT HARDIMONT			D			
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa - He planned to o island in the kitcher - He spoke with a repairing the ceiling the cracked window in December 2024 - The landlord im repair the ceiling an year (2025)," but he repairs would be co - Was unaware of located in the tubs of because the House stains) off," but he '	ge 4 call maintenance to repair the n as soon as possible the landlord about the i in the hallway bathroom and v located in the spare bedroom formed him that they would do the cracked window "this e was unaware of when the ompleted of the rust and brown stains of the facility's bathrooms Manager "scrubbed it (brown 'will check again"	V 736				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER AT HARDIMONT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - He planned to d island in the kitcher - He spoke with f repairing the ceiling the cracked window in December 2024 - The landlord im repair the ceiling ar year (2025)," but he repairs would be co - Was unaware of located in the tubs of because the House stains) off," but he ' This deficiency has original cite on 8/9/2	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL092-993         PROVIDER OR SUPPLIER       STREET AL 1120 HAF RALEIGH         T HARDIMONT       1120 HAF RALEIGH         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 4       -         -       He planned to call maintenance to repair the island in the kitchen as soon as possible         -       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         -       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         -       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"         This deficiency has been cited 3 time since the original cite on 8/9/23 and must be corrected	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING:         MHL092-993       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST 1120 HARDIMONT ROA RALEIGH, NC 27609         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 4       V 736         - He planned to call maintenance to repair the island in the kitchen as soon as possible - 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       V 736         - 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       V 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"         This deficiency has been cited 3 time since the original cite on 8/9/23 and must be corrected       ID	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         MHL092-993       B. WING       B. WING       F         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       1120 HARDIMONT ROAD RALEIGH, NC 27609       F         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PID PREVIX       PROVIDER'S PLAN OF CORRECTION MOUND BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 4       V 736       V 736         - He planned to call maintenance to repair the island in the kitchen as soon as possible       V 736         - 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       V 736         - 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       He was unaware of when the repairs would be completed         - 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"       This deficiency has been cited 3 time since the original cite on 8/9/23 and must be corrected	

040W11