Division o	f Health Service Regul	ation	×		
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0411146	B. WING		08/27/2025
NAME OF DE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE ZIP COINE	
MANIEOFF	TO A IDEIX OIL GOI I EIEIX		TH STREET	ATE, Zii GOOL	
AGAPE H	OME LIVING CARE LLC		SBORO, NC 27	405	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE DATE
V 000	INITIAL COMMENTS		V 000	Plan of Correction- – Fire & Disaster	Drills
	completed on August were unsubstantiated intake #NC00232721 This facility is license category: 10A NCAC Living for Adults with This facility is license census of 3. The sur	and follow up survey was 27, 2025. The complaints (intake #NC00232565 and). Deficiencies were cited. d for the following service 27G .5600C Supervised Developmental Disability. d for 4 and has a current vey sample consisted of ents and 1 former client.		Staff from each shift were ass responsibility to conduct and drills. Immediate Catch-Up One fire drill and one disaster conducted on each shift within week. These drills were documented standardized form, including d	drill were
V 114	27G .0207 Emergend	ey Plans and Supplies	V 114	shift, staff present, clients part and outcome.	
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans si procedures and route (b) The plans shall be and evacuation procedures in the facility. (c) Fire and disaster of shall be held at least repeated for each shall be conducted in the facility shall accessible for use.	ncy services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. ted under conditions that response to fire have a first aid kit		Blank Drill Log Forms were plabinder labeled "Emergency Inear the medication records." Staff completed the form immediater each drill. Posting & Staff Notification Evacuation routes were poste exit doors. Evacuation procedures were rwith staff at the most recent simeeting. Calendar reminders were sequenterly drills. SEP 2 5 2025	orills" ediately d at all eviewed taff
	facility failed to ensur	ew and interviews, the e a fire and disaster drill was		DHSR-MH Licensure Se	ect
Division of Hea	alth Service Regulation				

THEOTORS OR PROVIDER/SUPPLIER/REPRESENTATIVES SIGNATURE

Director 9-22

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING_ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405**

	GREENS	SBORO, NC 27405		
(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 114	Continued From page 1 held at least quarterly for each shift. The findings are: Review on 8/12/25 of fire and disaster drills	V 114		
	between July 2024 and July 2025 revealed: -There was no documented fire drills nor disaster drills conducted during the first quarter (January 2025-March 2025)There was no documented fire drills nor disaster drills conducted during the second quarter (April 2025 -June2025).			
	-There was no documented fire drills nor disaster drills conducted during the fourth quarter (October 2024-December 2024).			
	Interview on 8/13/25 with client #2 revealed: -He was admitted to the facility in 2022. -The facility did practice fire and disaster drills "sometimes."			
	Interview on 8/13/25 with client #4 revealed: -He was admitted to the facility in 2023"We haven't done it (drills) in a while."			
	Interview on 8/12/25 with staff #1 revealed: - He does not complete fire and disaster drills with clients. -"It's the time of day, I don't have time, I give medicine when they (clients) get home from the day program."			
	Interview on 8/13/25 with staff #2 revealed: -Had completed fire and disaster drills on her shift"It's been a minute since we last did one (fire drill)."			
	-It was unknown if she documented fire and disaster drills. Interview on 8/12/25 with the Director/Licensee			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WNG _ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET**

AGAPE HOME LIVING CARE LLC

X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(X5)
REFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET
V 114	Continued From page 2	V 114		
	revealed:			
	-"I can't be here all the time (at the facility)", last			
1	one (fire and disaster drill) documented was			
	September 2024we did good for the year of			
	2024 but for 2025 we did not."			
	This deficiency constitutes a re-cited deficiency			
	and must be corrected within 30 days.			
V 118	27G.0209 (C) Medication Requirements	V 118		
	10A NCAC 27G .0209 MEDICATION			
	REQUIREMENTS			
1	(c) Medication administration:			
i	(1) Prescription or non-prescription drugs shall			
J	only be administered to a client on the written			
	order of a person authorized by law to prescribe			
	drugs.			
	(2) Medications shall be self-administered by			
	clients only when authorized in writing by the			
	client's physician.			
	(3) Medications, including injections, shall be			100
	administered only by licensed persons, or by			
	unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and			
	privileged to prepare and administer medications.			
	(4) A Medication Administration Record (MAR) of	1		
	all drugs administered to each client must be kept			
	current. Medications administered shall be			
}	recorded immediately after administration. The	1		
1	MAR is to include the following:			
	(A) client's name;			
j	(B) name, strength, and quantity of the drug;			
[(C) instructions for administering the drug;			
-	(D) date and time the drug is administered; and			
	(E) name or initials of person administering the			
	drug.			
	(5) Client requests for medication changes or			
1	checks shall be recorded and kept with the MAR			

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PRINTED: 08/29/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 Continued From page 3 V 118 file followed up by appointment or consultation with a physician. Plan of Correction – MAR Documentation This Rule is not met as evidenced by: Based on record reviews and interviews the 1. Staff Responsibility facility failed to ensure the MARs were kept current affecting 2 of 3 audited clients (#2 and Each staff on duty is responsible for #3). The findings are: recording medications on the MAR immediately after administration. Review on 8/12/25 of client #2's record revealed: -An admission date of 2/9/22. No doses are left blank. If a medication is missed, refused, or held, staff -Diagnoses of Schizoaffective Disorder, Bipolar document the reason. Type, Intellectual Developmental Disability (IDD) and Type 2 Diabetes Mellitus. 2. Immediate Correction -Physician's orders, dated 6/30/25, for the following medications: Omega 3 (heart) 1 Staff have been retrained on MAR milligram (mg) 1 by mouth (po) twice daily (bid). documentation expectations. Lisinopril (high blood pressure) 10 milligrams (mgs) 1 po once daily (qd), Jardiance (lower Current MARs for all clients were blood sugars) 25 mgs 1 po qd and Metformin reviewed, and missing entries were (Diabetes) 500 mgs 1 po bid. corrected with late entry notation ("late entry - dose given, staff initials"). Review on 8/12/25 of client #2's MARs revealed: -Blanks on 8/11/25 for the morning doses of The Director reviews MARs weekly to catch errors early, and a nurse is Omega 3 and Lisinopril, assisting staff with documentation -Blanks on 8/12/25 for the morning doses of support. Jardiance and Metformin.

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on the MARs

-An admission date of 6/5/23

-No documentation as to why there were blanks

Review on 8/12/25 of client #3's record revealed:

-Diagnoses of IDD, Mild, Post-Traumatic Stress Disorder, Autism Spectrum Disorder, Intermittent 3. Ongoing Compliance

Any blank space on a MAR requires a

written explanation the same day.

PRINTED: 08/29/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 08/27/2025 MHL0411146 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 Continued From page 4 V 118 Explosive Disorder, Legal Blindness and Gastroesophageal Reflux Disease. -Physician's orders, dated 6/2/25, for the following medications: Sertraline HCL (antidepressant) 100 mgs, 2 po qd, Divalproex Sodium (bipolar disorder) DR 500 mgs, 1 po bid and Propranolol HCL (high blood pressure) 20 mgs, 1 po bid. Review on 8/12/25 of client #3's MARs revealed: -Blanks on 8/12/25 for the morning doses of Sertraline HCL, Divalproex Sodium DR and Propranolol HCL. -No documentation as to why there were blanks on the MARs. Interviews on 8/13/25 with clients #2 and #3 -They had taken their medication as prescribed and they had never refused to take their medication. Interviews on 8/12/25 with staff #1 revealed: -Was not sure why there were blanks on the MARs. -"I might have forgotten to sign them. Sometimes I get up and don't sign it (the MARs) in the morning. Some mornings the clients wake up with different issues sometimes ..." Interviews on 8/13/25 with staff #2 and #3 revealed:

Division of Health Service Regulation

revealed:

-"I can't be here 24/7."

MARs.

-Were not sure why there were blanks on the

Interview on 8/12/25 with the Director/Licensee

-Was not sure why there were blanks on the

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		MHL0411146	B. WING		08/27	7/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			STREET			
AGAPE H	OME LIVING CARE LLC	GREENSI	30RO, NC 274	0.5		
	CUMMAN DV OT				NA.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	II.	(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	II.	DATE
			1	DEFICIENCY)		
V 366	Continued From page	÷5	V 366			
V 366	27G .0603 Incident R	esponse Requirements	V 366			
	10A NCAC 27G .0	603 INCIDENT				
	RESPONSE REQUI					
	CATEGORY A AND					
		providers shall develop and			ŀ	
	implement written po					
		or III incidents. The policies				
	shall require the prov					
		the health and safety needs	İ			
	of individuals involve					
	(2) determining	the cause of the incident;				
		and implementing corrective				
	measures according				}	
	timeframes not to exc					
		and implementing measures				
		idents according to provider	ĺ			
	specified timeframes	not to exceed 45 days;				
	(5) assigning p	erson(s) to be responsible				
	for implementation of	the corrections and			İ	
	preventive measures	1				
	(6) adhering to	confidentiality requirements			-	
	set forth in G.S. 75, A	Article 2A, 10A NCAC 26B,				
	42 CFR Parts 2 and 3	and 45 CFR Parts 160 and				
	164; and		}			
		documentation regarding				
ĺ) through (a)(6) of this Rule.				
		requirements set forth in				
		Rule, ICF/MR providers				
		ts as required by the federal				
	regulations in 42 CFF	•				
		requirements set forth in				
		Rule, Category A and B				
		ICF/MR providers, shall	1			
		ent written policies governing				
		evel III incident that occurs				
	,	delivering a billable service				
		on the provider's premises.				
	The policies shall req	uire the provider to respond				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL0411148	B. WING		08/2	7/2025
	ROVIDER OR SUPPLIER	2708 16TH	RESS, CITY, STATESTREET ORO, NC 2740			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	by: (1) immediately by: (A) obtaining the (B) making a ph (C) certifying th (D) transferring review team; (2) convening a review team within 24 internal review team; who were not involve were not responsible with direct profession services at the time of review team shall confollows: (A) review the of determine the facts a and make recommen occurrence of future if (B) gather othe (C) issue writte within five working da preliminary findings of LME in whose catchin located and to the LM if different; and (D) issue a final owner within three me final report shall be si catchment area the p LME where the client final written report shall identified by the intern include all public docr incident, and shall ma minimizing the occurr	e client record; notocopy; ne copy's completeness; and the copy to an internal a meeting of an internal b hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or al oversight of the client's of the incident. The internal inplete all of the activities as copy of the client record to and causes of the incident dations for minimizing the	V 366			

Division of	of Health Service Regul	ation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		BUIL 044440	B. WING		0010710005
		MHL0411146			08/27/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	ATE, ZIP CODE	
		2708 161	H STREET		
AGAPE H	OME LIVING CARE LLC	GREEN	BORO, NC 274	ns.	
			550KO, NO 274		
(X4) ID		FATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRI	
,,,,,			,,,,,	DEFICIENCY)	
14000					
V 366	Continued From page	e 7	V 366		
	available within three	months of the incident, the			
!		ovider an extension of up to			
		nit the final report; and			
		y notifying the following:			
		sponsible for the catchment			
		ces are provided pursuant to			
	Rule .0604;				
		nere the client resides, if			
	different;				
		r agency with responsibility			
	for maintaining and ι				
	·	erent from the reporting			
	provider;		1		
	(D) the Departn	nent;	1		
	(E) the client's	legal guardian, as			
	applicable; and				
	(F) any other a	uthorities required by law.			
	, ,				
			1	Plan of Correction – Incident Resp	onse
	This Rule is not met	as evidenced by:		Staff have been instructed the	
	l	ews and interviews, the	Ì	Il incidents must be entered i	
	facility failed to imple			when law enforcement or EN	S are
		onse to Level II incidents as		called.	
	required. The finding	s are.		The Director will ensure repo	
	D 1 0/4 0/05	C = 0.4.4 10 (C-4.4 - 4b - 4c - 10b -		completed immediately and t	
		a 911 call list to the facility		corrective and preventive ste	ps are
	dated 8/8/25 reveale			documented.	
		39 (5:17pm), 2 clients			1.4
	fighting, physical dist			Staff were reminded to attend	
		Services). Caller advised he		health and safety first, then	locument
	has a busted lip"			and report the incident.	
	Review on 8/13/25 of	the North Carolina Incident		The Director will review all income	
	Response Improvem	ent System (IRIS) revealed:	1	during monthly checks to con	firm
		eport was completed for law		compliance.	

STATE FORM ILSP11 If continuation sheet 8 of 37

Division of	f Health Service Regul	ation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY PLETED
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LLIED
		[
		MHL0411146	B. WING		08	/27/2025
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
TENNIL OF TH	(OVIDEIX OIX ODI I ELEX		TH STREET			
AGAPE H	OME LIVING CARE LLC	GREEN	SBORO, NC 27405			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLETE
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	IAG	DEFICIENC		
		- 0	V 366			
V 366	Continued From pag	e 8	V 300			
, [enforcement and EM	S's response to the facility				
	on 8/8/25.					
	Ob	niou on 9/42/0F at 40:20am				
ļ	with client #4's reveal	erview on 8/13/25 at 10:20am				
	-A linear mark on the					
	approximately 1/4 incl	n wide by 3 inches long with				
i	scabbing.					
		ers of skin on lower outer lip				
	was missing and ha					
		cular quarter size red scab				
	under the knee cap.					
		t hand, located under the				
	approximately ¼ of	aling oval shaped scab				
	"I kinds got into tro	uble. I hit staff (#1). I got				
	unset because I cou	ildn't go out to eat. I hit the				
	staff and my peers.	They called the police. I hit				
	the staff and [staff #	1] hit me back with his bare				
		a fist. He hit my lip."				
		nching motion using his				
ļ	knuckles and fists.	A PER ST. ST. ST. ST. ST. ST. ST. ST. ST.				
	-"I wanted to go eat	out, Friday or last week."				
		oulance that looked at . I was getting upset. [Staff				1
	#11 has long nails a	nd got cut[Staff #1] did				
	both of them (injury	to lip and to right hand) at the	1 1			
	same time. He was	n't restraining me. He needs				
		I was hitting [staff #1] in the				
	face. The police car	ne out and talked to my mom.				
	I went to the hospita	al."				
	-"I assaulted [staff#	1] and he assaulted me back.				
		once and then scratched me	1			
		#1] hurt my tooth when he hit				1
	me."	o when I hit him. He (staff#1)				
}	made me bleed."	Wite it inclinit. The (Stall #1)				
	1	cry and stated "I did not know				
		lidn't mean to not listen."				

Division of Health Service Regulation STATE FORM

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A. BUILDING; _	CONSTRUCTION	(X3) DATESU COMPLE	
		MHL0411146	B. WNG		08/2	7/2025
	ROVIDER OR SUPPLIER	2708 16TH	ORESS, CITY, STATESTREET SORO, NC 2740			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	Further interview on 8 revealed: -Had changed his store he said he was punch and the was punch are from hitting [client #2] mean to lie." -Got the injury to his lie bug and "threw up". -"I am not good at tell -Requested a day probecause he was upserance he w	ry and stated he lied when hed in the face by staff #1. e. He just restrained me and [client #3]. I didn't he when he got the stomach hing the truth." If you he got the stomach hing the truth." If you he stated "I was no out to eat. I was hitting him it is taff #1] first and he was trying to keep me was standing up and hitting him it is taff #1] first and he was standing up and hitting him it is taff #1 him it is taff #4 him (over the telephone)." It is taff #4 had calmed him in the calmed hack about an incident him it #2] and [client #4] had calmed hack about an incident him it #2] and [client #3] were had a things happened." It is taff #1 had calmed hack about an incident him it #2] and [client #3] were had a things happened." It is taff #1 had calmed hack about an incident him it #2] and [client #3] were had a things happened." It is taff #1 had calmed hack about an incident him and things happened." It is taff #1 had calmed hack about an incident him attacking the other had the	V 366			

Division of Health Service Regulation

STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATES	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					ļ	
		MHL0411146	B. WING		08/2	7/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
AGAPE H	OME LIVING CARE LLC	2708 1611	I STREET			
		GREENS	BORO, NC 274	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	Continued From page	e 10	V 366			
	. 0		1 555			
		cident reports were to be				
	submitted into IRIS.	1 15140				
		rcement and EMS were				
	dispatched to the fac					
		had a busted lip and both				
		ement responded to the				
	facility on 8/8/25.					
		entation regarding attending ety needs of client #4				ļ
		ety needs of cheft #4				
		ng and implementing correct				
		g and implanting measures				
	,	dents, assigning a person to		92		
		e implementation of the				
	corrections and prev					
	-Would ensure in the					
	followed.					
V 367	27G .0604 Incident R	Reporting Requirements	V 367			
	10A NCAC 27G .0	0604 INCIDENT				
	REPORTING REQU					
	CATEGORY A AND					
		B providers shall report all				
	` ' '	ept deaths, that occur during	1			
	the provision of billat	ole services or while the				1
	consumer is on the p	roviders premises or level III				
	incidents and level II	deaths involving the clients				
	to whom the provider	rendered any service within				
	90 days prior to the i	ncident to the LME				
	responsible for the ca	atchment area where				
	services are provided					
		he incident. The report shall				1
	be submitted on a fo					
		rt may be submitted via mail,				
		or encrypted electronic		•]
		hall include the following				
	information:		-			
	(1) reporting pi	rovider contact and				

Division of Health Service Regulation

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 367 V 367 Continued From page 11 identification information; client identification information; (2)(3)type of incident: (4)description of incident; (5)status of the effort to determine the cause of the incident; and other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: the provider has reason to believe that (1) information provided in the report may be erroneous, misleading or otherwise unreliable; or the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: hospital records including confidential (1) information: reports by other authorities; and (2) the provider's response to the incident. (3) (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A

Division of Health Service Regulation

providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).

STATEMENT OF DEFICIEN		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3)DATE SURVEY
AND PLAN OF CORRECT	ION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		MHL0411146	B, WING		08/27/2025
NAME OF PROVIDER OR		2708 16TH	DRESS, CITY, STA	TE, ZIP ∞DE	
AGAPE HOME LIVIN	G CARE LLC	GREENSE	BORO, NC 274	05	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
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V 367 Continue	d From pag	e 12	V 367		
(e) Cate report que catchme The report by the So include se (1) definition (2) the defin (3) (4) the poss (5) incidents (6) been no incidents meet any (a) and (a)	gory A and arterly to the at area when the area when the same area when the same area when the total number of a level of the total number a statement of the criter of the criter of the criter of the criter of the criter of the criter of the criter of the criter of the criter as the total number of the criter	B providers shall send a e LME responsible for the re services are provided. ubmitted on a form provided electronic means and shall primation as follows: errors that do not meet the or level III incident; interventions that do not meet rel II or level III incident; of a client or his living area; client property or property in client; imber of level II and level III ed; and it indicating that there have incidents whenever no ired during the quarter that in as set forth in Paragraphs e and Subparagraphs (1)			
Based or facility fa Local Ma Organiza 72 hours findings	n record reviled to report inagement betton (MCO) of becoming are:	as evidenced by: iews and interviews, the rt all level II incidents to the Entity (LME)/Managed Care in the catchment area within g aware of the incident. The f a 911 printout to the facility id:		Staff were retrained that all Le incidents must be entered into within 72 hours when law enfo or EMS are involved. The Director reviewed the Aug 2025 incident with staff and re reporting requirements. All incident reports are now ere	evel II b IRIS brocement gust 8, inforced

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			IRIS immediately after the event, with		
Division o	f Health Service Regulation		avalonations documented it arry		1
			information is thissing.		
		•	The Director reviews incidents during monthly checks to ensure reports are submitted on time.		
		ı			
				If continuation shee	et 14 of 37

Division of	Health Service Regul	ation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE O	ONSTRUCTION	(X3) DATES	SURVEY LETED
STATEMENT C	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
			B. WING		08/	27/2025
		MHL0411146	DRESS, CITY, STATE	ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER		H STREET	-		l
AGAPE HO	OME LIVING CARE LLC	GREENS	BORO, NC 2740	PROVIDER'S PLAN OF CORE	PECTION	(X5)
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	O retinued From pag	ne 13	V 367			
V 367	Review on 8/13/25 Response Improver -No level II incident enforcement and Efor the incident on client #4. Observation and in with client #4's revenue -A linear mark on approximately 1/4 in scabbingApproximately 1/4 in scabbingApproximately 1/4 in scabbingApproximately 1/4 in scabbingApproximately 1/4 in scabbingThe back of the ring finger, had a under the knee can approximately 1/4 in scabbing"I kinda got into upset because I staff and my pee the staff and [stath hands balled up -Demonstrated at knuckles and fisure -"I wanted to go -"It was just the everything (injury #1] has long nate of them (in)	sturbance, need EMS al Services). Caller advised he of the North Carolina Incident ment System (IRIS) revealed: report was completed for law times. See see see see see see see see see see				
	to learn to restr	wasn't restraining me. He needs ain. I was hitting [staff #1] in the came out and talked to my mom.				
	I I wa an aho ho	ospital." taff#1] and he assaulted me back.	1			continuation sheet 15 of

ivision of	Health Service Regul	ation	(X2) MULTIPLE COI	NSTRUCTION	(X3)DATES	SURVEY
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		STREET	ADDRESS, CITY, STATE,	ZIP CODE		
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AGAPE HO	OME LIVING CARE LLC		SBORO, NC 27405			
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V 367	Continued From pag					ŀ
	He hit me more than	once and then scratched me				
	a few times. [Staff #	1] hurt my tooth when he hit				
	me"					
	-"I did not hurt his lip	when I hit him. He (staff#1)				
,	made me bleed."					
	-Client #4 started to	cry and stated "I did not know				1
	what to do" and "I d	didn't mean to not listen."				1
	Further intensions Of	n 8/14/25 with client #4				
	revealed:	10/14/20 With Greater				ļ
	-Had changed his s	story and stated he lied when				l
	he said he was pur	nched in the face by staπ #1.				
	He did not punch	me. He just restrained me				
	from hitting [client	#2] and [client #3]. I didn't				
	mean to lie."					ļ
	-Got the injury to h	is lip when he got the stomach				1
	bug and "threw up	#				[
	-"I am not good at	telling the truth.				
	-Requested a day	program staff be present	}			E9
	because he was u	med down, he stated "I was				
	-After client #4 car	o go out to eat. I was hitting	l l			l
	Sick and wanted to	ent #3]. I hit [staff #1] first and				
	then he hit me ba	ck. He was trying to keep me				
	from nunching hin	n. I was standing up and nitting				
	[staff #1] with the	vacuum cleaner, I didn't mean				
	to."					
	Interview on 8/13	/25 with staff #1 revealed:				
	-Client #4 was pic	ked up early from the day				
	program, as he w	ras sick. ing the other clients wanted to go				
	-Later that evening	"I told [client #4] he should eat				
1	out to eat dinner,	ale for dinner and not go out to				
	eat with the other	re "				
	eat with the othe	ime irate. He started to beat up				
1	the other clients	here. I had to restrain him."				
I	THE OTHER CHELLES	ne Director/Licensee and then	l	1		1

the police.

-Staff #1 stated client #4 had a "busted and

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 08/27/2025 B. WING MHL0411146 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2708 16TH STREET** AGAPE HOME LIVING CARE LLC GREENSBORO, NC 27405 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 Continued From page 15 V 367 bloody lip." -EMS came and took care of it. -Did not provide any treatment to client #4 injuries. -Did not see any injury to client #4's hand. -Staff #1 stated he would not intentionally punch client #4 in his face. -"Maybe my thumb. I tried to wrap my arms around [client #4] and may have connected with his face." Observation and interview on 8/14/25 at approximately 11:30am with staff #1 revealed: -Staff#1's fingernails were long and thick. -Staff #1 stated client #4 was sitting on the couch. -"He was fighting [client #3] kicking and punching [client #3]. I came up behind him (client #4) and attempted to stop him." -Demonstrated a therapeutic wrap type restraint where staff #1 came up behind client #4 and brought both hands around client #4's shoulder -Client #4 resisted the therapeutic wrap. -Client #4 broke loose and went towards his bedroom door where the vacuum cleaner was located. -Client #4 picked up the vacuum cleaner and swung it at staff #1. -Staff #1 blocked the vacuum cleaner with his arm so it would not his face. Interview on 8/13/25 with the Director/Licensee revealed: -An incident occurred on 8/8/25 where client #4 had a behavior. -"I tried to de-escalate him (over the telephone)." -"I called the [Legal Guardian] and [client #4] was still cussing and fussing."

down."

-"We got off the phone and [client #4] had calmed

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 08/27/2025 B. WNG MHL0411146 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 Continued From page 16 V 367 -"[Staff #1] called me back about an incident between where [client #2] and [client #3] were talking and [client #4] started arguing with them and the restraint occurred and things happened." -Staff #1 used a "normal" NCI restraint and "tried to keep [client #4] from attacking the other clients." -Was not aware of how the injures occurred to -"I don't know if it came from the other clients, but [client #4] likes to pick his skin." -Was aware level II incident reports were to be submitted into IRIS. -Was aware law enforcement and EMS were dispatched to the facility on 8/8/25 -Was aware client #4 had a busted lip and both EMS and law enforcement responded to the facility on 8/8/25. V 517 V 517 27E .0104(c-d) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse. (d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.

STATEMENT	of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X3) DATE SURVEY COMPLETED	
		MHL0411146	B. WING		08/27/2025
NAME OF PI	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From pag This Rule is not me Based on observatio interviews, the facilit restrictive interventic manner that causes three clients (#4). Ti Review on 8/13/25 o -A hire date of 2/13/1 -A job description of -Trainings included Interventions) Plus-I Review on 8/12/25 o -An admission date -Diagnoses of Autis Accompanying Inte Impairment and Mil Disorder. Review on 8/13/25 o written by staff #1 a -"[Client #4] had be	MHL0411146 STREET ADD 2708 16TH GREENSE TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 17 t as evidenced by: ns, record reviews and y staff failed to ensure on were not employed in a harm or abuse for one of ne findings are: of staff #1's record revealed: 25. Paraprofessional. NCI (National Crisis Restrictive dated 2/7/25. of client #4's record revealed of 5/3/23. m Spectrum Disorder, flectual and Language d Intellectual Disability of an incident report (level I), and dated 8/8/25 revealed: en throwing up sick all day. I	A. BUILDING: B. WING DRESS, CITY, STA		OB/27/2025 OB/27/2025 OB/27/2025 OB/27/2025 OB/27/2025 OB/27/2025 OB/27/2025 COMPLETE DATE COMPLETE DAT
	became time to eat client eat soup for obeen easier on his then started to act clients in the home police were dispated. Review on 8/19/25 report, dated 8/14/Professional (QP), -"[Staff#1] reported up from his prograbecause [client #4] brought [client #4] him ginger ale and	of the facility's level III incident 25 and written by the Qualified			

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 08/27/2025 MHL0411146 STREET ADDRESS CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 517 V 517 Continued From page 18 may not be a good idea to eat out so he could allow his stomach to settle. [Client #4] became upset, stormed out of the area, and began hitting the other residents. Staff attempted to intervene using NCI (National Crisis Intervention) strategies to contain the situation. During the commotion, [client #4] grabbed a vacuum and attempted to strike staff. [Client #4] reported that his lip was hit during the incident. Staff (#1) called the police to help calm the situation. [Client #4] was taken to the hospital for a few hours and later returned to the group home by other staff without further incident. [Client #4] did not suffer any significant injuries. The following day, [Client #4] apologized to staff. The QP and the Group Home Owner (Director/Licensee) interviewed each participant involved. [Client #4]'s mother was informed and assisted in calming him down." Review on 8/14/25 of Emergency Medical Services (EMS) records dated 8/8/25 noted: -"Chief Complaint: Emotional Distress Secondary Complaint is Busted Lip. Signs and symptoms emotional stress as primary and injury to face. Injury is Assault/Assault with Bodily Force/Home." -"A 20-year-old male, sitting on the couch, on the phone, in the care of [a local police department] and group home staff. Patient (client #4) was talking with his mother after having an altercation with one of the other residents. Patient (client #4) has a history of Autism with aggressive behaviors and had to be picked up early today from his day program due to aggressive behavior. Patient (client #4) was visibly upset and had a small abrasion to the right check, right hand and minor abrasion to the lower lip. Patient (client #4) stated

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he got upset because he was unable to go out to eat with everyone else because he was not feeling well. Patient (client #4) stated he had no other complaints, but he did not want to be at this

PRINTED: 08/29/2025 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 08/27/2025 MHL0411146 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) V 517 V 517 Continued From page 19 particular group home any longer. BHRT (Behavioral Health Response Team) and [a local police department] were on the scene and made contact with patient's guardian, who stated transport to [a local hospital] would be most appropriate for the patient. Patient (client #4)was alert and talkative with EMS during the transport. Patient (client #4) was calm with EMS, but emotional about the events that had previously occurred..." Review on 8/14/25 of client #4's Emergency Room Records from a local hospital, dated 8/8/25, revealed: -"Patient is autistic, BIB (Brought In By) EMS (Emergency Medical Services) from Agape Group Home. Was in an altercation with another resident. Swelling to lip, abrasion to hand and cheek." -"Patient (client #4) is a 20-year-old male presenting to ED (Emergency Department) today after an altercation resulting in him getting punched once to the mouth and reporting some lip swelling. He reports he did not want to obey commands from staff, where he 'assaulted them' where staff then grabbed his shirt and punched him in the mouth. Patient (client #4) states he did not fall, did not lose consciousness. Reports that he has a mild headache at this time but no other systems otherwise." Observation and interview on 8/13/25 at 10:20am with client #4's revealed: -A linear mark on the lower outer left lip

scabbing.

approximately 1/4 inch wide by 3 inches long with

-A abrasion with a scab on the lower outer lip was

-His left leg had a circular quarter size red scab

missing and had a healing scab.

under the knee cap.

NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC 2708 16TH STREET GREENSBORD, NC 27405 PREPTIX TAG PROVIDER'S PLAN OF CONRECTION BECACHOPICHENCY MUST BE PRECEDED BY PILL FREGULATORY OR LECTED LIPITYING INFORMATION) V 517 Continued From page 20 -The back of the right hand, located under the ring finger, had a healing oval shaped scab approximately ½ of inch in diameter. "I kind ago tin for trouble. I hit staff (#ft). I got upset because I couldn't go out to eat. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and prepare in the police. I hit the staff and prepare in the police. I hit the staff and prepare in the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the peers the police. I hit the staff and prepare in the peers the police of the prepare in the police. I hit the same time. He wasn't restraining me. He needs to learn to restrain. I was hitting (sleff #1) in the face. The police came out and talked to my mom. I went to the hospital." "I assaulted [staff #1] and he assaulted me back. He hit me more than once and then scratched me a few times. [Staff #1] hut my tooth when he hit me." "I did not hurt his lip when I hit him. He (staff #1) made me bleed." -Lient #44 started to cry and stated the lied when he sad he was punched in the face by staff #1. "He cid not punch me. He just restrained me from hitting [client #2] and [clent #3]. I didn't mean to lie." "Go		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
MANE OF PROVICER OR SUPPLIER AGAPE HOME LIVING CARE LLC (X4) ID SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PREDUCTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PREDUCTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PREDUCTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PREDUCTION (EACH DEPICIENCY MUST BE PRECEDED BY PILL TAG PREDUCTION (EACH DEPICIENCY) V 517 Continued From page 20 V 517 -The back of the right hand, located under the ring finger, had a healing oval shaped scab approximately ½ of inch in diameter. -I'lk whide got into trouble. I hit staff (#1). I got upset because I couldn't go out to eat. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police is hit the staff and my peers. They called the police is hit the staff and my peers they are the police. I hit the staff and my peers they are they are the peers they are the peers they are they a				A SOLESING.			
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ACAPE HOME LIVING CARE LLC GREENSBORO, NC 27465 (X4) ID (X4) ID (REGULATORY OR LSC IDENTIFYING INFORMATION) V 517 Continued From page 20 -The back of the right hand, located under the ring finger, had a healing loval shaped scab approximately 14 of inch in diameterI'l kinda got into trouble. I hit staff (#1). I got upset because I couldn't go out to eat. I hit the staff and farff 1/l hit me back with his bare hands balled up into a fist. He hit my lip." -Demonstrated a punching motion using his knuckles and fistsI' wanted to go eat out, Friday or last week." -I'lk was just the ambulance that looked at everything (injuries). I was getting upset [Staff #1] did both of them (injury to lip and to right hand) at the same time. He wasn't restraining me. He needs to learn to restrain. I was hitting [staff #1] in the face. The police came out and talked to my mom. I went to the hospital." -I'l assaulted [staff #1] and he assaulted me back. He hit me more than once and then scratched me a few times. [Staff #1] hurt my tooth when he hit me." -I'l did not burt his lip when I hit him. He (staff #1) made me bleed." -Client #4 started to cry and stated he lied when he said he was punched in the face by staff #1"He did not punch me. He just restrained me from hitting [client #2] and [client #3]. I didn't mean to lie." -Coth injury to his lip when he got the stomach	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	FE, ZIP CODE		
CREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES PREVIDENCE PREVIDENCE PREVIDENCE PREPRIX REGULATORY OR U.S. CIENTIFYNG INFORMATION) D PROVIDER'S PLAN OF CORRECTION CANCHORGETIVE ACTION SHOULD BE CANCHOR	АСАРЕ Н	OME LIVING CARE LLC	2708 16TH	STREET			
PRETIX TAG REGULATORY OR LSC IDENTIFYING NFORMATION) V 517 Continued From page 20 -The back of the right hand, located under the ring finger, had a healing oval shaped scab approximately ½ of inch in diameter'I kinda got into trouble. I hit staff (#1). I got upset because I couldn't go out to eat. I hit the staff and my peers. They called the police. I hit the staff and farff #1) him be back with his bare hands balled up into a fist. He hit my lip." -Demonstrated a punching motion using his knuckles and fists"II wanted to go eat out, Friday or last week." -"It was just the ambulance that looked at everything (injuries). I was getting upset. [Staff #1] his song nails and I got cut [Staff #1] did both of them (injury to lip and to right hand) at the same time. He wasn't restraining me. He needs to learn to restrain. I was hitting [staff #1] in the face. The police came out and talked to my mom. I went to the hospital." -"I assaulted [staff #1] and he assaulted me back. He hit me more than once and then scratched me a few times. [Staff #1] hut my tooth when he hit me." -"I did not hurt his lip when I hit him. He (staff #1) made me bleed." -Client #4 started to cry and stated "I did not know what to do" and "I didn't mean to lie." -"He did not punch me. He just restrained me from hitting [client #2] and [client #3]. I didn't mean to lie." -"Other highly to his lip when he got the stomach				ORO, NC 2740	05		
-The back of the right hand, located under the ring finger, had a healing oval shaped scab approximately ¼ of inch in diameter. -"I kinda got into trouble. I hit staff (#1). I got upset because I couldn't go out to eat. I hit the staff and my peers. They called the police. I hit the staff and my peers. They called the police. I hit the staff and [staff #1] hit me back with his bare hands balled up into a fist. He hit my lip." -Demonstrated a punching motion using his knuckles and fists. -"I wanted to go eat out, Friday or last week." -"It was just the ambulance that looked at everything (injuries). I was getting upset. [Staff #1] has long nails and I got cut [Staff #1] did both of them (injury to lip and to right hand) at the same time. He wasn't restraining me. He needs to learn to restrain. I was hitting [staff #1] in the face. The police came out and talked to my mom. I went to the hospital." -"I assaulted [staff #1] and he assaulted me back. He hit me more than once and then scratched me a few times. [Staff #1] hut my tooth when he hit me." -"I did not hurt his lip when I hit him. He (staff #1) made me bleed." -Client #4 started to cry and stated "I did not know what to do" and "I didn't mean to not listen." Interview on 8/14/25 with client #4 revealed: -Had changed his story and stated he lied when he said he was punched in the face by staff #1. "He did not punch me. He just restrained me from hitting [client #2] and [client #3]. I didn't mean to lie." -Got the injury to his lip when he got the stomach	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
bug and "threw up." -"I am not good at telling the truth." -Requested a day program staff be present because he was upset.	V 517	-The back of the right ring finger, had a hea approximately 1/4 of ir -"I kinda got into trou upset because I could staff and my peers. The staff and [staff #1] hands balled up into -Demonstrated a punknuckles and fists"I wanted to go eat or -"It was just the ambeeverything (injuries). #1] has long nails an both of them (injury to same time. He wasn't to learn to restrain. It face. The police came I went to the hospital -"I assaulted [staff #1 He hit me more than a few times. [Staff #1 He hit me more than a few times. [Staff #1 me." -"I did not hurt his lip made me bleed." -Client #4 started to owhat to do" and "I did interview on 8/14/25 -Had changed his stone said he was punched in the said he was punched in	hand, located under the aling oval shaped scab inch in diameter. ble. I hit staff (#1). I got did't go out to eat. I hit the hey called the police. I hit phit me back with his bare a fist. He hit my lip." ching motion using his sout, Friday or last week." ulance that looked at I was getting upset. [Staff d I got cut[Staff #1] did to lip and to right hand) at the fit restraining me. He needs was hitting [staff #1] in the e out and talked to my mom. "] and he assaulted me back. I have note and then scratched me have not he hit hit him. He (staff #1) when I hit him. He (staff #1) with client #4 revealed: by and stated "I did not know did't mean to not listen." with client #4 revealed: by and stated he lied when hed in the face by staff #1. be. He just restrained me ell and [client #3]. I didn't him the face by staff #1. be and [client #3]. I didn't him the face by staff #1. lip when he got the stomach him the face by staff be present him the face he got the stomach him the face	V 517			

	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
		MHL0411146	B. WING		08/27/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
AGAPE H	OME LIVING CARE LLC		TH STREET	ne.	
	0.000		SBORO, NC 2740		M
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 517	Continued From page	21	V 517		
	sick and wanted to go [client #2] and [client then he hit me back. from punching him. Iv [staff #1] with the vacto." Interviews on 8/13/25 revealed: -Client #2 and client altercation between co 8/8/25. Interview on 8/13/25 version of the state of the	o out to eat. I was hitting #3]. I hit [staff #1] first and He was trying to keep me was standing up and hitting uum cleaner, I didn't mean with client #2 and #3 #3 did not witness the lient #4 and staff #1 on with staff #1 revealed:			
	program 8/8/25, as h -Later that evening the out to eat dinner, "I to soup and ginger ale f eat with the others." -"[Client #4] became i the other clients here	e other clients wanted to go old [client #4] he should eat for dinner and not go out to rate. He started to beat up . I had to restrain him." /L and then the police. #4 had a "busted and			
	-Did not provide any tinjuriesDid not see any injuriesDid not see any injuriesStaff #1 stated he would client #4 in his face"Maybe my thumb. If around [client #4] and his face." Observation and interapproximately 11:30around -Staff #1's fingernails and thick.	reatment to client #4's y to client #4's hand. puld not intentionally punch tried to wrap my arms I may have connected with			

	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	COMPLETE	
		MHL0411146	B. WING		08/27/2	2025
					OULT	1020
NAME OF P	ROVIDER OR SUPPLIER		ODRESS, CITY, STA' 'H STREET	TE, ZIP CODE		i
AGAPE H	OME LIVING CARE LLC			ne.		
	OUR MARKETY OF		BORO, NC 274		<u> </u>	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 517	Continued From page	22	V 517			
	-"He was fighting [clie [client #3]. I came up attempted to stop hin -Demonstrated a ther where staff #1 came brought both hands a and armsClient #4 resisted the -Client #4 broke loose bedroom door where locatedClient #4 picked up to swung it at staff #1Staff #1 blocked the arm so it would not hold interview on 8/18/25 verevealed: -A restraint should ne-"I do not know what for the arm so it was the rapeutice."	ant #3] kicking and punching behind him (client #4) and h." apeutic wrap type restraint up behind client #4 and round client #4's shoulder therapeutic wrap. The earn went towards his the vacuum cleaner was the vacuum cleaner with his it his face. With the NCI Instructor were be "by the face." That staff was trying to do." The wrap it starts at the earms forward and secures thine."				
	-An incident occurred had a behavior"I tried to de-escalate -"I called the [Legal G still cussing and fuss -"We got off the phon down."	on 8/8/25 where client #4 e him (over the telephone)." suardian] and [client #4] was				
v.	between where [clier talking and [client #4] and the restraint occu- Staff #1 used a "norr to keep [client #4] fro clients."	at #2] and [client #3] were] started arguing with them urred and things happened." mal" NCI restraint and "tried om attacking the other we the injuries occurred to				

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 517 V 517 Continued From page 23 client #4. -"I don't know if it came from the other clients, but [client #4] likes to pick his skin." Review on 8/14/25 of the facility's Plan of Protection, dated 8/14/25 and written by the D/L, revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Immediately schedule team training on NCI, monitor and follow up on incidents. -Describe your plans to make sure the above happens. QP will follow up and be responsible. Incident Reporting and Documentation." Review on 8/15/25 of the facility's Addendum to the Plan of Protection, dated 8/14/25 and written by the QP revealed: -"A. Staff Support and Training. Staff will receive refresher training in NCI and behavioral crisis prevention within 10 days. Team debriefing will be conducted following any similar incidents to review actions taken, reinforce effective responses and identify areas for improvement. -B. Monitoring and Follow up. The QP or Supervisor will monitor [client #4]'s behavioral adjustment on a weekly basis for the next 60 days. Monthly administrative reviews will be conducted of documentation for any behavioral incidents. -Outcome Goal: To reduce the likelihood of future aggressive episodes by identifying and documenting potential triggers, implementing

and staff."

proactive de-escalation strategies and ensuring the continued safety and well-being of residents

This facility served four clients whose diagnoses included Autism Spectrum, Accompanying Intellectual and Language Impairment, and Mild

08/27/2025

(X3) DATE SURVEY COMPLETED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:

MHL0411146

NAME OF PROVIDER OR SUPPLIER

B. WING ______STREET ADDRESS, CITY, STATE, ZIP CODE

	OLIMAN DV OTATEMENT OF STREET	1	DDOLUDEDIO DI ALLOS CONTRATA	
(4) ID REFIX 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) COMPLET DATE
V 517	Continued From page 24	V 517		
	IDD. On Aug 8, 2025 client #4 became agitated and began to be physically aggressive with the other 2 clients at the facility. Staff #1 intervened by blocking and attempting to restrain client #4. Staff #1 he came up from behind client #4 and used a therapeutic wrap restraint around client #4 shoulders and arms. Staff #1 stated his thumb may have scratched client #4's lip. Client #4 broke loose from staff #1's therapeutic wrap and went towards his bedroom. Client #4 picked up a nearby vacuum cleaner and swung it towards staff #1. Staff #1 was able to block the vacuum cleaner from hitting him. Staff #1 instructed client #4 to put the vacuum down. Client #4 was still agitated. Staff #1 called 911. EMS and law enforcement responded to the facility. EMS transported client #4 to the hospital where he was treated for abrasions and an injury to his lip. Hospital records revealed client #4 had the following injuries, swelling to the lip and abrasion to the hand and cheek. Staff #1 was trained in NCI + -Restrictive. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.			
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		
	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully			

PRINTED: 08/29/2025 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WNG MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 536 V 536 Continued From page 25 completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives. measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the (e) Formal refresher training must be completed by each service provider periodically (minimum (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: knowledge and understanding of the (1)people being served; recognizing and interpreting human (2)behavior: recognizing the effect of internal and

disabilities:

disabilities:

decisions about their life:

(4)

external stressors that may affect people with

relationships with persons with disabilities;

strategies for building positive

organizational factors that may affect people with

(6) recognizing the importance of and assisting in the person's involvement in making

recognizing cultural, environmental and

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 26 skills in assessing individual risk for (7) escalating behavior: communication strategies for defusing and de-escalating potentially dangerous behavior; and positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: who participated in the training and the (A) outcomes (pass/fail); when and where they attended; and (C) instructor's name: The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. The content of the instructor training the (4)

service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant

Acceptable instructor training programs

to Subparagraph (i)(5) of this Rule.

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 536 V 536 Continued From page 27 shall include but are not limited to presentation of. understanding the adult learner; (A) (B) methods for teaching content of the course; methods for evaluating trainee (C) performance; and documentation procedures. Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. The Division of MH/DD/SAS may (2) request and review this documentation any time. (k) Qualifications of Coaches: Coaches shall meet all preparation (1) requirements as a trainer. Coaches shall teach at least three times the course which is being coached. Coaches shall demonstrate competence by completion of coaching or

train-the-trainer instruction.

as for trainers.

(I) Documentation shall be the same preparation

Division o	f Health Service Regul	ation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:	
		MHL0411146	B. WING	08/27/2025	
	AGAPE HOME LIVING CARE LLC 2708 16TH		ODRESS, CITY, STATE TH STREET BBORO, NC 2740		
V 536	This Rule is not metabased on record revifacility failed to ensure (staff #3) had been a alternatives to restrict findings are: Review on 8/13/25 of A hire date of 8/10/2 A job description of F	as evidenced by: ew and interviews, the e that 1 of 3 audited staff nnually trained in tive interventions. The staff #3's record revealed: 3. Paraprofessional. Crisis Intervention certificate with staff #3 revealed:	V 536	Plan of Correction – Training on Alt to Restrictive Interventions Staff #3 has been scheduled for refresher training in NCI/alternar estrictive interventions to bring certification current. The Director will track all staff tradates to ensure refresher training completed before expiration. Going forward, staff will be remannually of their renewal deadlitraining records will be reviewed monthly to prevent lapses.	r tives to his aining ng is inded nes, and
V 537	revealed: -"I will have to schedu#3]." 27E .0108 Client RigI ITO 10A NCAC 27E .010 SECLUSION, PHYSI ISOLATION TIME-O (a) Seclusion, physic time-out may be empleen trained and have	CAL RESTRAINT AND UT cal restraint and isolation loyed only by staff who have	V 537		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** V 537 V 537 Continued From page 29 to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: refresher information on alternatives to (1) the use of restrictive interventions: guidelines on when to intervene (understanding imminent danger to self and others); emphasis on safety and respect for the (3) rights and dignity of all persons involved (using

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ B. WING_ 08/27/2025 MHL0411146 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** V 537 Continued From page 30 V 537 concepts of least restrictive interventions and incremental steps in an intervention); strategies for the safe implementation of restrictive interventions; the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; prohibited procedures; (6) debriefing strategies, including their (7)importance and purpose; and documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: Trainers shall demonstrate competence (1) by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be

competency-based, include measurable learning

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG_ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** V 537 Continued From page 31 V 537 objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. The content of the instructor training the (5) service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. Acceptable instructor training programs shall include, but not be limited to, presentation of. (A) understanding the adult learner, (B) methods for teaching content of the course: evaluation of trainee performance; and (C) (D) documentation procedures. Trainers shall be retrained at least (7) annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10)Trainers shall teach a program on the use of restrictive interventions at least once annually. Trainers shall complete a refresher (11)instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail);

(B)

when and where they attended; and

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WNG MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** V 537 V 537 Continued From page 32 (C) instructor's name. The Division of MH/DD/SAS may (2) review/request this documentation at any time. (I) Qualifications of Coaches: Coaches shall meet all preparation (1) requirements as a trainer. Coaches shall teach at least three times, the course which is being coached. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. Plan of Correction - Staff Training Requirements This Rule is not met as evidenced by: Based on record review and interview, the facility Staff #3 has been scheduled for failed to ensure 1 of 3 audited staff (staff #3) had refresher training in both alternatives to been annually trained in seclusion, physical restrictive interventions and seclusion, restraint and isolation time out. The findings are: physical restraint, and isolation time-out to bring certification current. Review on 8/13/25 of staff #3's record revealed: -A hire date of 8/10/23. The Director will maintain a training log -A job description of Paraprofessional. and track expiration dates to ensure all -An expired National Crisis Intervention certificate staff complete refresher training before dated 8/1/25. their certificates expire. Staff will be reminded of renewal Interview on 8/14/25 with staff #3 revealed: deadlines, and training records will be -Did not realize his training had expired. reviewed monthly to prevent future lapses. Interview on 8/13/25 with the Director/Licensee revealed: The Qualified Professional or Director

#31."

-"I will have to schedule that training for [staff

years.

will verify documentation of all initial

and refresher trainings is up to date and available for review for at least three

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERS UPPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY (X4) DESCRIPTION NUMBER: (X2) MULTIPLE CONSTRUCTION (X4) DATE Division o	of Health Service Regu	lation					
NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC 2708 16TH STREET GREENSBORO, NC 27405 V 736 Plan of Correction – Facility and Grounds Maintenance 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 interviews the facility failed to be maintained in a clean and attractive manner. The findings are: Observation on 8/12/25 between the times of 11:27am to 2:11pm of the facility revealed: -Client #2's bedroom had an empty bed frame and mattress with a box spring on the floorClient #2's bedroom had a double windowOne window had no blinds and one window had approximately 12 broken slats on the blinds and approximately 5 were missing slatsIn the clients' bathroom in the hallway, the shower curtain had several reddish-brownish substances that were 6 inches in width at the bottom of the shower curtain.	STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			COMPLETED	
V 736 Continued From page 33 V 736 V 736 Continued From page 33 V 736 V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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 interviews the facility failed to be maintained in a clean and attractive manner. The findings are: Observation on 8/12/25 between the times of 11:27am to 2:11pm of the facility revealed: -Client #2's bedroom had an empty bed frame and mattress with a box spring on the floorClient #3's bedroom had a double windowOne window had no blinds and one window had approximately 5 were missing slatsIn the clients' bathroom in the hallway, the shower curtain had several reddish -brownish substances that were 6 inches in width at the bottom of the shower curtain.			MHL0411146	B. WING			
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-The overflow valve in the clients' bathroom had reddish-brownish stains covering 3 inches at the bottom. -The bathroom flooring in the back corner of the tub and the toilet had a consistent stream of brown stains that were approximately 12 inches in size that coated the bottom of the tub and wall baseboard. -The bathroom had brown stains on the toilet bowl brush and caddy and brown stains with wet residue 4 inches in length on the floor under the caddy. -The clients' bathroom had white plaster painted over a repaired hole that was approximately 6	V 736	10A NCAC 27G.030 EXTERIOR REQUIR (c) Each facility and maintained in a safe, manner and shall be odor. This Rule is not met Based on observation failed to be maintain manner. The finding: Observation on 8/12/11:27am to 2:11pm -Client #2's bedroom and mattress with a -Client #3's bedroom -One window had no approximately 12 broapproximately 5 wern-In the clients' bathroshower curtain had substances that were bottom of the shower the overflow valve reddish-brownish stabottom. -The bathroom floori tub and the toilet had brown stains that we size that coated the baseboard. -The bathroom had I bowl brush and caddresidue 4 inches in le caddy. -The clients' bathroom.	3 LOCATION AND EMENTS its grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: n and interviews the facility ed in a clean and attractive s are: 25 between the times of of the facility revealed: had an empty bed frame box spring on the floor. had a double window. blinds and one window had been slats on the blinds and e missing slats. from in the hallway, the everal reddish-brownish e 6 inches in width at the r curtain. in the clients' bathroom had ains covering 3 inches at the and in the back corner of the d a consistent stream of the approximately 12 inches in bottom of the tub and wall brown stains on the toilet y and brown stains with wet ength on the floor under the m had white plaster painted	V 736	 Maintenance The bed frame in Client #2's rook been repaired and set up proper. Broken or missing blinds in Client and Client #3's bedrooms have replaced. The clients' bathroom was dee cleaned, including replacement shower curtain and scrubbing of stained areas. The smoke detector battery was replaced to stop the chirping. The kitchen ceiling fan was clear remove dust buildup. Ongoing monitoring will be conweekly by the Director to ensur facility remains clean, orderly, and the properties of the chirp in the conweekly by the Director to ensure facility remains clean, orderly, and the chirp in the	om has erly. ent #2 e been p- of the of all s aned to npleted re the	

IDENTIFICATION NUMBER:	A. BUILDING:_		COMPLETED
	A. BUILDING:		
MHL0411146	B. WING		08/27/2025
		TE, ZIP CODE	
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MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
34	V 736		
chirped every 60 seconds. d built up residue of of the 4 fan blades. with staff #1 revealed: blinds when he becomes blinds about a month ago. with staff #2 revealed: et and sometimes he will we can replace them and to that way againwe here or four times. He will hem down when he is ure what happened to the			
with the Director/Licensee ame on the floor "I will get it ce to sleep in other room oor, but he did not want to om." 12 hid the slacks of the bed nt places, "he is very e wants his way." er curtain needed to be 119/25 with the D/L s in client #3's bedroom" [client #3]'s guardian. He			
	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 34 Chirped every 60 seconds. Individual to presidue of of the 4 fan blades. With staff #1 revealed: blinds when he becomes collinds about a month ago. With staff #2 revealed: Individual to that way again we have or four times. He will hem down when he is ure what happened to the is not sleep on the floor. With the Director/Licensee The ame on the floor "I will get it the ce to sleep in other room for, but he did not want to form." If a hid the slacks of the bed in the places, "he is very a wants his way." If a client #3 is bedroom " [client #3]'s guardian. He inds) up all the time and he	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 34 V 736 Chirped every 60 seconds. Individual built up residue of a fithe 4 fan blades. With staff #1 revealed: blinds when he becomes blinds about a month ago. With staff #2 revealed: et and sometimes he will in, we can replace them and a to that way againwe here or four times. He will hem down when he is ure what happened to the is not sleep on the floor. With the Director/Licensee ame on the floor "I will get it are to sleep in other room bor, but he did not want to om." It hid the slacks of the bed and places, "he is very a wants his way." It is in client #3's bedroom " [client #3]'s guardian. He	ATEMENT OF DEFICIENCIES IMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) ATEMENT OF DEFICIENCIES IMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 34 V 736 ATEMENT OF DEFICIENCY) 35 ATEMENT OF DEFICIENCY) ATEMENT OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCE OF DEFICIENCY ATEMENT OF DEFICIENCY AT

-Then stated ..."He [clients #2] hid those (slates)

PRINTED: 08/29/2025 **FORM APPROVED** Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING _ MHL0411146 08/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2708 16TH STREET** AGAPE HOME LIVING CARE LLC **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 35 in three different places. He did it on purpose so he can have something to complain to his guardian about."