

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, 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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 27, 2025. The complaints were unsubstantiated (intake #NC00232565 and intake #NC00232721). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000	Plan of Correction- -- Fire & Disaster Drills 1. Designated Responsibility - Staff from each shift were assigned responsibility to conduct and document drills. 2. Immediate Catch-Up - One fire drill and one disaster drill were conducted on each shift within the week. - These drills were documented on a standardized form, including date, time, shift, staff present, clients participating, and outcome. 3. Documentation System - Blank Drill Log Forms were placed in a binder labeled "Emergency Drills" near the medication records. - Staff completed the form immediately after each drill. 4. Posting & Staff Notification - Evacuation routes were posted at all exit doors. - Evacuation procedures were reviewed with staff at the most recent staff meeting. 5. Ongoing Compliance - Calendar reminders were set for quarterly drills.	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a fire and disaster drill was	V 114		

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

TITLE

(X6) DATE

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If continuation sheet 1 of 37

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Director

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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 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-June 2025). -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	V 114		

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V 114	Continued From page 2 revealed: -"I can't be here all the time (at the facility)", last one (fire and disaster drill) documented was September 2024...we 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 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall 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 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 all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (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 checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 3 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the MARs were kept current affecting 2 of 3 audited clients (#2 and #3). The findings are: Review on 8/12/25 of client #2's record revealed: -An admission date of 2/9/22. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Intellectual Developmental Disability (IDD) and Type 2 Diabetes Mellitus. -Physician's orders, dated 6/30/25, for the following medications: Omega 3 (heart) 1 milligram (mg) 1 by mouth (po) twice daily (bid), Lisinopril (high blood pressure) 10 milligrams (mgs) 1 po once daily (qd), Jardiance (lower blood sugars) 25 mgs 1 po qd and Metformin (Diabetes) 500 mgs 1 po bid. Review on 8/12/25 of client #2's MARs revealed: -Blanks on 8/11/25 for the morning doses of Omega 3 and Lisinopril, -Blanks on 8/12/25 for the morning doses of Jardiance and Metformin. -No documentation as to why there were blanks on the MARs Review on 8/12/25 of client #3's record revealed: -An admission date of 6/5/23 -Diagnoses of IDD, Mild, Post-Traumatic Stress Disorder, Autism Spectrum Disorder, Intermittent	V 118	Plan of Correction– MAR Documentation 1. Staff Responsibility - Each staff on duty is responsible for recording medications on the MAR immediately after administration. - No doses are left blank. If a medication is missed, refused, or held, staff document the reason. 2. Immediate Correction - Staff have been retrained on MAR documentation expectations. - Current MARs for all clients were reviewed, and missing entries were corrected with late entry notation ("late entry – dose given, staff initials"). - The Director reviews MARs weekly to catch errors early, and a nurse is assisting staff with documentation support. 3. Ongoing Compliance - Any blank space on a MAR requires a written explanation the same day.		

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V 118	Continued From page 4 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 revealed: -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: -Were not sure why there were blanks on the MARs. Interview on 8/12/25 with the Director/Licensee revealed: -Was not sure why there were blanks on the MARs. -"I can't be here 24/7."	V 118		

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V 366	Continued From page 5	V 366		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		

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V 366	Continued From page 6 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366			

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V 366	Continued From page 7 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level II incidents as required. The findings are: Review on 8/13/25 of a 911 call list to the facility dated 8/8/25 revealed: -"On 8/8/25 at 17:17:39 (5:17pm), 2 clients fighting, physical disturbance, need EMS (Emergency Medical Services). Caller advised he has a busted lip ..." Review on 8/13/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No level II incident report was completed for law	V 366	Plan of Correction – Incident Response • Staff have been instructed that all Level II incidents must be entered into IRIS when law enforcement or EMS are called. • The Director will ensure reports are completed immediately and that corrective and preventive steps are documented. • Staff were reminded to attend to client health and safety first, then document and report the incident. • The Director will review all incidents during monthly checks to confirm compliance.	

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V 366	Continued From page 8 enforcement and EMS's response to the facility on 8/8/25. Observation and interview on 8/13/25 at 10:20am with client #4's revealed: -A linear mark on the lower outer left lip approximately ¼ inch wide by 3 inches long with scabbing. -Approximately 3 layers of skin on lower outer lip was missing and had a healing scab. -His left leg had a circular quarter size red scab under the knee cap. -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 [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] 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 what to do" and "I didn't mean to not listen."	V 366		

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V 366	Continued From page 9 Further 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 bug and "threw up". -I am not good at telling the truth." -Requested a day program staff be present because he was upset. -After client #4 calmed down, he stated "I was sick and wanted to go out to eat. I was hitting [client #2] and [client #3]. I hit [staff #1] first and then he hit me back. He was trying to keep me from punching him. I was standing up and hitting [staff #1] with the vacuum cleaner, I didn't mean to." 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." -We got off the phone and [client #4] had calmed down." -[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 injuries occurred to client #4. -I don't know if it came from the other clients, but [client #4] likes to pick his skin."	V 366		

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V 366	Continued From page 10 -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. -Did not have documentation regarding attending to the health and safety needs of client #4 involved in the incident, determining the cause of the incident, developing and implementing correct measures, developing and implanting measures to prevent similar incidents, assigning a person to be responsible for the implementation of the corrections and preventative measures. -Would ensure in the future her policy was followed.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers 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 incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and	V 367		

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V 367	Continued From page 11 identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) 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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) 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: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 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).	V 367		

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V 367	Continued From page 12 (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) in the catchment area within 72 hours of becoming aware of the incident. The findings are: Review on 8/13/25 of a 911 printout to the facility dated 8/8/25 revealed: -"On 8/8/25 at 17:17:39 (5:17pm), 2 clients	V 367	Plan of Correction – Incident Reporting - Staff were retrained that all Level II incidents must be entered into IRIS within 72 hours when law enforcement or EMS are involved. - The Director reviewed the August 8, 2025 incident with staff and reinforced reporting requirements. - All incident reports are now entered into	

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IRIS immediately after the event, with explanations documented if any information is missing.

- The Director reviews incidents during monthly checks to ensure reports are submitted on time.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

MHL0411146

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

08/27/2025

NAME OF PROVIDER OR SUPPLIER

AGAPE HOME LIVING CARE LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

2708 16TH STREET

GREENSBORO, 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 367

Continued From page 13

fighting, physical disturbance, need EMS
(Emergency Medical Services). Caller advised he
has a busted lip ..."

Review on 8/13/25 of the North Carolina Incident
Response Improvement System (IRIS) revealed:
-No level II incident report was completed for law
enforcement and EMS's response to the facility
for the incident on 8/8/25 involving client #1 and
client #4.

Observation and interview on 8/13/25 at 10:20am
with client #4's revealed:

-A linear mark on the lower outer left lip
approximately 1/4 inch wide by 3 inches long with
scabbing.

-Approximately 3 layers of skin on lower outer lip
was missing and had a healing scab.
-His left leg had a circular quarter size red scab
under the knee cap.

-The back of the right hand, located under the
ring finger, had a healing oval shaped scab
approximately 1/4 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 [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."

V 367

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V 367	Continued From page 14 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 what to do" and "I didn't mean to not listen." Further 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 bug and "threw up". - "I am not good at telling the truth." - Requested a day program staff be present because he was upset. - After client #4 calmed down, he stated "I was sick and wanted to go out to eat. I was hitting [client #2] and [client #3]. I hit [staff #1] first and then he hit me back. He was trying to keep me from punching him. I was standing up and hitting [staff #1] with the vacuum cleaner, I didn't mean to." Interview on 8/13/25 with staff #1 revealed: - Client #4 was picked up early from the day program, as he was sick. - Later that evening the other clients wanted to go out to eat dinner, "I told [client #4] he should eat soup and ginger ale for dinner and not go out to eat with the others." - "[Client #4] became irate. He started to beat up the other clients here. I had to restrain him." - Staff #1 called the Director/Licensee and then the police. - Staff #1 stated client #4 had a "busted and	V 367		

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V 367	Continued From page 15 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 and arms. -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 hit 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." -"We got off the phone and [client #4] had calmed down."	V 367			

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V 367	Continued From page 16 -[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 injuries occurred to client #4. -"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 367		
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.	V 517		

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V 517	Continued From page 17 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to ensure restrictive intervention were not employed in a manner that causes harm or abuse for one of three clients (#4). The findings are: Review on 8/13/25 of staff #1's record revealed: -A hire date of 2/13/25. -A job description of Paraprofessional. -Trainings included NCI (National Crisis Interventions) Plus-Restrictive dated 2/7/25. Review on 8/12/25 of client #4's record revealed -An admission date of 5/3/23. -Diagnoses of Autism Spectrum Disorder, Accompanying Intellectual and Language Impairment and Mild Intellectual Disability Disorder. Review on 8/13/25 of an incident report (level I), written by staff #1 and dated 8/8/25 revealed: -"[Client #4] had been throwing up sick all day. I had to pick him up from school early. When it became time to eat dinner, I recommend that the client eat soup for dinner, cause it would have been easier on his stomach. He disagreed, and then started to act out, fighting the other two clients in the home. I had to restrain him, and the police were dispatched to the home." Review on 8/19/25 of the facility's level III incident report, dated 8/14/25 and written by the Qualified Professional (QP), revealed: -"[Staff #1] reported that he had picked [client #4] up from his program earlier in the day (8/8/25) because [client #4] was not feeling well. He brought [client #4] back to the group home, gave him ginger ale and soup and monitored him. At dinner time, staff (#1) informed [client #4] that it	V 517	Plan of Correction – Restrictive Interventions • Staff were retrained on the proper use of NCI-approved techniques, with emphasis that restraints must never be used in a way that causes harm. • Staff were reminded that restrictive interventions cannot be used for punishment, retaliation, or staff convenience. • The Director and QP will monitor all incident reports and debrief staff after any restraint to ensure correct procedures were followed. • Staff were instructed to maintain short, trimmed fingernails to reduce risk of accidental injury. • The Director will review incidents monthly to confirm compliance with policy and resident safety.		

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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 cheek, right hand and minor abrasion to the lower lip. Patient (client #4) stated 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	V 517		

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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 approximately ¼ inch wide by 3 inches long with scabbing. -A abrasion with a scab on the lower outer lip was missing and had a healing scab. -His left leg had a circular quarter size red scab under the knee cap.	V 517		

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V 517	Continued From page 20 -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 [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] 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 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 bug and "threw up." -"I am not good at telling the truth." -Requested a day program staff be present because he was upset. -After client #4 calmed down, he stated "I was	V 517		

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V 517	Continued From page 21 sick and wanted to go out to eat. I was hitting [client #2] and [client #3]. I hit [staff #1] first and then he hit me back. He was trying to keep me from punching him. I was standing up and hitting [staff #1] with the vacuum cleaner, I didn't mean to." Interviews on 8/13/25 with client #2 and #3 revealed: -Client #2 and client #3 did not witness the altercation between client #4 and staff #1 on 8/8/25. Interview on 8/13/25 with staff #1 revealed: -Client #4 was picked up early from the day program 8/8/25, as he was sick. -Later that evening the other clients wanted to go out to eat dinner, "I told [client #4] he should eat soup and ginger ale for dinner and not go out to eat with the others." -"[Client #4] became irate. He started to beat up the other clients here. I had to restrain him." -Staff #1 called the D/L and then the police. -Staff #1 stated client #4 had a "busted and bloody lip." -EMS came and took care of it -Did not provide any treatment to client #4's 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 beyond his finger tips and thick. -Staff #1 stated client #4 was sitting on the couch.	V 517		

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V 517	Continued From page 22 - "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 and arms. - 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 hit his face. Interview on 8/18/25 with the NCI Instructor revealed: - A restraint should never be "by the face." - "I do not know what that staff was trying to do." - "If it was therapeutic wrap it starts at the shoulder, moves the arms forward and secures the wrists at the waistline." Interview on 8/13/25 with the D/L 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." - "We got off the phone and [client #4] had calmed down." - "[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 injuries occurred to	V 517		

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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 proactive de-escalation strategies and ensuring the continued safety and well-being of residents and staff." This facility served four clients whose diagnoses included Autism Spectrum, Accompanying Intellectual and Language Impairment, and Mild	V 517		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/27/2025
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(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 517	Continued From page 24 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 517			
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 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	V 536			

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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 course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;	V 536		

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V 536	Continued From page 26 (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) 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: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) 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. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs	V 536			

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V 536	Continued From page 27 shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) 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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) 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. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405		
V 536	Continued From page 28 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 1 of 3 audited staff (staff #3) had been annually trained in alternatives to restrictive interventions. The findings are: Review on 8/13/25 of staff #3's record revealed: -A hire date of 8/10/23. -A job description of Paraprofessional. -An expired National Crisis Intervention certificate dated 8/1/25. Interview on 8/14/25 with staff #3 revealed: -Did not realize his training had expired. Interview on 8/13/25 with the Director/Licensee revealed: -"I will have to schedule that training for [staff #3]."	V 536	Plan of Correction – Training on Alternatives to Restrictive Interventions - Staff #3 has been scheduled for refresher training in NC/alternatives to restrictive interventions to bring his certification current. - The Director will track all staff training dates to ensure refresher training is completed before expiration. - Going forward, staff will be reminded annually of their renewal deadlines, and training records will be reviewed monthly to prevent lapses.	
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405		
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: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405		
V 537	Continued From page 30 concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) 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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) 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. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning		V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AGAPE HOME LIVING CARE LLC

2708 16TH STREET

GREENSBORO, NC 27405

V 537	Continued From page 31 objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) 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; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least 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. (11) Trainers shall complete a refresher 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	V 537		
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AGAPE HOME LIVING CARE LLC

**2708 16TH STREET
GREENSBORO, NC 27405**

V 537	Continued From page 32 (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (staff #3) had been annually trained in seclusion, physical restraint and isolation time out. The findings are: Review on 8/13/25 of staff #3's record revealed: -A hire date of 8/10/23. -A job description of Paraprofessional. -An expired National Crisis Intervention certificate dated 8/1/25. Interview on 8/14/25 with staff #3 revealed: -Did not realize his training had expired. Interview on 8/13/25 with the Director/Licensee revealed: -"I will have to schedule that training for [staff #3]."	V 537	Plan of Correction – Staff Training Requirements - Staff #3 has been scheduled for refresher training in both alternatives to restrictive interventions and seclusion, physical restraint, and isolation time-out to bring certification current. - The Director will maintain a training log and track expiration dates to ensure all staff complete refresher training before their certificates expire. - Staff will be reminded of renewal deadlines, and training records will be reviewed monthly to prevent future lapses. - The Qualified Professional or Director will verify documentation of all initial and refresher trainings is up to date and available for review for at least three years.	
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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 floor. -Client #3's bedroom had a double window. -One window had no blinds and one window had approximately 12 broken slats on the blinds and approximately 5 were missing slats. -In 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. -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	Plan of Correction – Facility and Grounds Maintenance • The bed frame in Client #2's room has been repaired and set up properly. • Broken or missing blinds in Client #2 and Client #3's bedrooms have been replaced. • The clients' bathroom was deep-cleaned, including replacement of the shower curtain and scrubbing of all stained areas. • The smoke detector battery was replaced to stop the chirping. • The kitchen ceiling fan was cleaned to remove dust buildup. • Ongoing monitoring will be completed weekly by the Director to ensure the facility remains clean, orderly, and free from odor.	

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V 736	Continued From page 34 inches in size. -The smoke detector chirped every 60 seconds. -Kitchen ceiling fan had built up residue of possible dust on each of the 4 fan blades. Interview on 8/12/25 with staff #1 revealed: -Client #3 tears up his blinds when he becomes angry. -Client #3 tore up his blinds about a month ago. Interview on 8/14/25 with staff #2 revealed: -"[Client #2] gets upset and sometimes he will tear up his own blinds, we can replace them and they will be right back to that way again ...we have replaced them three or four times. He will tear them up or tear them down when he is made." -Reported she is not sure what happened to the bed, but client #2 does not sleep on the floor. Interview on 8/12/25 with the Director/Licensee (D/L) revealed: -Regarding the bed frame on the floor "I will get it fixed tomorrow." -"We gave him a choice to sleep in other room with the bed off the floor, but he did not want to move into another room." -Reported that client #2 hid the slacks of the bed frame in three different places, "he is very manipulative when he wants his way." -Was aware the shower curtain needed to be replaced. Further interview on 8/19/25 with the D/L revealed: -Regards to the blinds in client #3's bedroom " ...I've been talking to [client #3]'s guardian. He messes them (the blinds) up all the time and he will have to pay for them. -Then stated ... "He [clients #2] hid those (slates)	V 736		

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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."	V 736			