

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on December 11, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 1 trainee (#1) had a personnel record. The findings are:</p> <p>Attempted personnel record review on 12/11/25 revealed no personnel record for Trainee #1 that consisted of the following:</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility.</p> <p>(c) All facilities or services shall require that all</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>Observation on 12/11/25 at 11:32am revealed:</p> <ul style="list-style-type: none"> <li>- Trainee #1 came to the door</li> <li>- Stated he was the "live-in staff"</li> </ul> <p>During interview on 12/11/25 the Trainee #1 reported:</p> <ul style="list-style-type: none"> <li>- Started at the facility Tuesday (12/9/25)</li> <li>- Was being trained by the Licensee/Qualified Professional (QP)</li> <li>- Had not worked alone but with the Licensee/QP</li> <li>- had not received any training such as special population, client rights since he started at the facility</li> </ul> <p>During interview on 12/11/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- He thought he saw the Licensee/QP here "1" day this week</li> <li>- The Trainee #1 had been alone with the clients this week</li> </ul> <p>During interview on 12/11/25 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Trainee #1 been at the facility this week</li> <li>- the Licensee/QP came often but had not seen him at the facility this week</li> </ul>	V 107		

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V 107	Continued From page 3  During interview on 12/11/25 the Licensee/QP reported: - He was in the process of training Trainee #1 to see if he planned to hire him - He had left the facility nightly around 9:30pm or 10pm - No personnel record had been completed for Trainee #1	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108		

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V 108	<p>Continued From page 4</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 1 Trainee (#1) had a personnel record. The findings are:</p> <p>Attempted personnel record review on 12/11/25 revealed no personnel record for Trainee #1 that consisted of the following: (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>Observation on 12/11/25 at 11:32am revealed:</p> <ul style="list-style-type: none"> <li>- Trainee #1 came to the door</li> <li>- Stated he was the "live-in staff"</li> </ul> <p>During interview on 12/11/25 the Trainee #1 reported:</p> <ul style="list-style-type: none"> <li>- Started at the facility Tuesday (12/9/25)</li> <li>- Was being trained by the Licensee/Qualified Professional (QP)</li> <li>- Had not worked alone but with the Licensee/QP</li> <li>- had not received any training such as no first aid/cardiopulmonary resuscitation, no client rights, special population since he started at the facility</li> </ul> <p>During interview on 12/11/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- He thought he saw the Licensee/QP here "1" day this week</li> <li>- The Trainee #1 had been alone with the clients this week</li> </ul> <p>During interview on 12/11/25 the Licensee/QP reported:</p> <ul style="list-style-type: none"> <li>- He was in the process of training Trainee #1 to see if he planned to hire him</li> <li>- He had left the facility nightly around 9:30pm or 10pm</li> <li>- No personnel record had been completed for Trainee #1</li> </ul>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 12/11/25 of the facility's disaster drills revealed:</p> <ul style="list-style-type: none"> <li>- 3 disaster drills had been completed between January 2025 - November 2025</li> </ul> <p>During interview on 12/11/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Came January 2025</li> <li>- Had not completed a tornado drill</li> <li>- Would "get to the lowest point of the facility ...hold tight ...and pray"</li> </ul> <p>During interview on 12/11/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- Had not completed a tornado drill</li> <li>- Would get in the bathroom</li> </ul> <p>During interview on 12/11/25 the</p>	V 114		
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V 114	Continued From page 7  Licensee/Qualified Professional reported: - He reviewed the drills quarterly - Last reviewed the disasters in June or July 2025 - Thought disaster drills were being done  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	<p>Continued From page 8</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure medications were administered on the written order of a physician and failed to keep MARs current for 1 of 3 audited clients for 1 of 3 audited clients (#2). The facility also failed to ensure staff were trained to administer medications affecting 6 of 6 audited clients . The findings are:</p> <p>A. The following is an example of how the facility did not obtain a client's medication:</p> <p>Review on 12/11/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 10/1/25</li> <li>- Diagnoses: Developmental Delay, Urinary Incontinent, Hypertension, Hyperlipidemia, pain in left knee</li> <li>- A FL2 dated 10/16/25: Fexofenadine 180mg everyday (allergy)</li> </ul> <p>Observation on 12/11/25 at 12:39pm of client #2's medication revealed:</p> <ul style="list-style-type: none"> <li>- No Fexofenadine</li> </ul> <p>Review on 12/11/25 of client #2's October 2025 - December 2025 revealed:</p> <ul style="list-style-type: none"> <li>- Fexofenadine was not transcribed on the MARs</li> </ul> <p>During interview on 12/11/25 the</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Licensee/Qualified Professional (Licensee/QP) reported:</p> <ul style="list-style-type: none"> <li>- He ensured medications were at the facility</li> <li>- It was an oversight the reason the Fexofenadine was not at the facility</li> <li>- He compared the MARs to the medications but not the FL2</li> <li>- The pharmacist informed him it would be cheaper to purchase the Fexofenadine medication over the counter</li> </ul> <p>B. The following is an example of how the MAR was not kept current:</p> <p>Review on 12/11/25 of a FL2 dated 10/16/25 revealed: Fluticasone twice a day (Asthma)</p> <p>Review on 12/11/25 of client #2's October 2025 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Fluticasone was to be signed at 8am and 8pm</li> <li>- The Fluticasone was not documented as administered the entire month of October</li> </ul> <p>During interview on 12/11/25 the Licensee/QP reported:</p> <ul style="list-style-type: none"> <li>- He reviewed the MARs for medication errors</li> <li>- He does not recall if he reviewed October 2025 MAR</li> </ul> <p>C. The following interviews showed how staff administered medications without being trained:</p> <p>Review on 12/11/25 of audited clients (#1 - #3) revealed the December 9 - 11 were signed by the Licensee/QP</p> <p>During interview on 12/11/25 client #2 reported:</p> <ul style="list-style-type: none"> <li>- Trainee #1 been here the last couple days</li> <li>- Trainee #1 administered his medications</li> </ul>	V 118		

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- Thought the Licensee/QP came 1 day to give medications but could not recall</li> </ul> <p>During interview on 12/11/25 client #3 reported:</p> <ul style="list-style-type: none"> <li>- Trainee #1 came the day before yesterday</li> <li>- Trainee #1 administered his medications</li> </ul> <p>During interview on 12/11/25 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Trainee #1 came this week</li> <li>- He administered their medications</li> </ul> <p>During interview on 12/11/25 Trainee #1 reported:</p> <ul style="list-style-type: none"> <li>- He was the live in staff</li> <li>- The Licensee/QP had been at the facility with him since Tuesday</li> <li>- Had not administered medications but observed the Licensee/QP administer medications</li> <li>- He (Trainee #1) had not received medication administration training</li> <li>- The Licensee/QP called the clients one by one, looked at the medication time frames, put the medication in a cup or client's hand, administered the medication and signed the MAR</li> </ul> <p>During interview on 12/11/25 the Licensee/QP reported:</p> <ul style="list-style-type: none"> <li>- Trainee #1 started at the facility on Tuesday (12/9/25)</li> <li>- Trainee #1 had not been medication trained</li> <li>- He (Licensee/QP) administered the clients' medications</li> <li>- He stayed to 9:30pm or 10pm until all medications were administered</li> <li>- The Trainee #1 monitored him (Licensee/QP) administered the medications</li> </ul> <p>"Due to the failure to accurately document medication administration, it could not be determined if</p>	V 118		

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V 118	Continued From page 11  clients received their medications as ordered by the physician"  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</b>
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V 289	<p>Continued From page 12</p> <p>substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a developmental disability for 2 of 3 audited clients (#1 &amp; #3). The findings are:</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</b>
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V 289	<p>Continued From page 13</p> <p>Review on 12/11/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 2/10/25</li> <li>- Diagnoses: Depressive Disorder, Insomnia and Hypertension</li> <li>- No documentation of a diagnosis of developmental disorder</li> </ul> <p>Review on 12/11/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/7/14</li> <li>- Diagnoses: Chronic Paranoid Schizophrenia, Hypertension and Hyponatremia</li> <li>- No documentation of a diagnosis of developmental disorder</li> </ul> <p>During interview on 12/11/25 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Client #1 was being "kicked" out of his home</li> <li>- He was contacted for emergency placement</li> <li>- Client #3 had been at the facility for years and he did not want to discharge him</li> <li>- Aware the deficiency was cited last year</li> <li>- Will contact the Division of Health Service Regulation regarding a waiver for the clients</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based observation and interview the facility was</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-622</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE FAMILY CARE HOMES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2336 RAVENHILL DRIVE</b> <b>RALEIGH, NC 27615</b>
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V 736	<p>Continued From page 14</p> <p>not maintained in a clean and orderly manner. The findings are:</p> <p>Observation on 12/11/25 at 12:06pm revealed:</p> <ul style="list-style-type: none"> <li>- Kitchen:</li> <li>- The kitchen vent in dining room was damaged</li> <li>- It was bent and turned upward with black stains</li> <li>- Client #5 &amp; #6 bathroom:</li> <li>- white putty the size of basketball on the bathroom door</li> </ul> <p>During interview on 12/11/25 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- He would replace the kitchen dining room vent</li> <li>- thought a client damaged the bathroom door during a behavior</li> <li>- aware the bathroom door was cited last year</li> <li>- repairs would be completed</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		