

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/28/2018
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NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-HARMONY	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SALEM CIRCLE GREENVILLE, NC 27858
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 28, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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 on observation and interview the licensee failed to maintain the facility in a clean, and orderly manner. The findings are:</p> <p>Observation on 3/27/18 at approximately 11:30 am revealed:</p> <ul style="list-style-type: none"> - Heavy mildew stain in the shower in Client #1's private bathroom. - The toilet seat in Client #1's private bath was very loose and moved around easily. - Clothing piled on the floor of Client #1's closet. - The comforter on Client #2's bed was extensively ripped with the fiberfill exposed. - Clothing piled on the floor of Client #2's closet. - The drain plate in the bathtub in the hall bathroom was loose. - Water leaked around the water controls. - Extensive gray discoloration in the bottom of the bathtub in the hall bathroom. - The bathtub in the hall bathroom had mildew 	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>stains.</p> <ul style="list-style-type: none"> - The floor in the hall bathroom sloped downward toward the bathtub; there was an approximate 1/2 inch - 3/4 inch gap between the floor and the baseboard behind the toilet toward the bathtub. - A large unfinished repair to the wall behind the bathroom door. - A brown stain to the kitchen ceiling. <p>Interview on 3/28/18 the Residential Director stated she was aware of some of the issues at the facility and would make sure corrections were made.</p> <p>Interview on 3/28/18 the Operations Director stated he would have someone check the bathroom floor.</p>	V 736		