

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MHL074-248
(X2) MULTIPLE CONSTRUCTION		A. BUILDING:	
(X3) DATE SURVEY COMPLETED		B. WING:	
R		03/28/2018	

NAME OF PROVIDER OR SUPPLIER		BETTER CONNECTIONS-HARMONY	
STREET ADDRESS, CITY, STATE, ZIP CODE		110 SALEM CIRCLE GREENVILLE, NC 27858	
(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)
V 000	INITIAL COMMENTS	V 000	V736:

<p>Contracted maintenance worker will ensure that mildew is treated in individual's private bathroom in bedroom, toilet seat is secured, drain plate will be tightened in bathtub in hall bathroom, replace seals if needed handles in bathroom, assess discoloration in hallway bathroom, assess and treat mildew in hallway bathroom, paint unfinished wall behind bathroom door and assess and treat/paint stain noted in kitchen ceiling. Contact to be made with landlord to assess and repair hall bathroom sloped downward towards bathtub and 1/2 to 3/4 inch gap between floor and baseboard behind toilet toward bathtub. RD will complete monthly check sheet to ensure items are taken care of noted above as well as cleanliness and organization of individuals room. Assignments will be made for each shift to assist individuals in this area. Ongoing monitoring will occur each month by RD. QP will review, sign and date monthly check sheets completed by RD and complete monthly checks to assess cleanliness and organization of individuals room.</p>	<p>V 736</p>	<p>An annual and follow up survey was completed on March 28, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. 27G .0303(c) Facility and Grounds Maintenance 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.</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: Observation on 3/27/18 at approximately 11:30 am revealed: - 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</p>	<p>V 000</p>
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NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-HARMONY 110 SALEM CIRCLE GREENVILLE, NC 27858				
STREET ADDRESS, CITY, STATE, ZIP CODE				

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V 736	Continued From page 1 stains. - 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. 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. Interview on 3/28/18 the Operations Director stated he would have someone check the bathroom floor.	V 736		

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			CONSTRUCTION

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTION MIDLAND CT		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 MIDLAND COURT GREENVILLE, NC 27833	
(X4) ID PREFIX TAG V 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG V 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

INITIAL COMMENTS	27G .0209 (C) Medication Requirements	10A NCAC 27G .0209 MEDICATION REQUIREMENTS
V 000	<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 .5600F, Supervised Living/Alternative Family Living.</p> <p>27G .0209 (C) Medication Requirements</p>	<p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration: 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 (A) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-195	(X2) MULTIPLE CONSTRUCTION C.BUILDING: D.WING:	(X3) DATE SURVEY COMPLETED R 03/28/2018
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NAME OF PROVIDER OR SUPPLIER
BETTER CONNECTION MIDLAND CT
3309 MIDLAND COURT
GREENVILLE, NC 27833
STREET ADDRESS, CITY, STATE, ZIP CODE

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V 118	Continued From page 1	V 118	V118: DCP staff and RD will attend 5/27/18 medication class offered by contracted RN and focus being on ensuring any new orders are documented appropriately on MAR and initials noted when each medication is prescribed. Class will be offered in April 3, 2018. DCP staff is to inform RD and QP of any upcoming appointments and immediately forward or deliver consultation form to QP for review and to enter results into Therap (EMR) as well. RD and QP will review each consultation form to monitor for any changes noted with medications after all appointments. RD/QP will ensure that any changes noted on MAR are called in to the Pharmacy for any updated changes immediately. QP will sign off on and date all consultation forms acknowledging review or any changes; Update changes are to be completed in Therap (EMR) also. RD will complete a monthly checklist noting medications individual receive.
V 118	This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to administer medications as ordered by a physician and failed to keep MARs current affecting one of two audited clients (#2) the findings are: Review on 3/28/18 of Client #2's record revealed: - 22 year old male admitted to the facility 6/03/13. - Diagnoses included Asperger's Syndrome, Oppositional Defiant Disorder, Mood Disorder, Borderline Intellectual Functioning, Asthma, Seasonal Allergies. - Physician's orders, signed 11/20/17, for Trazodone (used to treat depression, anxiety, and insomnia), 100 mg (milligrams) at bedtime, and Montelukast (generic for Singulair, used to treat allergies and prevent asthma attacks), 10 mg, 1 tablet every evening "during allergy season." - "Consultation Form" signed by physician 3/20/18 with order to increase Trazodone to 150 mg at bedtime. - "Consultation Form" signed by physician 11/20/17 ". . . Patient can take medications when he wishes in regard to timing." - No documentation by the physician to clarify "allergy season." Review on 3/28/18 of Client #2's MAR for March 2018 revealed no transcribed entry for Trazodone, 150 mg at bedtime. Review on 3/28/18 of Client #2's MAR's for January - March 2018 revealed: - Transcribed entry for Trazodone, 100 mg, 1		

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V 118	Continued From page 2 table every evening. - Transcribed entry for Montelukast 10 mg 1 tablet every evening; no staff initials to indicate Montelukast had been administered. Observation on 3/28/18 at approximately 10:00 am of Client #2's medications revealed: - Blister card with pharmacy label Trazodone 100 mg, 1 tablet by mouth every evening, dispensed 2/26/18. - No Trazodone 150 mg on hand. - Montelukast 10 mg, one tablet every evening. Interview on 3/28/18 Staff #1 stated: - He would take Client #2 to his doctors' appointments and would wait in the lobby while Client #2 was with the doctor. - Client #2 would give him the "consultation form" completed by the physician after his appointments. - If the doctor made changes to Client #2's medication regimen, he would make sure the pharmacy received the new order, make copies of the consultation form for the Residential Director and the Qualified Professional, and make sure the new order was transcribed onto the MAR. - He did not see the change to Client #2's Trazodone on the consultation form dated 3/20/18. - He would contact the pharmacy to make sure they received the updated order. - Client #2 would take his Montelukast when he felt allergy symptoms, it was supposed to be taken as needed. - He would ask the physician to clarify "allergy season" and the medication order. Interview on 3/28/18 the Residential Director stated:	V 118	
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V 118	Continued From page 3 - He completely missed the medication change when he reviewed the consultation form dated 3/20/18. - The pharmacy had been contacted and had received the physician's order for Trazodone 150 mg, but had not delivered the new medication to the facility. - Trazodone 150 mg would be delivered to the facility by the end of the business day 3/28/18.	V 118		
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