

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/15/2018
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD OF ROCKY MOUNT #3	STREET ADDRESS, CITY, STATE, ZIP CODE 829 LONG AVENUE ROCKY MOUNT, NC 27801
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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	INITIAL COMMENTS An annual and follow up survey was completed on February 15, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
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 file followed up by appointment or consultation with a physician.	V 118	All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff will inform the nurse after doctor visits of any changes in medications. Company nurse will ensure that these changes are made on the MAR and that all medication are available. Qualified professional and company Nurse will monitor monthly. DHSR - Mental Health MAY 17 2018 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Steph M. Lawrence Director of Administration
TITLE
STATE FORM 6899 RL3J11 (X6) DATE 5/14/18
If continuation sheet 1 of 3

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered based on the written order of a person authorized by law to prescribe drugs for 1 of 3 clients (#2). The findings are: Review on 2/14/18 of client #2's record revealed: - Admission date: 6/16/10 - Diagnoses on FL-2 dated 6/16/17: Schizoaffective Disorder - Depressive Type, Borderline Personality Disorder, Hypertension and Increased Lipids - Physician's order dated 9/22/17: Tramadol (used to treat moderate to severe pain) 50 mg 1 tablet by mouth very 6 hours as needed - December 2017 MAR: Transcription revealed: Tramadol (no further information for administration or dosage) - January and February MAR: No transcription for Tramadol (No discontinue order) Interview on 2/14/18 with the Administrator Assistant revealed: - She's responsible for creating the MARs however she did not transcribe the Tramadol order in December - She's not sure who transcribed the Tramadol order or why it did not include directions for administration - Tramadol may have been discontinued and that's why it wasn't listed on the January and February MAR - However, she was unable to locate a discontinue order	V 118	All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff will inform the nurse after doctor visits of any changes in medications. Company nurse will ensure that these changes are made on the MAR and that all medication are available. Qualified professional and company Nurse will monitor monthly.	

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V 118	<p>Continued From page 2</p> <p>Interview on 2/14/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She wasn't sure who transcribed the Tramadol order on the December MAR - She confirmed the transcription did not provide directions for administration <p>Further review on 2/14/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Physician's order dated 6/16/17: Carisoprodol (used to treat muscle spasms) 350 mg 1 tablet by mouth three times daily as needed <p>Observation on 2/14/18 at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> - No Carisoprodol on site <p>Interview on 2/15/18 with client #2 revealed:</p> <ul style="list-style-type: none"> - He's been having muscle spasms however he doesn't want to take anymore medications <p>Interview on 2/14/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> - Client #2 Carisoprodol had not been refilled - He hadn't complained about muscle spasms <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118	<p>All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff will inform the nurse after doctor visits of any changes in medications. Company nurse will ensure that these changes are made on the MAR and that all medication are available. Qualified professional and company Nurse will monitor monthly.</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

February 20, 2018

Kelvin Barnhill
Better Days Ahead of Rocky Mount Inc.
PO Box 909
Rocky Mount, NC 27802

Re: Annual and Follow up Survey completed February 15, 2018
Better Days Ahead of Rocky Mount #3, 829 Long Ave., Rocky Mount, NC 27801
MHL #033-035
E-mail Address: barnhillceo2001@aol.com

Dear Mr. Barnhill:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed February 15, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency.

Time Frames for Compliance

- A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 17, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

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Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



Lesa Williams, MSW
Facility Survey Consultant I
Mental Health Licensure & Certification Section



Rhonda Smith
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
File

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