

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL033-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/15/2018
NAME OF PROVIDER OR SUPPLIER  BETTER DAYS AHEAD AT ROCKY MOUNT INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 BEDFORD ROAD ROCKY MOUNT, NC 27801		
(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)	(X6) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on February 15, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan 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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed on a quarterly basis. The findings are:  Review on 2/15/18 of the facility's disaster log book revealed: - at 1:10pm the last disaster drill was completed 2016 - at 1:39pm the administrator assistant returned with the disaster log book - she presented a disaster drill completed on	V 114	An annual emergency drill calendar was develop to ensure that all drills are completed as per state regulations. Qualified professional will monitor monthly. Please see attached documentation.	

Division of Health Service Regulation

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

*Mary M. Baunell* Director of Administration

TITLE

(X6) DATE

5/14/18

STATE FORM

6899

B7W811

If continuation sheet 1 of 7

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

Division of Health Service Regulation

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V 114	Continued From page 1  12/19/17 at 9:20pm and another dated 10/13/17 with no time  During interview the Licensee reported: - she has a respite client that comes to the facility on a monthly basis - she will ensure disaster drills are completed on a quarterly basis	V 114	An annual emergency drill calendar was develop to ensure that all drills are completed as per state regulations. Qualified professional will monitor monthly. Please see attached documentation.	
V 117	27G .0209 (B) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117	All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional, Nurse and staff.	

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V 117	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications included an accurate strength and quantity for 2 of 3 clients (#1 and #2). The findings are:</p> <p>A. Review on 2/15/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 7/18/17</li> <li>- Diagnoses: Schizophrenia - Chronic Paranoid Type, History of Post Traumatic Stress Disorder, Mild Mental Retardation, Obesity and Hypertension</li> <li>- Physician's order dated 1/30/18: Haloperidol (used to treat mental disorders) 10 mg 1 tablet in the morning, 1/2 tablet in the afternoon, 1 tablet at bedtime</li> </ul> <p>Review on 2/15/18 of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>- Haloperidol 5 mg 1 tablet in the morning, 1/2 tablet in the afternoon and 1 tablet at bedtime (no fill date identified)</li> </ul> <p>Review on 2/15/18 of webmd.com revealed:</p> <ul style="list-style-type: none"> <li>- Images and numbers listed for Haloperidol 10 mg tablet were the same as the pill in client #1's blister pack</li> </ul> <p>Interview on 2/15/18 with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> <li>- The pill in the blister pack was a 10 mg pill</li> <li>- She contacted the pharmacy and they stated they made an error and put 5 mg on the label</li> </ul>	V 117	<p>All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional and Nurse</p>	
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**BETTER DAYS AHEAD AT ROCKY MOUNT INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1521 BEDFORD ROAD  
ROCKY MOUNT, NC 27801**

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V 117	<p>Continued From page 3</p> <p>instead of 10 mg</p> <ul style="list-style-type: none"> <li>- She didn't notice the label was incorrect</li> </ul> <p>Interview on 2/15/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 has been receiving the correct dosage of Haloperidol</li> <li>- It was the pharmacy's error however staff should have noticed the label was incorrect</li> </ul> <p>B. Review on 2/15/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: February 2018</li> <li>- Diagnosis: Pervasive Development Disorder</li> <li>- Physician's order dated 2/12/18: Clonazepam (used to treat panic disorder and anxiety) 0.5 mg 2 tablets twice daily; Clonidine (used to treat Attention Deficit Hyperactivity Disorder) 0.1mg 1 tablet at 12 noon, 2 tablets at bedtime and Hydroxyzine (used to treat anxiety) 25 mg 1 tablet twice daily</li> </ul> <p>Review on 2/15/18 of client #2's medications revealed:</p> <ul style="list-style-type: none"> <li>- Clonazepam 0.5 mg 1 tablet twice daily (filled 2/3/18)</li> <li>- Clonidine 0.1 mg 1 tablet three times a day as needed (filled 11/8/17)</li> <li>- Hydroxyzine 25 mg 2 tablets daily (filled 2/3/18)</li> </ul> <p>Interview on 2/15/18 with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> <li>- She was aware the labels for client #2's medication did not match the physician's orders</li> <li>- Client #2's guardian is responsible for having his medications filled with the pharmacy</li> <li>- The guardian hadn't contacted the pharmacy to change the labels</li> <li>- They transcribed the MARs (medication administration record) and administered the</li> </ul>	V 117	<p>All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional and Nurse</p>	

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V 117	Continued From page 4  medication based on the new physician's orders  Interview on 2/15/18 with the Licensee revealed: - She's aware the medication labels should match the physician's order - They will implement a plan to address this issue	V 117		
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	V 118	All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional and Nurse	



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V 118	<p>Continued From page 5 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure MARs were kept current for 1 of 3 clients (#1). The findings are:</p> <p>Review on 2/15/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 7/18/17</li> <li>- Diagnoses: Schizophrenia - Chronic Paranoid Type, History of Post Traumatic Stress Disorder, Mild Mental Retardation, Obesity and Hypertension</li> <li>- Physician's order dated 1/30/18: Haloperidol (used to treat mental disorders) 10 mg 1 tablet in the morning, 1/2 tablet in the afternoon, 1 tablet at bedtime</li> <li>- February 2018 MAR: Haloperidol 10 mg 1 tablet by mouth three times daily. Medication was signed as administered 2/1/18 - 2/15/18</li> </ul> <p>Interview on 2/15/18 at approximately 11:00 am with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> <li>- She's responsible for developing client MARs</li> <li>- Client #1 receives Haloperidol 10mg 1 tablet in the morning, 1/2 tablet in the afternoon and 1 tablet in the evening</li> <li>- She typed the MAR incorrectly in error</li> <li>- She thought she typed the MAR based on the new prescription</li> </ul> <p>Interview on 2/15/18 at 1:10 pm with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> <li>- Staff informed her that she left the correct February MAR at the facility</li> </ul>	V 118	<p>All staff were retrained in Medication Administration on 2/21/18 by company registered nurse. Staff and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional and Nurse</p>	

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V 118	<p>Continued From page 6</p> <p>Review on 2/15/18 at 1:10 pm of a 2nd February MAR presented by Administrative Assistant revealed:</p> <ul style="list-style-type: none"> <li>- Haloperidol 10 mg 1 tablet at 8 am, 1/2 tablet at 2 pm and 1 tablet at 8 pm. Medication was signed as administered 2/1/18 - 2/15/18</li> </ul> <p>Interview on 2/15/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- The Administrative Assistant was responsible for completing clients MARs</li> <li>- Staff are supposed to check behind each other to ensure accuracy of the MARs</li> <li>- The error should have been caught</li> </ul> <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 and nurse will check all medication labels upon admission of members to ensure that the label and physicians orders matched. This will be monitored monthly by qualified professional and Nurse</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

February 28, 2018

DHSR - Mental Health

Keith Barnhill, Vice President  
Better Days Ahead of Rocky Mount, Inc.  
1107 North Fairview Road  
Rocky Mount, NC 27801

MAY 17 2018

Lic. & Cert. Section

Re: Annual & Follow up Survey completed February 15, 2018  
Better Days Ahead of Rocky Mount Inc. #5, 1521 Bedford Road, Rocky Mount, NC 27801  
MHL #033-108  
E-mail Address: kbarnhill1906@yahoo.com

Dear Mr. Barnhill:

Thank you for the cooperation and courtesy extended during the Annual & Follow up survey completed February 15, 2018.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 deficiencies.
- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 17, 2018.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 16, 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.

**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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER





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.**

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

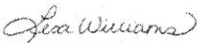
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

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

Sincerely,



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



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

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
File

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