Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033032	A. BUILDING: _____ B. WING _____	02/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD OF ROCKY MOUNT, INC	1713 KINGS CIRCLE DRIVE 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)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 2/15/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 ensure that the 4PM medication are documented. MARs will be checked by Qualified Professional and Company Nurse Monthly	

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

Mary M. Barnhill — Director of Administration — 5/14/18

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of five clients (#4) MAR was kept current. The findings are: Record review on 2/13/18 of client #4's record revealed: - admitted to the facility on 3/1/01 - diagnoses of Moderate Mental Retardation; Impulse Control and Autism - a physician's order dated 12/22/17 "Chlorpromazine 20mg four times a day" (medication used to treat certain mood disorders) Review on 2/13/18 of client #4's December 2017 MAR revealed: - the Chlorpromazine was administered at 8am; 12 noon; 4pm and 8pm - the 4pm dosage was left blank the entire month of December 2017 - there was nothing written on the back of the December 2017 MAR During interview on 2/15/18 the Licensee reported: - client #4 received the 4pm dosage at the psychosocial rehabilitation by her staff - staff should have documented something on the MAR verifying the medication was administered	V 118	All staff were retrained in Medication Administration on 2/21/18 by Company registered Nurse. Staff will ensure that the 4PM medication are documented. MARs will be checked by Qualified Professional and Company Nurse Monthly	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS	V 291		

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V 291	Continued From page 2 (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services with qualified professionals who are responsible for one of five clients (#4) treatment. The findings are: Record review on 2/13/18 of client #4's record revealed:	V 291	All member that receives injection from their physician office MAR will accompany them to their visit, staff will ensure that the MAR is completed at the time of visit. Qualified professional and company nurse will monitor monthly.	

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V 291	Continued From page 3 - admitted to the facility on 3/1/01 - diagnoses of Moderate Mental Retardation; Impulse Control and Autism - a physician's order dated 6/26/17 " Risperdal Consta 50 mg 1 syringe every 2 weeks" (can treat Schizophrenia; Bipolar Disorder and irritability caused by Autism) Review on 2/13/18 of the facility's physician consultation forms for client #4 revealed the following: - injections administered on 9/6/17; 10/30/17 and 1/8/18 Review on 2/15/18 revealed a Medication Administration Record (MAR) for client #4 that revealed the following: - a license practitioner nurse (LPN) initials on the back of the December 2017; January and February 2018 MARs - several dates on the MARS were initialed by the LPN indicating a Risperdal injection was administered including 1/10/18 - the physician's consultation form documented an injection was administered on 1/8/18 - a complete list of Risperdal injections had been requested for client #4 since 2/13/18 - initially the Risperdal injections were documented on a physician consultation form During interview on 2/15/18 the Licensee reported: - client #4's risperdal injections were administered at his physician's office - she was not sure if the LPN initialed the wrong date Due to the failure to accurately document medication administration it could not be determined if a client received his medications as	V 291	All member that receives injection from their physician office MAR will accompany them to their visit, staff will ensure that the MAR is completed at the time of visit. Qualified professional and company nurse will monitor monthly.	

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V 291	Continued From page 4 ordered by the physician	V 291	All member that receives injection from their physician office MAR will accompany them to their visit, staff will ensure that the MAR is completed at the time of visit. Qualified professional and company nurse will monitor monthly.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 22, 2018

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

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

Re: Annual survey Completed February 15, 2018
Better Days Ahead of Rocky Mount, Inc., 1713 Kings Circle Drive, Rocky Mount, NC 27801
MHL#033-032
E-mail Address: barnhillCEO2001@aol.com

Thank you for the cooperation and courtesy extended during the Annual 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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- 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.

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 & 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

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