

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2018
NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD, INC #2		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 HILL STREET 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 February 15, 2018. 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. 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

STATE FORM

6559a

OW1611

If continuation sheet 1 of 5

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

Division of Health Service Regulation

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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 MARs were kept current for 2 of 3 clients (#1 and #2). The findings are: A. Review on 2/13/18 of client #1's record revealed: - admitted to the facility July 2000 - diagnoses of Schizophrenia; Moderate Intellectual Disability; Psychotic Disorder; Head Injury & Constipation - a physician order dated 11/13/17 for the following medications: Risperidone 1mg twice a day (used to treat Schizophrenia, Bipolar and irritability caused by Autism); Potassium 10mg everyday; Lactulose 10mg everyday (can treat constipation); Chlorpromazine 100mg one in the morning and 2 in the evening (can treat mental illness, behavioral disorder and severe nausea and vomiting); Amlodipine 2mg everyday (can treat high blood pressure); Amantadine 100mg twice a day (can treat Parkinson disease) and Escitalopram 10mg in morning (can treat depression and anxiety disorders) Review on 2/13/18 of client #1's December 2017 MAR revealed several medications were not signed as administered on 12/30/17 & 12/31/17: Risperidone; Potassium; Lactulose; Chlorpromazine; Amlodipine; Amanadine and Escitalopram B. Review on 2/13/18 of client #2's record revealed: - Admission date: 10/22/13	V 118	All staff were retrained in Medication Administration on 2/21/18 by Company registered Nurse. MARs will be checked by Qualified Professional and Company Nurse Monthly	

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses on FL-2 dated 9/9/17: Autism, Severe Mental Retardation, Hypotonia and Hypertension - December 2017 MAR revealed the following medications were not signed as administered on 12/30/17 and 12/31/17: Risperidone (used to treat Schizophrenia, Bipolar and irritability caused by Autism) 3 mg 1 tablet twice daily; Trazodone (used to treat Depression) 150 mg 2 tablets at bedtime; Propranolol (used to treat high blood pressure) 10 mg 2 tablets three times daily; Benzotropine (used to treat side effects of other drugs) 2 mg 1 tablet twice daily; Omeprazole (used to treat heartburn) 20 mg 1 tablet daily; Amlodipine (used to treat high blood pressure) 5 mg 1 tablet daily; Seroquel XR (used to treat Schizophrenia) 400 mg 1 tablet daily; Oxcarbazepine (used to treat seizures) 300 mg 2 tablets twice daily; Docusate Sodium (used to treat constipation) 100 mg 2 capsules at bedtime; Triamterene/HCTZ (used to prevent the body from absorbing too much salt) 37.5/25 mg 1 tablet daily <p>Interview on 2/13/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He worked on 12/30/17 and 12/31/17. He administered the medications to all of the clients however he think he just missed signing off - He went back and signed the blank spaces on the December MAR today as requested by the Licensee <p>Interview on 2/13/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She wasn't aware of the blank spaces on the December MAR - Staff should sign the MAR when they're administering the medication - She requested staff #1 to sign the blank spaces today 	V 118	All staff were retrained in Medication Administration on 2/21/18 by Company registered Nurse. MARs will be checked by Qualified Professional and Company Nurse Monthly	

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V 291	Continued From page 3	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 - OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain coordination between the facility operator and the qualified professionals who are</p>	V 291	Effective 3/1/2018 the company nurse and Qualified Professional will compared all FL-2 with MARs and physician orders to ensure that they are correctly completed before the FL-2 are taken to the doctor office for their review and signature.	

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V 291	<p>Continued From page 4</p> <p>responsible for treatment or case management for 1 of 3 clients (#2). The findings are:</p> <p>Review on 2/13/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 10/22/13 - Diagnoses on FL-2 dated 9/9/17: Autism, Severe Mental Retardation, Hypotonia and Hypertension - Physician's order dated 6/16/17: Oxcarbazepine 300 mg 2 tablets twice daily - FL-2 dated 9/9/17: Oxcarbazepine 300 mg 1 tablet by mouth twice daily - December 2017 - February 2018 MARs: Oxcarbazepine (used to treat seizures) 300 mg 2 tablets twice daily <p>Interview on 2/13/18 with Administrator Assistant revealed:</p> <ul style="list-style-type: none"> - She wrote out the medications on client #2's FL-2 - Client #2 should receive Oxcarbazepine 600 mg twice daily - She overlooked the (2) tablets when completing the FL-2 - The facility didn't have another physician's order after 9/9/17 for Oxcarbazepine 600 mg twice daily - She didn't realize client #2's FL-2 was incorrect <p>Interview on 2/13/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The Administrative Assistant was responsible for creating the FL-2's for clients - She was not aware client #2's FL-2 had an incorrect dosage for Oxcarbazepine 	V 291	<p>Effective 3/1/2018 the company nurse and Qualified Professional will compare all FL-2 with MARs and physician orders to ensure that they are correctly completed before the FL-2 are taken to the doctor office for their review and signature.</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 23, 2018

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

DHSR - Mental Health

MAY 17 2018

Lic. & Cert. Section

Re: Annual Survey completed February 15, 2018
Better Days Ahead, Inc. #2, 1212 Hill Street, Rocky Mount, NC 27801
MHL #033-029
E-mail Address: barnhillCEO2001@aol.com

Dear Mr. Barnhill:

Thank you for the cooperation and courtesy extended during the annual survey completed 2/15/18.

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 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 4/16/18.

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 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
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

