

PRINTED: 05/07/2018  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 05/02/2018
--------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
-----------------------------------------------------------------------	--------------------------------------------------------------------------------

(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	V 000		
V 110	<p>A complaint and follow up survey was completed on May 2, 2018. The complaint was unsubstantiated (intake #NC00138311). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110	<p>DHSR - Mental Health</p> <p>MAY 21 2018</p> <p>Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Robert Kerson*

*Program Director*

5-19-18

Appendix 1-B: Plan of Correction Form

Plan of Correction 05/02/2018		In lieu of mailing the form, you may e-mail the completed electronic form to:	
<p>Please complete <u>all</u> requested information and mail completed</p> <p>Plan of Correction form to:                      Division of Health Service Regulation                      Mental Health Licensure and Certification Section                      Attn: Keith Hughes                      2718 Mail Services Center                      Raleigh, NC 27699-2718</p>			
<p>Provider Name:                      Provider Contact                      Person for follow-up:</p>	<p>Life Opportunities, Inc.                      Dean &amp; Deborah Pearson</p>	<p>Phone: (910) 733-2519                      Fax: (910) 227-2488                      Email: deborah.pearson@life-opportunities.org</p>	<p>Address:                      220 Calvins Road Shannon, NC 28386                      Provider #: MHL-078-159</p>
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V110.27G.0204 Competencies and Supervision of Paraprofessionals</p> <p>Fail to demonstrate the knowledge skills and abilities required by the population served.</p>	<p>Life Opportunities, Inc. will ensure paraprofessional staff are supervised by an associate professional or qualified professional. Life Opportunities, Inc. will ensure paraprofessional staff demonstrate knowledge, skills and abilities required by the population served. Life Opportunities, Inc. will ensure that qualified and associate professional staff employ a competency-based rulemaking system which includes: technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, communication and clinical skills. Life Opportunities, Inc. will ensure that individualized supervision plans are developed and maintained.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes                      Client Right Committee/QA Committee – monitor/review                      LP/QA/QI Director – update forms and monitor compliance</p>	<p>Implementation Date:                      05/19/2018 – On going                      Projected Completion Date:                      07/02/2018</p>
<p>V367.27G.0604 Incident Response Requirements</p> <p>Fail to ensure critical incident reports were submitted to the Local Management Entity (LME/MCO) within 72 hours as required</p>	<p>Life Opportunities, Inc. will ensure incident reports are submitted as required to the LME/MCO within 72 hours of notification. Life Opportunities, Inc. will ensure incident reports as submitted on the required form, via IRIS system. via email as required. Life Opportunities, Inc. will ensure all required elements are complete within the IRIS System, as well as notifications to all required parties.</p>	<p>Licensee – Compliance Review                      QA Director: Review and Make Changes                      AP/QP/Staff: will implement form</p>	<p>Implementation Date:                      05/19/2018 – On going                      Projected Completion Date:                      07/02/2018</p>

Life Opportunities Inc

P. O. Box 448

Shannon, NC 28386

Phone: (910) 733-2519

Fax: (910) 227-2488

**FAX COVER SHEET**

**DATE: 05-19-18**

**TO: DHHS**

**ATTN: Keith Hughes**

**FAX NO: 919-715-8078**

**SUBJECT:**

**FROM: Life Opportunities – Deborah Pearson**

**NO OF PAGES: 3**  
**(INCLUDING COVER SHEET)**

**COMMENTS:**

**Life Opportunities Inc**