Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED			
	MHL032-403		B. WING		07/24/2018				
NAME OF	NAME OF PROVIDEROR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BETTER LIVING CONCEPTS OF DURHAM LLC 909 GARCIA AVENUE DURHAM, NC 27704									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	DBE	(X5) COMPLETE DATE			
V 000	on July 24, 2018. T unsubstantiated (int deficiency was cited This facility is licens gategory: 10A NCA	plaint survey was completed he complaint was take #NC00140836. A	V 000	Plan of Correction: Annual and Complaint survey completed July 24, 2018 Better Living Concepts of Durh LLC. will insure all Health Care Personnel Registry checks are completed on ALL staff and are so prior to hire date. Health Ca	e done	8/9/2018			
V 131	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring he health care facility of health care facility of health care facility of health care facility of access in the appropriate of access in the a	record and interview, the ess the Health Care Personnel or to employment for two of Former Staff #4). The	V 131	Personnel Registry checks will completed during the interview process/ prior to staff being offer position in the facility. Facility owner and Qualified Professional will monitor interviprocess closely and administrated the dates to insure all Health Care Personnel Registry checks are completed prior to hire/ job offer This process will take place with individual applicants/ potential states and the date of th	ew tive	8/9/2018			
	-Staff #1's HCPR ch 5/21/18.	eck was completed on of a HCPR check completed		oection					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING	S:	COMF		
		MHL032-403	B. WING		07/2	07/24/2018	
	PROVIDEROR SUPPLIER	OF DURHAM LLC 909 GAR	DRESS, CITY, CIA AVENUE , NC 27704				
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	DBE COMPLETE	
V 131	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 131				

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If continuation sheet 1 of 2

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Division of He	ealth Service Re	gulation R PROVIDER/SU	PPLIER REPRESENTA	TIVE'S SIGNATU	RE A	тіті	E Execti	re	(X6) DATE
					Keny	habn "	Direct		8/12/18

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