Division of Health Service Regulation

PRINTED: 10/19/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IDENTITION NOMBER.								
		MHL078-159	B. WING		10/1	? 5/2018				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
A BETTER WAY RESIDENTIAL SERVICES 220 CALVINS ROAD										
A BETTER WAY RESIDENTIAL SERVICES SHANNON, NC 28386										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XII) COMPLETE DATE				
V 000	INITIAL COMMENT	·s	V 000							
	completed on Octob	nt and follow up survey was per 15, 2018. The complaint d (intake #NC00142650). ited.								
	10A NCAC 27G .17	ed for the following category: 00 Residential Treatment Idren and Adolescents.		DHSR - Mental	Health					
V 114	27G .0207 Emerger	ncy Plans and Supplies	V 114	NOV 1 4 2018	3					
	AND SUPPLIES (a) A written fire plant area-wide disaster pershall be approved by authority. (b) The plan shall be and evacuation proceed in the facility. (c) Fire and disaster	or EMERGENCY PLANS In for each facility and Islam shall be developed and Islam shall be developed and Islam shall be appropriate local Islam made available to all staff Islam to a shall be Islam to a contract of the contr		Lic. & Cert. Se	Ction	2				
Ď	repeated for each shunder conditions that	nift. Drills shall be conducted t simulate fire emergencies. I have basic first aid supplies								
	failed to ensure fire a	t as evidenced by: iew and interview, the facility and disaster drills were held ed on each shift. The findings								
	 No fire drills comple September 2018. 	of facility records revealed: eted from June 2018 thru ompleted from June 2018								

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

TITLE

(X6) DATE

Appendix 1-B: Plan of Correction Form

Plan of Correction Prison of Health Service Regulation Adur. Keith Hughes 2718 Mail Services Center Pervolter Contact Person for follow-up: Provider Contact Person for follow-up: Person follow-up: Person for follow-up: Person			The second of the second secon	
ted information and mail completed: Regulation Rearson Regulation Rearson Regulation Rearson Regulation Rearson Regulation Rearson Regulation Rearson Regulation Regulation Rearson Regulation Rearson Regulation Responsible Party Responsible Party Administraton/Owner - will inform LPQA/Ql directors of all complete the assigned drill. Life Opportunities, lnc. associate professional will file the drills in forms and monitor the specified morebook. Rements Life Opportunities, lnc. associate professional will file the drills in forms and monitor the specified morebook. Regulation Responsible Party Administraton/Owner - will inform LPQA/Ql Director - update forms and monitor that they are current. Life Opportunities, lnc. associate professional will file the drills in forms and monitor the specified morebook. Regulation Reponsible Party Administraton/Owner - will complete the specified morebook. Provider #: MHIL Responsible Party Administraton/Owner - will complete the specified morebook. Circh Right Committee — monitorfreview LPQA/Ql Director - update conducted the instructions for administering medication recorded the inform LPQA/Ql directors of a director of a di		compliance	Life Opportunities, Inc. qualified professional will check MAR's bi-monthly to ensure the MAR's are current and units data	
Plan of Correction 10/15/2018 In lieu of mailing the form, you may e-mail the form (o: Regulation Certification Section Dean & Deborah Pearson Party Phone: 910)		LP/QA/QI Director - update	Life Opportunities, Inc. associate professional will ensure the	
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Plan of Correction 10/15/2018 In lieu of mailing the form, you may e-mail the form to: Regulation R	12/14/2018	Client Right Committee/QA	immediately after administering medication to a client.	current affecting two of three audited
red information and mail completed Regulation In lieu of mailing the form, you may e-mail the form to: Regulation In lieu of mailing the form, you may e-mail the form to: Regulation Name: Life Opportunities, Inc. — A Better Way Phone: [910] Ow-up: Dean & Deborah Pearson Ow-up: Corrective Action Steps Life Opportunities, Inc. will develop a monthly schedule at the beginning of each month, reflecting days and shifts for staff to complete fire and disaster drills. Life Opportunities, Inc. will assign staff based on the schedule and identify which staff person will complete the assigned drill. Life Opportunities, Inc. associate professional will ensure the drills in complete in and the qualified professional will ensure the drills in complete in the specified notebook. Life Opportunities, Inc. will associate professional will file the drills in compliance Life Opportunities, Inc. will conduct bi-monthly reviews of all consumers MAR's to ensure that they are current. Life Opportunities, Inc. will conduct bi-monthly reviews of febranges Life Opportunities, Inc. will associate professional will review of febranges Life Opportunities, Inc. will associate professional will review of febranges Life Opportunities, Inc. will associate professional will review of febranges Life Opportunities, Inc. will associate professional will review of febranges Life Opportunities, Inc. will associate professional will review of febranges Life Opportunities, Inc. will associate professional will review of febranges	Projected Completion Date:	3	weekly to ensure staff who administered medication recorded the	a physician and tailed to keep MAR's
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NOV-14-2018(WED) 14:09 INTEGRATED CARE INC.

(FAX)9108179516

P. 004/005

P. 001

NOV-07-2018 (WED) 11:30 INTEGRATED CARE INC.

(FAX) 9108179516

Transaction Report			
Send ERROR: Re-send error page(s).			
No. TX Date/Time Destination	Duration P.#	Result	Mode
376 NOV-07 11:29 19197158078	000	Busy	

Life Opportunities Inc P. O. Box 448 Shannon, NC 28386 Phone: (910) 733-2519

Eax: (910) 227-2488

COVER SHEET

DATE: 11/03/2018

TO: DHSR Licensurgand Certification Section

ATTN: Keith Hughes

FAX NO: (919) 715-8078

SUBJECT: POC - Intake # NC00142650

FROM: Life Opportunities, Inc.

NO OF PAGES: 3 INCLUDING COVER SHEET)

COMMENTS:

NOV-14-2018(WED) 14:10

INTEGRATED CARE INC.

(FAX)9108179516

P. 005/005

NOV-08-2018 (THU)

18:29 INTEGRATED CARE INC.

(FAX)9108179516

P. 001

Transaction Report

Send

ERROR: Re-send error page(s).

No. TX Date/Time Destination Duration P. # Result Mode

378 NOV-08 18:28 19197154785 QOO Busy

Life Opportunities Inc P. O. Box 448 Shannon, NC 28386 Phone: (910) 733-2519 Fax: (910) 227-2488

FAX COVER SHEET

DATE: 11/03/2018

TO: DHSR Licensure and Certification Section

ATTN: Keith Hughes

FAX NO: (919) 715-8078

715-4785

SUBJECT: POC - Intake # NC00142650

FROM: Life Opportunities, Inc.

NO OF PAGES: 3

INCLUDING COVER SHEET)

COMMENTS:

Life Opportunities Inc P. O. Box 448 Shannon, NC 28386

Phone: (910) 733-2519 Fax: (910) 227-2488

FAX COVER SHEET

DATE: 11/03/2018

TO: DHSR Licensure and Certification Section

ATTN: Keith Hughes

FAX NO: (919) 715-8078

715-4785

SUBJECT: POC - Intake # NC00142650

FROM: Life Opportunities, Inc.

NO OF PAGES: 3 INCLUDING COVER SHEET)

COMMENTS:



RECEIVED IN NOV 1 4 2018 CONSTRUCTION SECTION