

PRINTED: 10/19/2018
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 10/15/2018
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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(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)	(X4) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 15, 2018. The complaint was unsubstantiated (intake #NC00142650). Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.	V 000	<p>DHSR - Mental Health</p> <p>NOV 14 2018</p> <p>Lic. & Cert. Section</p>	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 10/12/18 of facility records revealed: - No fire drills completed from June 2018 thru September 2018. - No disaster drills completed from June 2018	V 114		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah Peterson</i>	TITLE <i>Program Director</i>	(X6) DATE <i>10-3-18</i>
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STATE FORM 155011 If continuation sheet 1 of 5

Appendix 1-B: Plan of Correction Form

Plan of Correction
10/15/2018

Please complete all requested information and mail completed 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

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	Life Opportunities, Inc. – A Better Way	Phone:	(910) 733-2519
Provider Contact Person for follow-up:	Dean & Deborah Pearson	Fax:	(910) 227-2488
Address:	220 Calvins Road Shannon, NC 28386	Email:	deborah.pearson@life-opportunities.org
		Provider #:	MHL-078-159

Finding	Corrective Action Steps	Responsible Party	Time Line
V114.27G.0207 Emergency Plans and Supplies Fail to ensure fire and disaster drills were held quarterly and repeated on each shift	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 identity which staff person will complete the assigned drill. Life Opportunities, Inc. associate professional will ensure the drills are conducted monthly and the qualified professional will verify completion. Life Opportunities, Inc. associate professional will file the drills in the specified notebook.	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	Implementation Date: 11/15/2018 – On going Projected Completion Date: 12/14/2018
V118.27G.0209 (c) Medication Requirements Fail to administer medications as ordered by a physician and failed to keep MAR's current affecting two of three audited records.	Life Opportunities, Inc. will conduct bi-monthly reviews of all consumers MAR's to ensure that they are current. Life Opportunities, Inc. associate professional will review MAR's weekly to ensure staff who administered medication recorded the immediately after administering medication to a client. Life Opportunities, Inc. associate professional will fill out of MAR to reflect the instructions for administering the drugs. Life Opportunities, Inc. associate professional will ensure the MAR are kept current by checking the MAR's daily. Life Opportunities, Inc. qualified professional will check MAR's bi-monthly to ensure the MAR's are current and up-to-date.	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	Implementation Date: 11/15/2018 – On going Projected Completion Date: 12/14/2018

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
Fax: (910) 227-2488

FAX COVER SHEET

DATE: 11/03/2018

TO: DHR Licensure and 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:

Transaction Report

Send

ERROR: Re-send error page(s).

No.	TX	Date/Time	Destination	Duration	P. #	Result	Mode
378	NOV-08	18:28	19197154785		000	Busy	

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FAX NO: (919) 715-8078

715-4785

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NO OF PAGES: 3

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COMMENTS:

Life Opportunities Inc

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