Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
MHL033-035		B. WING			R 02/07/2019							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BETTER DAYS AHEAD OF ROCKY MOUNT #3 829 LONG AVENUE 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	(EACH CORRECTIVE ACTIO	DER'S PLAN OF CORRECTION PRECTIVE ACTION SHOULD BE PERENCED TO THE APPROPRIATE DEFICIENCY)						
V 000 INITIAL COMMENTS			V 000									
	on February 7, 2019	w up survey was comp 9. A deficiency was cite	ed.									
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.											
V 736	27G .0303(c) Facility and Grounds Maintenance			V 736								
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.											
	failed to ensure the	et as evidenced by: ion and interviews the fa home was maintained nner. The findings are:										
	following: -Ceiling in clien stain, sheetrock mis		ater									
	During interview on	room with large water s the Qualified Profession										
	check on things.	in the home in a while t										
		take full responsibility for e sure repairs are comp										
		2/7/19 the Licensee sta damage from hurricane										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED R 02/07/2019						
				A. BUILDING:									
мн		MHL033-035	MHL033-035										
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
BETTER DAYS AHEAD OF ROCKY MOUNT #3 829 LONG AVENUE 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 736	months ago. -The roof was ithey had not repair general to repair things. -Had not follow completed requested.	repaired on the outs ed then inside. uy to come out to the	ne homes he completed	V 736									

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