

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD AT ROCKY MOUNT INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 BEDFORD ROAD</b> <b>ROCKY MOUNT, NC 27801</b>
---	---

(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  An annual and follow up survey was completed on February 12, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services	V 000		
V 272	27G .5101 Community Respite - Scope  10A NCAC 27G .5101 SCOPE (a) Community respite is a service which provides periodic relief for a family or family substitute on a temporary basis. While overnight care is available, community respite services may be provided for periods of less than 24 hours on a day or evening basis. Respite care may be provided by the following models: (1) Center-based respite - the individual is served at a designated facility. While an overnight capacity is generally a part of this service, a respite center may provide respite services to individuals for periods of less than 24 hours on a day or evening basis. (2) Private home respite - the individual is served in the provider's home on an hourly or overnight basis. (b) Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when: (1) more than two individuals are served concurrently; or (2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.  This Rule is not met as evidenced by: Based on record review and interview the facility	V 272		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD AT ROCKY MOUNT INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 BEDFORD ROAD</b> <b>ROCKY MOUNT, NC 27801</b>
---	---

(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 272	<p>Continued From page 1</p> <p>failed to ensure services for Community Respite was provided for periodic relief on a temporary basis for two of two audited clients (#1). The findings are:</p> <p>Review on 2/4/19 of client #1's record revealed: -Admission date of 8/9/18 -Diagnoses of Autism and Attention Deficit with Hyperactive Disorder (ADHD)</p> <p>Review on 2/4/19 of daily census for the last six months revealed client #1 had stayed in the home Monday through Friday of every week, he stayed in his mother's home on the weekends.</p> <p>Further review on 2/4/19 of client #1's record revealed a treatment plan dated 1/1/19 and a meeting held on 11/12/18 revealed: -"At this time due to behavioral concerns, my family is researching other residential options. An application has been submitted to [psychiatric hospital] and I am on the wait list at this time. I am currently in Respite at [facility].</p> <p>During interview on 2/4/19 the Licensee stated: -Client #1 was referred to them by the local MCO for placement until they can find a permanent place for him. -He was living home with his mother, but she could not handle him as he was too aggressive physically for her. -He was only supposed to be there for a few weeks, and it has turned into six months. -Has been told he is on a wait list for other placements, but not sure when. -No problems with him, he has a staff with him all day. -He is not in school, staff takes him out into the community daily.</p>	V 272		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD AT ROCKY MOUNT INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 BEDFORD ROAD</b> <b>ROCKY MOUNT, NC 27801</b>
---	---

(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 272	<p>Continued From page 2</p> <p>During interview on 2/7/19 the Care Coordinator of client #1 stated:</p> <ul style="list-style-type: none"> <li>-They placed client #1 in Respite until they could find him a permanent placement.</li> <li>-Did not realize it would take this long.</li> <li>-Looking to place him in a licensed Alternative to Family Living (AFL) home, but they are all full.</li> <li>-Currently waiting on an AFL that is in the licensing process they will place him in any day.</li> <li>-Client #1's mother did not want to enroll him in school while in the respite home because of his issues with transitioning into a new school and then he would need to enroll in a new school once he is placed in a permanent home.</li> <li>-Had planned on this respite placement only to be a few weeks, but, "we had no where to place him."</li> </ul> <p>During interview on 2/7/19 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>-They had not planned on keeping client #1 this long.</li> <li>-The MCO stated they just needed a few weeks until a permanent place could be located.</li> <li>-Had told them "he needed to go" a while back."</li> <li>-"What do you do when its the MCO telling you he needs to stay?"</li> <li>-Will send them a 30 day notice of discharge.</li> </ul>	V 272		