

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD OF ROCKY MOUNT, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1713 KINGS CIRCLE DRIVE</b> <b>ROCKY MOUNT, NC 27801</b>
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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)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/7/19. A deficiency was cited.</p> <p>The facility is licensed for the following service category 10A NCAC .27G 5600C Supervised Living for Developmentally Disabled Adult.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the home was maintained in a safe, attractive manner. The findings are:</p> <p>Observation on 2/7/19 at 2:00 PM revealed the following:</p> <ul style="list-style-type: none"> <li>-Client bedroom had a cable wire laying across floor where it had been ripped off the wall.</li> <li>-Baseboard in client bedroom was rotted and wood falling off.</li> <li>-Baseboard in client bathroom was rotted and wood coming apart.</li> <li>-Metal plate in client bath tub was rusted and had sharp edges.</li> <li>-Coffee table in common area had legs broken and barely standing up.</li> <li>-Carpet down stairs was ripped and rippled throughout the room.</li> </ul>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>During interview on the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>-Had not been in the home in a while to check on things.</li> <li>-"Its my fault, I take full responsibility for not checking in to make sure repairs are completed."</li> </ul> <p>During interview on 2/7/19 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-Had a repair guy to come out to the homes to repair things.</li> <li>-Had not followed up to make sure he completed requested repairs.</li> <li>-Need to make sure all repairs are completed as requested before payment rendered.</li> </ul>	V 736		