

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD, INC #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 HILL STREET ROCKY MOUNT, NC 27801
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 02/07/19. Deficiencies were 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 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the Staff #1 's medication was stored in a secure manner exposed to three of three (#1, #2, #3) clients. The findings are :</p>	V 120		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 120	Continued From page 1 Observation on 02/07/19 at 1:30 PM revealed the following: -Ibuprofen 200 mg was laying out on desk in the common area of the home During interview on 02/07/19 the Licensee stated : -The medication "should be locked up not left out on the desk" -The medication belonged to staff #1.	V 120		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the home was maintained in safe, attractive manner. The findings are: Observation on 02/07/19 at 1:00pm revealed the following: -Water pressure client bathroom sink and showers were extremely low. -Bathroom vents in both client bathrooms were rusted and chipping off leaving sharp edges. -Client bedrooms throughout dresser drawers were broken and off track. During interview with the Qualified Professional (QP) stated:	V 736		

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V 736	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Had not been in the home in a while to check on things. -"Its my fault, I take full responsibility for not checking in to make sure repairs are completed" <p>During the interview on 02/07/19 the licensee stated :</p> <ul style="list-style-type: none"> - Had a repair guy to come out to the homes to repair things. - Had not followed up to make sure he completed requested repairs. -Need to make sure all repairs are completed as requested before payment rendered. 	V 736		