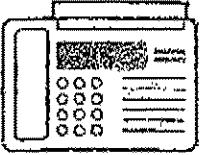


F A X

Better Connections Inc.
315 Clifton Street
Greenville, NC 27858
252-814-2118



Number of sheets including cover: _____

To: *Renee Ames*
Fax number: *919 715 8078*

Better Connections Inc
Name: *Deborah Gorch*
Fax number: *252-689-6013*

Date: *4-23-19*

Regarding: *POC - Elizabeth City*

Phone number for follow-up:
252 814-2118

Comment:

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RECEIVED
By DHSR-Mental Health Licensure at 12:30 pm, Apr 23, 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED R 04/16/2019
		B. WING	

NAME OF PROVIDER OR SUPPLIER
BETTER CONNECTIONS-ELIZABETH CITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**1331 FOUR FORKS ROAD
ELIZABETH CITY, NC 27909**

(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
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V 000

INITIAL COMMENTS

An annual and follow up survey was completed on April 16, 2019. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities

V 000

V 108

27G .0202 (F-I) Personnel Requirements

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

(f) Continuing education shall be documented.


(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

- (1) general organizational orientation;
- (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;
- (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
- (4) training in infectious diseases and bloodborne pathogens.

(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.

(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and

V 108

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

TITLE QA

(X6) DATE 4-23-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/16/2019
		A. BUILDING:	
		B. WING	

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909
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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 108	<p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility to train 6 of 6 paraprofessional staff (#1 - #6) to meet the needs of clients specific to diabetes. The findings are:</p> <p>Review on 4/16/19 of personnel records revealed:</p> <ul style="list-style-type: none"> - staff #1: Hire date 10/3/16, Job position; Residential Manager, No documentation of training in diabetes. - staff #2: Hire date 2/16/17, Job position; Direct Care Professional, No documentation of training in diabetes - staff #3: Hire date 2/16/18, job position; Direct Care Professional, No documentation of training in diabetes - staff #4: Hire date 2/18/17, job position; Direct Care Professional, No documentation of training in diabetes - staff #5: Hire date 5/11/16, Job position; Direct Care Professional, No documentation of training in diabetes - staff #6: Hire date 5/11/16, job position; Direct Care Professional, No documentation of training in diabetes <p>Review on 4/16/19 of client #1's record revealed: - admission date 5/11/16 - diagnoses including Moderate Intellectual and Developmental Disabilities (IDD), Impulse Control Disorder, Diabetes, Seizures, Cerebral Palsy and Chronic Heart Failure</p> <p>Review on 4/16/19 of client #2's record revealed: - admission date 8/1/17</p>	V 108	<p>V108: RN will provide Diabetes Management Training for all staff. Any new staff hired following this training will receive training prior to administering procedures with the exception of oral medications. RD will notify RN of all new staff being hired and document such through email or Therap collaborative note that contact has been made.</p>	6-15-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL07D-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED R 04/16/2019
		B. WING:	

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27809
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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 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - diagnoses including Severe IDD, Impulse Control Disorder, Diabetes, Gastro Esophageal Reflux Disease, Dysphagia, High Blood Pressure, High Cholesterol, Arthritis, Sleep Apnea and Narcolepsy - a physician's order dated 4/28/18 to take client #2's blood sugar level every week <p>During an interview on 4/16/19, staff #5 reported:</p> <ul style="list-style-type: none"> - she had not been trained in diabetes management since working at this facility - she knew about diabetes because a family member had it - she would notify the Residential Manager if client #2's blood sugar was too high or too low - too high would be over 124 and too low would be under 60 - symptoms would include nervousness, sweats, being thirsty or "woozy" - she thought the symptoms would be for either high or low blood sugar <p>During an interview on 4/16/19, staff #6 reported:</p> <ul style="list-style-type: none"> - she had not been trained in diabetes management since working at this facility - she knew about diabetes because she herself was diagnosed with diabetes - if someone's blood sugar was too low they could pass out - she would give them orange juice - if it was too high she would make sure they had taken their medicine - client #1 was the only client with diabetes - was not aware that the Glucophage client #2 was taking was to treat diabetes <p>During an interview on 4/16/19, the Residential Manager agreed staff should be trained in Diabetes Management.</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED R 04/16/2019
		B. WING:	

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27908
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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 114	Continued From page 3	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>Review of facility records on 4/16/19 at approximately 11:15am revealed:</p> <ul style="list-style-type: none"> - the shifts identified for performing fire and disaster drills were: 1st shift - 7:00am - 3:00pm; 2nd shift - 3:00pm - 11:00pm; 3rd shift - 11:00pm - 7:00am - documentation of fire drills was missing on: <ul style="list-style-type: none"> - 1st quarter (January - March): 2nd and 3rd shift - 3rd quarter (July - September) 2nd shift - documentation of disaster drills was missing on: 	V 114	<p>V114: Residential Director will complete monthly log sheet to ensure drills are present for each shift every quarter.</p> <p>1 fire drill will be completed on 1st shift, 2nd shift and 3rd shift each month.</p> <p>1 disaster drill will be completed on 1st shift, 2nd shift and 3rd shift each month.</p> <p>See attached log.</p>	6-15-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/16/2019
		A. BUILDING:	
		B. WING:	

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909
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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 114	Continued From page 4 - 1st quarter (January - March): 1st shift - 2nd quarter (April - June) 2nd shift - 3rd quarter (July - September) 3rd shift Review again on 4/16/19 at approximately 4:00pm revealed additional drills submitted by the Residential Manager which covered the missing fire drills in the 1st and 3rd quarter and disaster drill in the 2nd quarter. During interviews on 4/16/19, both staff and clients reported fire and disaster drills were conducted monthly.	V 114		
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 interview, the governing body failed to maintain the facility in a safe manner. The findings are: Observation on 4/16/19 at approximately 9:45am revealed - a deck attached to the house at the dining room with double exit doors. The deck had a handicapped ramp leading to the driveway. Wood at the top of the ramp was warped and sticking up in the air approximately 3 inches. This created a hazard for clients leaving the facility by	V 736	V736: RD will complete monthly household checklist to ensure interior and exterior structures, attachments are safe for individuals residing in home. Ramp issues noted was repaired on 4-20-19. Checklist will specifically note item to left to make sure repair has been completed. See attached checklist. Household checklist will be completed monthly to ensure home is safe for individuals maneuvering around. RD will ensure any repairs needed are addressed in a timely fashion. RD will document on checklist when contact was made with landlord or others to repair issues noted.	6-15-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	(X3) DATE SURVEY COMPLETED R 04/16/2019
NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909		
(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	<p>Continued From page 5</p> <p>this exit.</p> <ul style="list-style-type: none"> - a second handicap ramp leading from the garage into the kitchen area <p>Observation on 4/16/19 at 3:30pm revealed:</p> <ul style="list-style-type: none"> - client #1 used a wheelchair in the house and community - client #2 used a walker and required the assistance of 2 staff to maneuver within the house - client #2 sometimes used a "shuffling" motion when he was tired <p>During an interview on 4/16/19, staff #5 and #6 both reported:</p> <ul style="list-style-type: none"> - client #2 needed physical assistance exiting the house during a fire drill - client #1 had to be pushed out of the house in her wheelchair as she could not move the chair herself (this was a manual wheelchair) - they did not use the dining room exit for either drills or to enter or exit the facility - they used the ramp in the garage exclusively for clients #1 and #2 - the back deck had been like that for a few months <p>During an interview on 4/16/19, the Residential Director reported she thought there had been a work order submitted for the deck and she would check on it immediately</p>	V 736		

DRILL SUBMISSION FORM FOR ELIZABETH CITY GROUP HOME POC DATED 4-16-19

Instructions: Run each drill on the designated shift per month. Attach this form to all drills submitted on monthly basis. Copies to be submitted at staff meeting.

April 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____/Date_____

May 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____/Date_____

June 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____/Date_____



Better Connections, Inc. – Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Outside Appearance	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Gutters					
Trash of Ground					
Paint/Exterior condition					
General Repair					
Lawn Care					
Garbage covered and appropriate distance from house					
Gas/Charcoal grill clean and safety stored					

Interior Common Area	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					

Kitchen	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Cleanliness					
Appliances in working order					
Refrigerator/Freezer temps current and WNL					
Range/Oven clean and functional					
Microwave clean and functional					
Col/frozen food dated and within date (license facility)					
Pantry food dated and within date (license facility)					
Other equipment functional					
Dishes/cooling utensils clean and put away					
Storage equipment					

Bathrooms	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Tub/Shower-cleanness and Repair					
Commode-cleanness and repair					
Basin- cleanness and repair					



Better Connections, Inc. - Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Leaking Faucets, Drips, Plumbing Issues					
Clothing Hamper					
Towels- Clean and Hung Neatly					
Supplies- Soap, Towels, Cups, etc.					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 1					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 2					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 3					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					



Better Connections, Inc. -- Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Universal Precautions					
Sharps container < 2/3 full and properly stored					
Bio-Hazard bags available					
Latex Gloves (or non-latex) available					
Hand Soap and sanitizer present					
Absorbent litter available for spills					
Garage does not open into a sleeping room					
Chemical Storage and Use					
Cleaning supplies in original labeled containers	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Gloves used when working with toxic chemicals					
Chemicals storage area secure					
Chemicals stored away from food					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
General					
Heating/Air Working					
Filters dated and change monthly					
Dryer unit functional and vent clear of lint					
GFCI outlet working					
Electrical outlets covered					
Extension cords within safety parameters					
Lamps/Light fixtures functional					
Spare light bulbs in stock					
Handicap evacuation plan present					
Evacuation plan posted					



Better Connections, Inc. – Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Safety/hazardous conditions	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Hallways/ traffic areas free from clutter					
Doors well hinged and functional					
Door and windows locks in good repair and engaged					
Room temperature appropriate					
Floor free from spills and clutter					
Storage areas neat					
Note hot water temperature each sink/bathtub/shower (100-116 degrees)					

Test or Check the following	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Exit light above doors					
Smoke detectors functional- smoke detectors set off					
Fire alarm sounded and Fire Drill appropriate					
Security Alarm Functioning					
Exterior lights functional					
Fire Extinguishers – up to date					
First aid Kit not expired					

Mar Book	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
The Mar Contains the name of consumer					
Mar Contains the name of each medication					
Order are transcribed identical to the original order					
Mar contains the dose or strength of each medication					
Mar List the route of each medication					
Mar list the frequency of each medication					
The mar lists the time of each medication					
Mar list allergies of each consumer					
Mar is completed in black ink					
Each date has the staff initials					



Better Connections, Inc. -- Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Drug count sheet matches the actual medication					
Control medication is double lock					
Refrigerator medication is in a lock box					
No medication has expired					
Current doctor order for all medication					
Keys to Medication closet are kept in a secure area					
Internal Medication is separate from External Medication					
Medication container and storage area is clean and neat					
Immunization record present					
Diet recommendations followed					
Health tracking records present and current (BS, BP, Stool, Menstrual, etc)					
Consultation form are current					
Annual exam is up to date (dental, eye, physical, breast, etc.)					
Lab work current					

Hab Book	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Progress notes update					
Current plan in book					
Data collections sheets are completed daily					
Face sheet updated					
Consents are up to date					
Assessments completed					
MEDICATIONS	DATE OF PRESCRIPTION	HOW MANY REFILLS	DOES INDIVIDUAL SELF MEDICATION YES or NO		COMMENTS



Better Connections, Inc. -- Household Checklist for Elizabeth City (April, May, June)

Name of House: _____ /Individual's Name: _____ /Date: _____

Page 7 of 7

Residential Director's Signature/Date

Residential Director's Supervisor/Date