

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/12/2019
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD AT ROCKY MOUNT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 BEDFORD ROAD 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
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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

DHSR - Mental Health
APR 30 2019
Lic. & Cert. Section

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.

V 272

Client #1 was discharged on 2/22/2019. The Qualified Professional and Director of Administration will ensure that during members annual ISP/PCP plan, request for emergency respite or respite until placement is located; that the MCO, Care coordinators, Parents and/or Guardians are advised that the member cannot exceed 240 hours per calendar month. Respite hours will be monitored by the Qualified Professional weekly.

This Rule is not met as evidenced by:
Based on record review and interview the facility

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary G. Sauls</i>	TITLE <i>Director of Administration</i>	(X6) DATE <i>4/25/19</i>
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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	<p>Client #1 was discharged on 2/22/2019. The Qualified Professional and Director of Administration will ensure that during members annual ISP/PCP plan, request for emergency respite or respite until placement is located; that the MCO, Care coordinators, Parents and/or Guardians are advised that the member cannot exceed 240 hours per calendar month. Respite hours will be monitored by the Qualified Professional weekly.</p>	
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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"> -They placed client #1 in Respite until they could find him a permanent placement. -Did not realize it would take this long. -Looking to place him in a licensed Alternative to Family Living (AFL) home, but they are all full. -Currently waiting on an AFL that is in the licensing process they will place him in any day. -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. -Had planned on this respite placement only to be a few weeks, but, "we had no where to place him." <p>During interview on 2/7/19 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -They had not planned on keeping client #1 this long. -The MCO stated they just needed a few weeks until a permanent place could be located. -Had told them "he needed to go" a while back." -"What do you do when its the MCO telling you he needs to stay?" -Will send them a 30 day notice of discharge. 	V 272	<p>Client #1 was discharged on 2/22/2019. The Qualified Professional and Director of Administration will ensure that during members annual ISP/PCP plan, request for emergency respite or respite until placement is located; that the MCO, Care coordinators, Parents and/or Guardians are advised that the member cannot exceed 240 hours per calendar month. Respite hours will be monitored by the Qualified Professional weekly.</p>	
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 13, 2019

DHSR - Mental Health

APR 30 2019

Lic. & Cert. Section

Mr. Kelvin Barnhill/ Keith Barnhill
Better Days Ahead, Inc.
P.O. Box 909
Rocky Mount, NC 27802

Re: Annual survey completed 2/12/19
Better Days Ahead of Rocky Mount Inc. #5, 1521 Bedford Road, Rocky Mount, NC
MHL # 033-108
E-mail Address: barnhillceoperation2001@aol.com

Dear Mr. Barnhill:

Thank you for the cooperation and courtesy extended during the annual survey completed 2/12/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is 4/12/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keisha N. Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
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