

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL033-029</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/07/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETTER DAYS AHEAD, INC #2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1212 HILL STREET<br/>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 |
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| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on 02/07/19. Deficiencies were cited.<br><br>The facility is licensed for the following service category 10A NCAC .27G 5600C Supervised Living for Developmentally Disabled Adult.   | V 000 |  |   |
| V 120 | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(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;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(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.<br><br>This Rule is not met as evidenced by:<br>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 : | V 120 |  | DHSR - Mental Health<br><br>APR 30 2019<br><br>Lic. & Cert. Section<br>Staff #1 was retrained in Medication storage on 2/11/19 by the company nurse. The company nurse and Qualified Professional will check the house weekly to ensure that all medication are stored appropriately according to the requirements listed in 10A NCAC 27g.0209. Any findings of inappropriate storage of medication will be reported to the Director Of Administration ; Director of administration will address staff regarding the findings and appropriate action will be taken. |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

J5TE11

If continuation sheet 1 of 3

*Mary H. Saulnier*

*Director of Administration*

*4/27/9*

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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

Staff #1 was retrained in Medication storage on 2/11/19 by the company nurse. The company nurse and Quali-fied Professional will check the house weekly to ensure that all medication are stored appropriately according to the requirements listed in 10A NCAC 27g.0209. Any findings of inappropriate storage of medication will be reported to the Director Of Administration ; Director of administration will address staff regarding the findings and appropriate action will be taken.

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.

V 736

Effective 3/1/19 the bathroom vents replaced and the dresser was replaced in clients room. We are presently still in the process of working with a Plummer and the City Of Rocky Mount in rectifying the water pressure in client bathroom . Better Days Ahead Of Rocky Mount qualified Professional will complete quarterly In- home inspection. If any findings are noted a work order sheet will be filled out and all repairs will be completed with in 30 days for the inspection. The Qualified Professional will follow up after the 30 days to ensure that all repairs are completed and are in compliant according to the Division Of Health Services Regulations

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:

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| V 736 | <p>Continued From page 2</p> <p>-Had not been in the home in a while to check on things.<br/>-"Its my fault, I take full responsibility for not checking in to make sure repairs are completed"</p> <p>During the interview on 02/07/19 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 | <p>Effective 3/1/19 the bathroom vents replaced and the dresser was replaced in clients room. We are presently still in the process of working with a Plummer and the City Of Rocky Mount in rectifying the water pressure in client bathroom . Better Days Ahead Of Rocky Mount qualified Professional will complete quarterly In- home inspection. If any findings are noted a work order sheet will be filled out and all repairs will be completed with in 30 days for the inspection. The Qualified Professional will follow up after the 30 days to ensure that all repairs are completed and are in compliant according to the Division Of Health Services Regulations</p> |  |
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TITLE

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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

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

Re: Annual and Follow Up Survey completed 2/7/19  
Better Days Ahead Group Home #2, 1212 Hill Street, Rocky Mount, NC  
MHL # 033-029  
E-mail Address: barnhillceoperation2001@aol.com

Dear Mr. Barnhill:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 2/7/19.

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 4/7/19.

**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

**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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

APR 30 2019

Lic. & Cert. Section

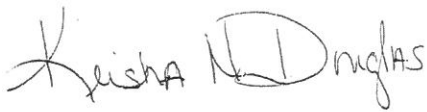
Raleigh, NC 27699-2718

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  
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Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
File