


PRINTED: 04/03/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/22/2019
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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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>A complaint and follow up survey was completed on 03/22/19. The complaints were unsubstantiated (Intake #NC00147462 and Intake #NC00149428). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 11:10 am, May 06, 2019</small></p> </div>	
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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/08/19 of facility records from December 2018 thru present revealed no</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Director	(X6) DATE 5-4-19
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	<p>Y367.27G.0604 Incident Reporting Requirements</p> <p>Fail to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required.</p>	<p>Life Opportunities, Inc. will report all level II and/or Level III incidents that occur within 72 hours of becoming aware of the incident.</p> <p>Life Opportunities, Inc. will complete incidents on the IRIS system with the required information specified on the form/system.</p> <p>Life Opportunities, Inc. will submit upon request by the LME, other information obtained regarding the incident.</p>	<p>Administrator/Owner -- monitor/review to ensure compliance is maintained</p> <p>LP/QA Committee -- monitor/review compliance</p>	<p>Implementation Date: 04/01/2019 -- On going</p> <p>Projected Completion Date: 05/01/2019</p>
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Life Opportunities Inc
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Shannon, NC 28386
Phone: (910) 733-2519
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FAX COVER SHEET

DATE: 05-04-19

TO: DHSR Licensure

ATTN: Gloria Locklear

FAX NO: (919) 715-8078

SUBJECT: Plan of Correction MHL-078-150

FROM: Life Opportunities –

NO OF PAGES: 3
INCLUDING COVER SHEET)

COMMENTS:

Life Opportunities Inc