

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ___  B. WING: ___	(X3) DATE SURVEY COMPLETED  R DATE
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NAME OF PROVIDER OR SUPPLIER  
**BETTER CONNECTIONS-HARMONY**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**110 SALEM CIRCLE  
GREENVILLE, NC 27858**

STATE 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)	DATE COMPLETE DATE
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V 000	INITIAL COMMENTS  An annual, complaint and follow up survey was completed on 1/2/20. The complaint was substantiated. Intake #NC00159066. Deficiencies were cited.	V 000		
V 108	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. <b>27G .0202 (F-I) Personnel Requirements</b> <b>10A NCAC 27G .0202 PERSONNEL</b> (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 20B; (3) training 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(h) 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	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: OWNER (X4) DATE: 1-28-20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL074-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 01/02/2020
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NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-HARMONY	STREET ADDRESS, CITY, STATE, ZIP CODE GREENVILLE, NC 27858
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DEFICIENCY TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	DEFICIENCY TAG	STATEMENT OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide staff training to meet the needs of the clients for 4 of 4 direct care staff audited (Staff #1, #2, #4, and #7). The findings are:</p> <p>Review on 12/30/19 of client #2's record revealed: -28 year old female. -Date of admission 01/16/19. -Diagnoses included Unspecified Mood Disorder, Undifferentiated Schizophrenic, Moderate Intellectual Disabilities, Autism Spectrum, Chronic Constipation and Pre-Diabetes. Order plan dated 01/04/19 "in the event my blood sugar levels are 60 or below, or over 240, my support staff should contact the nurse"...</p> <p>Review on 12/30/19 of client #2's physician orders revealed: 2/5/19 "Accu-Check Aviva Plus Test. Check blood sugar at 7:30am, 11:30am and 5:30pm.</p> <p>Review on 12/30/19 of client #2's Medication Administration Records (MARs) from 9/1/19 - 12/31/19 revealed: -Parameters for blood sugar levels and nurse contact were not transcribed to the MARs.</p> <p>Interview on 12/31/19 client #2 stated:</p>	V 108	<p>V108: Agency's contracted RN will provide diabetes training to current staff.</p> <p>QD/RD will be responsible to informing RN of any new employees in the home in order that they receive diabetes training prior to working with individuals.</p>	3-2-20

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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	Continued From page 2  -Staff assisted her with blood sugar levels everyday.  Review on 12/31/19 of Staff #1's personnel file revealed: -Hire date 3/18/19. -Position, Residential Director. -No documentation of training on diabetes.  Review on 12/31/19 of Staff #3's personnel file revealed: -Hire date 3/21/19. -Position, Direct Care Professional. -No documentation of training on diabetes.  Review on 12/31/19 of Staff #4's personnel file revealed: -Hire date 12/30/29. -Position, Direct Care Professional. -No documentation of training on diabetes.  Review on 12/31/19 of Staff #7's personnel file revealed: -Hire date 12/30/29. -Position, Qualified Professional (QP). -No documentation of training on diabetes.  Interview on 12/30/19 Staff #1 stated: - She knew about diabetes due to a family member having it. -She was formally trained by the facility on diabetes.  -Staff #4 stated she had not been trained on diabetes.  -Attempted interview on 12/31/19 was unsuccessful due to no return phone call from Staff #3.	V 108		

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V 108	Continued From page 3 -Attempted interview on 12/31/19 was unsuccessful due the QP being on vacation.  Interview on 01/02/20 Medical Records staff stated: -Staff for the facility had not been trained on diabetes. -He would schedule diabetes training for the staff.	V 108		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:  Review on 12/31/19 of facility records from 12/01/18 - 12/31/19 revealed: Fire Drills:	V 114		

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V 114	Continued From page 4  -1st quarter (12/01/18-02/28/19): No second or third shift fire drills documented and no weekend drills documented. -3rd quarter (08/01/19- 08/31/19): No third shift fire drill documented and no weekend drills documented. -4th quarter (09/01/19- 11/30/19): No first shift fire drill documented and no weekend drill documented for the 8:00am-8:00pm shift.  Disaster Drills: -1st quarter (12/01/18-2/28/19): No disaster drills documented. -2nd quarter (03/01/19-05/31/19): No disaster drills documented. -3rd quarter (06/01/19- 08/31/19): No disaster drills documented. -4th quarter (09/01/19- 11/30/19): No disaster drill for 8:00am-8:00pm shift.  Interview on 01/02/19 the Residential Director stated: -1st shift was 8:00am-4:00pm. -2nd shift was 4:00pm- 12:00am. -2nd shift was 5:00pm-10:00pm. -3rd shift was 12:00am- 8:00am. -A second staff person worked the 5:00pm-10:00pm shift. -Weekend shifts were 8:00am - 8:00pm and 8:00pm - 8:00am and 11:00am-7:00pm. -She put a schedule up for all drills to be completed. She would ensure they were completed correctly.	V 114	<b>V114:</b> A drill submission form with drills assigned per shift has been developed for each quarter – however February and March will be a monthly submission will be required from each RD throughout this POC. Drills and submission form will be submitted to Clinical Director during agency's monthly staff meeting (5 <sup>th</sup> of each month) Clinical Director. See attached form.	3-2-20
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	<p>Continued From page 5</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications and orders were implemented as ordered by the physician and failed to ensure MARs were kept current for two of three audited clients (#1 and #2). The findings are:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 12/30/19 and 12/31/19 of client #2's record revealed: -28 year old female. -Admission date of 12/16/15. -Diagnoses of Unspecified Mood Disorder, Undifferentiated Schizophrenia, Autism Spectrum Disorder and Moderate Intellectual Disability.</p> <p>Review on 12/30/19 and 12/3/19 of signed "physician orders" revealed: 2/5/19 -Accu-Check Aviva Plus Test. Check blood sugar at 7:30am, 11:30am and 5:30pm.</p> <p>6/26/19 -Benzotropine (treats bipolar disorder) - 0.5 milligrams (mg), one tablet twice daily. -Fanapt (treats schizophrenia) - 8mg one tablet twice daily. -Propranolol (treats hypertension) - 20 mg- 1 tablet twice daily. -Klonopin (treats anxiety) - 1 mg tablet three times daily. -Colace (treats constipation) - 100mg 1 capsule twice daily. -Fluticasone nasal spray (treats nasal congestion) 2 sprays each nostril twice daily. -Lamotrigine (treats bipolar disorder) 150mg tablet- 1 tablet two times daily. -Metformin (treats diabetes) - 500mg 1 tablet- one tablet twice daily. -Polyethylene glycol 3350 (treats constipation) - Mix 1 capful (17 grams) with 4oz of water/juice twice daily. -Linzess (treats constipation) 72mcg 1 tablet every morning. -Senna (treats constipation) - 8.6 mg tablet- 2 tablets daily. -Sertraline HCL (treats depression) - 25mg- one tablet in the morning.</p>	V 118	<p><b>V118:</b> RN will complete medication administration class from staff in home and focus on orders and MARs kept current. This will be in conjunction with Diabetes training.</p> <p>RD will review MARs at least 3 x weekly to ensure all signatures are noted as well as ensuring medications are orders are implemented as ordered. See form for RD to document throughout this POC.</p>	3-2-20

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V 118	<p>Continued From page 7</p> <p>Review on 12/30/19 and 12/31/19 of client #2's September 2019 - December 2019 MARs revealed the following:</p> <p>September 2019</p> <ul style="list-style-type: none"> <li>-Blood sugar values were not obtained on the following dates:               <ul style="list-style-type: none"> <li>7:30am: 9/5/19, 9/12/19-9/28/19</li> <li>5:30pm: 9/5/19, 9/8/19 and 9/12/19-9/27/19.</li> </ul> </li> </ul> <p>Blanks reviewed on the MAR's on the following dates:</p> <ul style="list-style-type: none"> <li>-BENZTROPINE - 9/30/19 at 8:00pm.</li> <li>-FANAPT - 9/30/19 at 8:00am.</li> </ul> <p>October 2019</p> <ul style="list-style-type: none"> <li>-PROPRANOLOL - 10/11/19 at 8:00am.</li> <li>-KLONOPIN - 10/10/19 at 8:00am.</li> </ul> <p>November 2019</p> <ul style="list-style-type: none"> <li>-COLACE - 11/21/19 and 11/22/19 at 8:00pm.</li> <li>-BENZTROPINE MES - 11/21/19 at 8:00pm</li> <li>-FANAPT - 11/21/19 at 5:00pm,</li> <li>-FLUTICASONE NASAL SPRAY - 11/21/19 at 8:00pm</li> </ul> <p>December 2019</p> <ul style="list-style-type: none"> <li>- Blood sugar values were not obtained as ordered on the following dates:               <ul style="list-style-type: none"> <li>7:30am: 12/2/19, 12/16/19, 12/18/19, 12/19/19, 12/28/19 and 12/29/19.</li> <li>11:30am: 12/28/19 and 12/29/19</li> <li>5:30pm: 12/2/19-12/6/19; 12/9/19 and 12/10/19; 12/15/19, 12/17/19, 12/18/19, 12/20/19, 12/28/19 and 12/29/19.</li> </ul> </li> </ul> <p>Blanks reviewed on the MAR's on the following dates:</p> <ul style="list-style-type: none"> <li>-COLACE - 12/28/19-12/30/19 at 8:00am; 12/2/19, 12/4/19-12/6/19, 12/10/19, 12/20/19, 12/23/19 and 12/28/19 at 8:00pm.</li> </ul>	V 118		

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V 118	Continued From page 8  -Linzess - 12/28/19 and 12/29/19 at 8:00am. -Senna - 12/28/19 and 12/29/19 at 8:00am. - Sertraline HCL - 12/28/19 and 12/29/19 at 8:00am. -Vitamin D - 12/28/19 and 12/29/19 at 8:00am. -Vitamin E - 12/28/19 and 12/29/19 at 8:00am. -Benzotropine Mes-12/28/19 and 12/29/19 at 8:00am; 12/28/19 and 12/29/19 at 8:00pm -Fanapt 8mg - 12/28/19 and 12/29/19 at 8:00am;12/28/19 at 5:00pm. -Fluticasone Nasal Spray- 12/28/19 and 12/29/19 at 8:00am; 12/28/19 8:00pm. -Lamotrigline - 12/28/19 and 12/29/19 at 8:00am; 12/28/19 at 8:00pm. -Metformin HCL - 12/28/19 and 12/29/19 at 8:00am; 12/28/19 at 6:00pm. -Polyethylene Glycol - 12/28/19 and 12/29/19 at 8:00am; 12/28/19 at 8:00pm. -Klonopin - 12/28/19 and 12/29/19 at 8:00am; 12/28/19 at 8:00pm. -Propranolol - 12/28/19 and 12/29/19 at 8:00am and 12/28/19 at 8:00pm.  Interview on 12/31/19 Client #2 stated: -She got her medications everyday. -Staff assisted her with checking her blood sugar everyday.  Review on 12/30/19 and 12/31/19 of client #1's record revealed: -42 year old female. -Admission date of 8/31/17. -Bipolar-Severe with Psychotic Features, Mild Intellectual Disabilities.  Review on 12/30/19 and 12/31/19 of client #1's signed physician orders revealed: -Cogentin (treats bipolar disorder) 0.5mg - 1 tablet twice daily. -Buspar (treats anxiety) 10mg - 1 tablet 3 times	V 118		

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V 118	<p>Continued From page 9</p> <p>daily.</p> <p>-Celexa (treats depression) 40mg - 1 tablet every morning.</p> <p>-Zyrtec (treats allergy symptoms) 10mg - 1 tablet every evening.</p> <p>Review on 12/30/19 and 12/31/19 of client #1's September 2019 - December 2019 MAR's revealed the following blanks:</p> <p>September 2019</p> <p>-Cogentin - 9/27/19 at 8:00pm</p> <p>October 2019</p> <p>-Buspar - 10/31/19 at 4:00pm.</p> <p>November 2019</p> <p>-Buspar - 11/28/19 at 8:00pm.</p> <p>December 2019</p> <p>-Celexa - 12/30/19 at 8:00am.</p> <p>-Zyrtec - 12/15/19 at 8:00pm.</p> <p>Interview on 12/31/19 Client #1 stated: - Staff administered her medications daily.</p> <p>Interview on 12/31/19 the Residential Director stated:</p> <p>-Clients were administered their medications daily.</p> <p>-Clients had not refused any medications. - Blanks in the MAR may be due to staff not signing the MAR.</p> <p>-If client is out of the facility, she normally fills in the blanks later.</p> <p>-She understood the MAR must be kept current.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

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V 118	Continued From page 10	V 118		
V 736	<p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations of the facility on 12/30/19 at approximately 10:50am revealed: -Window sill in living room to the left of the fire place had the screen loose from the frame with leaves in it. -Chest in Client # 3's dresser had knobs missing on the first and second drawer. -Ceiling above shower in hall bathroom had an area approximately 12 inches long and 6 inches wide that was black. -An area above the tile wall of shower approximately 5 inches long that was also black. -Various sized scuff marks behind television in client #2's bedroom. -Small wasp nest between the windowpane and screen. -Dresser in Client #1's bedroom had 1 knob off</p>	V 736	<p><b>V736:</b> Work request through agency's maintenance worker notes the following work has been completed or will be completed by - 2-2-20:</p> <p>Windowsill in living room to left of fireplace had the screen loose from the frame with leaves in it. Chest in Client #3 dresser had knobs missing on the first and second drawer. Ceiling above shower in hall bathroom had an area approximately 12 inches long that was also black (mold like). An area above the tile wall of shower approximately 5 inches long that was also black (mold like). Various sized scuff marks behind television in client#2 bedroom. Small wasp nest between the windowpane and screen. Dresser in Client #1 bedroom had one knob off. Residential Director will ensure that these areas will be addressed through the monthly household checks being completed on weekly basis and monthly thereafter. See attached checklist noting above also.</p>	2-2-20

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL074-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 01/02/2020
NAME OF PROVIDER OR SUPPLIER  BETTER CONNECTIONS-HARMONY		STREET ADDRESS, CITY, STATE, ZIP CODE 110 SALEM CIRCLE GREENVILLE, NC 27858		
(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	Continued From page 11 second drawer.  Interview on 12/30/19 the Residential Director stated: -She had completed a work order prior to 12/25/19 for the black area on the ceiling of the the shower. -Clients sometimes point the shower head up in that area and have been asked to stop.  [This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]	V 736		
V 744	27G .0304(b) Safety  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  This Rule is not met as evidenced by: Based on observation and interview the licensee failed to ensure the facility was equipped in a manner that ensured the physical safety of one of three audited clients (Client #2). The findings are:  An observation on 12/30/19 of the facility at approximately 10:55am revealed: -The room had a window facing the side of the home and a window facing the front of the home. -The window facing the side of the home would not open.	V 744	<b>V744:</b> Maintenance has completed this "safety" repair as of January 2020.  Residential Director will ensure that other safety issues will be addressed through the weekly household checklist and monthly thereafter.	2-2-20

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NAME OF PROVIDER OR SUPPLIER  BETTER CONNECTIONS-HARMONY	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SALEM CIRCLE GREENVILLE, NC 27858
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V 744	<p>Continued From page 12</p> <p>-Interview on 12/31/19 Client #2 stated she did not know why her window wouldn't open.</p> <p>Interview on 12/30/19 the Residential Director stated:</p> <ul style="list-style-type: none"> <li>-Client # 2 had previously broken one of the window panes in the window.</li> <li>-The window would not open after the window pane was repaired.</li> <li>- She was not sure how long the window would not open.</li> <li>-She would follow up on getting the window repaired.</li> </ul>	V 744		



### DRILL SUBMISSION FORM

**Instructions:** Run each drill on the designated shift per month. RD to attach this form to all drills submitted on monthly basis in staff meetings.

Site/Home Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

**Quarter 1**

January - 1 <sup>st</sup> Shift	February - 2 <sup>nd</sup> Shift	March - 3 <sup>rd</sup> Shift
Disaster Drill	Disaster Drill	Disaster Drill
Fire Drill	Fire Drill	Fire Drill

RDs Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**Quarter 2**

April - 1 <sup>st</sup> Shift	May - 2 <sup>nd</sup> Shift	June - 3 <sup>rd</sup> Shift
Disaster Drill	Disaster Drill	Disaster Drill
Fire Drill	Fire Drill	Fire Drill

RDs Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**Quarter 3**

July - 1 <sup>st</sup> Shift	August - 2 <sup>nd</sup> Shift	September - 3 <sup>rd</sup> Shift
Disaster Drill	Disaster Drill	Disaster Drill
Fire Drill	Fire Drill	Fire Drill

RDs Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**Quarter 4**

October - 1 <sup>st</sup> Shift	November - 2 <sup>nd</sup> Shift	December - 3 <sup>rd</sup> Shift
Disaster Drill	Disaster Drill	Disaster Drill
Fire Drill	Fire Drill	Fire Drill

RDs Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_



Better Connections, Inc. -- Household Checklist with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Individual's Name: \_\_\_\_\_ /Date: \_\_\_\_\_  
 Residential Director's Name: \_\_\_\_\_

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

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

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

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
<b>Bathrooms</b>					
Tub/Shower- cleanliness and Repair					
Commode- cleanliness and repair					
Basin- cleanliness and repair					



Better Connections, Inc. - Household Checklist with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Date: \_\_\_\_\_  
Residential Director's Name: \_\_\_\_\_ /Individual's Name: \_\_\_\_\_

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

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
<b>Interior Bedroom # 1</b>					
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
<b>Interior Bedroom # 2</b>					
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
<b>Interior Bedroom # 3</b>					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					



Better Connections, Inc. – Household Checklist with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Date: \_\_\_\_\_  
 Residential Director's Name: \_\_\_\_\_ /Individual's Name: \_\_\_\_\_

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

Universal Precautions	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
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	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Cleaning supplies in original labeled containers					
Gloves used when working with toxic chemicals					
Chemicals storage area secure					
Chemicals stored away from food					

General	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Heating/Air Working					
Filters dated and change monthly					
Dryer unit functional and vent clear of lint					
GFCL 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 with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Date: \_\_\_\_\_  
 Residential Director's Name: \_\_\_\_\_ /Individual's Name: \_\_\_\_\_  
 Page 4 of 7

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/bath/shower (100-116 degrees)					

POC January 2020 issues noted (weekly through 3-2-19 and monthly thereafter)	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Screens secure and free of leaves and other debris					
Knobs are noted on all dresser drawers					
Bathrooms are clean from "black mold like" substance noted					
Rooms are free of scuff marks					
Window panes and other areas of home are clear of wasp nests or other insects					
All windows can slide up and down or open					
No broken windows					

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					





Better Connections, Inc. - Household Checklist with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Individual's Name: \_\_\_\_\_ /Date: \_\_\_\_\_

Mar Book/Medications/Orders	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
The Mar Contains the name of consumer					
Medication implemented as ordered by physician					
Each date has the staff initials on MAR (current)					
Staff's name is noted on back of each MAR (current)					
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					
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					





Better Connections, Inc. -- Household Checklist with MAR and Orders Current (February through March 2020)

Name of House: \_\_\_\_\_ /Date: \_\_\_\_\_  
Residential Director's Name: \_\_\_\_\_

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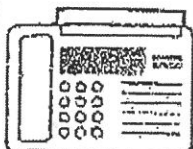
Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Due to QA (Deborah Gorham-Keys) weekly through this plan of correction 3/2/20

Residential Director's Signature/Date \_\_\_\_\_ Received by Residential Director's Supervisor/Date \_\_\_\_\_

# F A X

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



Number of sheets including cover: 21

To:  
Fax number: Latiche Grant

Better Connections Inc.  
Name: Deborah Goshen  
Fax number: 252-689-6013

Date: 1-28-20

Regarding: Salem/Harmony  
POC

Phone number for follow-up:  
252 814 2118

Comment:

POC - Salem/Harmony

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