

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2020
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD OF ROCKY MOUNT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1713 KINGS CIRCLE DRIVE 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
V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed on 01/23/20. A deficiency was recited.</p> <p>The facility is licensed for the following service category 10A NCAC .27G 5600C Supervised Living for Developmentally Disabled Adult.</p>	V 000		
V 736	<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, record review and interview, the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are:</p> <p>Review on 01/23/20 of the facility's public file maintained by the Division of Health Service Regulation revealed: -Statement of Deficiency Report dated 02/07/19 with citation regarding facility and ground maintenance</p> <p>Observation on 01/23/20 at 12:30 PM revealed the following: -Thick Dust visible on clients overhead fans throughout the facility. -Carpeting throughout the facility (client bedroom, stairway) loose and buckle which could be a trip hazard .</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Upstairs client bedroom on right with Christmas decor- rip noted in the ceiling -Upstairs client bedroom with emergency exit- wall torn near the cable electrical plate. Rip noted in the ceiling -Upstairs bathroom- accumulation of small pin sized brown spots in the corner over the sink -Downstairs bedroom with double occupancy-space heater, ceiling tile with circular brown stain, center block wall dirty -Downstairs bathroom- 3 of 4 light bulbs blown in vanity -Downstairs hallway-ceiling plaster peeling -Kitchen area-Ceiling had brown circular stain markings <p>During interview on 01/23/20, the Administrative Assistant stated:</p> <ul style="list-style-type: none"> -The ceiling had been repaired for leaks recently maybe the cause of the circular stains -Some carpet had been replaced but not throughout the facility -Staff and clients at the home kept the facility clean. She had not noticed the dust on the ceiling fans or the ceiling throughout the facility <p>During interview on 01/23/20, the Licensee stated she:</p> <ul style="list-style-type: none"> -Would discuss with staff concerns over cleaning, maintenance of the home -Was not aware the facility could not utilize the electric space heater...Had the space heater removed from the facility -Had considered changing or replacing the carpeting in the home -Was aware this deficiency was cited during the 2019 survey <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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