STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
	MHL033-029		B. WING		02/04/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BETTER	DAYS AHEAD, INC #	2	L STREET MOUNT, NC 2	7801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENC		TION SHOULD BE COMPLE THE APPROPRIATE DATE	
∨ 000	INITIAL COMMENTS		V 000			
	An Annual and Follow Up Survey was completed on 02/04/20. A Deficiency was cited.					
	The facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	Based on observat	et as evidenced by: ion and interview, the facility itained in an orderly manner.				
	9:30 AM revealed: -Living room- h	ur of the facility on 01/30/20 at ole in paneling near window. aneling appeared water				
	reported: -Prior to this inf	01/30/20, the Assistant rerview, she had not noticed paneling in the living room.				
	reported: -She would hav	02/03/20, the Administrator ve the maitenance personnel sues in the living room.				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
MHL033-029		IDENTIFICATION NUMBER:	A. BUILDING:			
		MHL033-029	B. WING		R 02/04/2020	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FTTER	DAYS AHEAD, INC #2		L STREET			
		RUCKT	MOUNT, NC 2			-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE COMPL THE APPROPRIATE DAT	
V 736	Continued From page 1		V 736			
	-Recently, a leak from the ceiling was repaired					
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					

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