



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, 2020

Keith Barnhill, CEO  
Better Days Ahead of Rocky Mount Inc.  
PO Box 909  
Rocky Mount NC 27802

DHSR - Mental Health

FEB 24 2020

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed February 4, 2020  
Better Days Ahead Group Home #6, 501 Cascade Avenue, Rocky Mount NC 27803  
MHL # 064-145  
E-mail Address: Keithb1906@yahoo.com

Dear Mr. Keith Barnhill:

Thank you for the cooperation and courtesy extended during the Annual and Follow Up Survey completed February 4, 2020.

As a result of the follow up survey, it was determined that none of the deficiencies were in compliance. Additional deficiencies were cited during the survey.

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**

- Type B rule violation is cited for 10A NCAC 27D .0304 Client Rights- Harm, Abuse, Neglect (V512).
- A recited standard level deficiency.

**Time Frames for Compliance**

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is March 20, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45<sup>th</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Better Days Ahead of Rocky Mount Inc. for each day the deficiency remains out of compliance.
- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 4, 2020.

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

**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. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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  
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,



India Vaughn-Rhodes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources  
LME/MCO  
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 02/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD GROUP HOME #6</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 CASCADE AVENUE ROCKY MOUNT, NC 27803</b>		
(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	INITIAL COMMENTS  An Annual and Follow Up Survey was completed on 02/04/20. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000			
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.  This Rule is not met as evidenced by: Based on record review and interview one of one staff (#1) subjected three of three clients (#1-#3) to abuse. The findings are:	V 512	Better Days Ahead Of Rocky Mount Management Team was not aware of any concerns from clients regarding how staff at the group home treated them or interacted with them until they were notified by the state personnel whom conducted an annual monitoring on 1-30-1-31-2020. Management Team conducted their investigation by interviewing each client individually on 2-1-2020 and again on 2-3-2020 and found that these allegations were unsubstantiated. Director Of Administration contacted Edgecombe County Healthcare Registry Representative on 2-5-2020 and shared the findings on the investigation. The Healthcare Registry Representative noted all the information and told the Director Of Administration that a letter will be sent to the company of their findings. Please see attached documentation.  All group home staff were retrained in CAP Competencies on 2-12-2020 to ensure that all staff have a clear understanding of the elements of interaction, Communication and members Rights.  The Qualified Professional and Director Of Administration will monitor on a weekly basis		

Division of Health Service Regulation

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

*Wayne M. Pauline* 2/21/2020 Director of Administration

STATE FORM

6899

XIHR11

If continuation sheet 1 of 6

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/04/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BETTER DAYS AHEAD GROUP HOME #6**

**501 CASCADE AVENUE  
ROCKY MOUNT, NC 27803**

(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 512 Continued From page 1

Review on 01/30/20 of staff #1's record revealed:  
-Hire date of 06/10/15

Review on 01/30/20 of client #1's record  
revealed:

-Admitted: 01/25/08  
-Diagnoses: Mild Intellectual Disability,  
Bipolar, Obesity, Hypertension, Insomnia and  
Myopia

Review on 01/30/20 of client #2's record  
revealed:

-Admitted: 2016  
-Diagnoses: Mild Intellectual Disability and  
Impulsive Disorder

Review on 01/30/20 of client #3's record  
revealed:

-Admitted: 01/15/15  
-Diagnoses: Mild Intellectual Disability and  
Schizophrenia

During interview on 01/30/20, client #3 reported:  
-He had concerns with the way staff #1  
interacted with client #1

-Staff #1 "yelled and just causes a big scene.  
I have not said nothing to her...She yells at him to  
wash, put on lotion."

-"I don't think she likes me. She don't talk to  
me nice. She talks nice to everyone but me and  
[client #1]. I just leave her alone."

During interview on 01/30/20, client #1 reported:  
-He was ready to be out on his own and not  
at the group home.

-Staff #1 yelled at him when she talked to  
him. He did not like to be yelled at. She yelled for  
him to take a bath or whatever she asked him to  
do. She didn't yell at client #2.

V 512

**Better Days Ahead Of Rocky Mount Manage-  
ment Team was not aware of any concerns  
from clients regarding how staff at the group  
home treated them or interacted with them  
until they were notified by the state personnel  
whom conducted an annual monitoring on 1-  
30-1-31-2020. Management Team conducted  
their investigation by interviewing each client  
individually on 2-1-2020 and again on 2-3-2020  
and found that these allegations were unsub-  
stantiated. Director Of Administration contact-  
ed Edgecombe County Healthcare Registry Rep-  
resentative on 2-5-2020 and shared the find-  
ings on the investigation. The Healthcare Reg-  
istry Representative noted all the information  
and told the Director Of Administration that a  
letter will be sent to the company for their find-  
ings. Please see attached documentation.**

**All group home staff were retrained in CAP  
Competencies on 2-12-2020 to ensure that all  
staff have a clear understanding of the ele-  
ments of interaction, Communication and  
members Rights.**

**The Qualified Professional and Director Of Ad-  
ministration will monitor on a weekly basis**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>02/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD GROUP HOME #6</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 CASCADE AVENUE ROCKY MOUNT, NC 27803</b>		
(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 512	Continued From page 2  -A few weeks ago, staff #1 told client #2 to "jump on me...hit me." -"He (client #2) hit me because [staff #1] told him to."  During interviews between 01/30/20 and 01/31/20, client #2 reported: -Staff #1 treated him okay but she did not treat client #1 like she treated everyone else. -"If I did not want to take a bath at night, [staff #1] would allow me to take a bath in the morning. If [client #1] asked her, she would make him take a bath that night." -Staff #1 yelled when she talked to client #1. Staff #1 "did not yell at me. She talks to me nice." -Staff #1 told him to "beat up [client #1] but I did not touch him. I walked away." He was not sure why she asked him to "go get" client #1 but he went to his room instead.  During interview on 01/31/20, staff #1 reported: -Client #1 was the most challenging client at the group home. He required directives on all tasks. He did not like to take baths. When she got a little "frustrated", she reminded herself that he was a client and required assistance. She did not yell at him when she spoke to him -She would never instruct one client to hit another client. She was not sure why anyone would think otherwise.  During interviews between 01/31/20-02/03/20, the Administrator reported: -Prior to this interview, no client had ever expressed concern regarding how staff at the group home treated them or interacted with them. -Client #1 required constant directives to bathe as he did not like to take baths. Normally, staff had a routine that he took a bath once they arrived at the group home, then staff prepared for	V 512	<b>Better Days Ahead Of Rocky Mount Management Team was not aware of any concerns from clients regarding how staff at the group home treated them or interacted with them until they were notified by the state personnel whom conducted an annual monitoring on 1-30-1-31-2020. Management Team conducted their investigation by interviewing each client individually on 2-1-2020 and again on 2-3-2020 and found that these allegations were unsubstantiated. Director Of Administration contacted Edgecombe County Healthcare Registry Representative on 2-5-2020 and shared the findings on the investigation. The Healthcare Registry Representative noted all the information and told the Director Of Administration that a letter will be sent to the company for their findings. Please see attached documentation.</b>  <b>All group home staff were retrained in CAP Competencies on 2-12-2020 to ensure that all staff have a clear understanding of the elements of interaction, Communication and members Rights.</b>  <b>The Qualified Professional and Director Of Administration will monitor on a weekly</b>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD GROUP HOME #6</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 CASCADE AVENUE ROCKY MOUNT, NC 27803</b>			
(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 512	Continued From page 3  dinner. Client #1 required verbal prompts and some physical assistance with hygiene. -Over the weekend, she conducted an internal investigation and obtained 4 different versions from the clients. None of the clients informed her of concerns staff #1 yelled at them. Staff #1 talked loud in nature and used a sharp tone at times. -During the internal investigation, client #2 now reported staff #1 did not ask him to beat or hit client #1. Staff #1 asked him to "go get" client #1. He described "go get" as in to physically go obtain client #1 for her because staff #1 could not talk because she had some dental work. Client #2 liked to "boss around" client #1. She had not interviewed staff #1 as the clients seemed to have provided her different information. -She would submit her findings to the North Carolina Health Care Personnel Registry and adhere to the processess outlined by that entity.  Review on 02/03/20 of the facility's Plan of Protection dated 02/03/20 submitted by the Administrator revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Better Days Ahead Of Rocky Mount Inc. has removed staff due to further investigations. All staff will be trained on using better choice of words and not to involve any member to do their job. -Describe your plans to make sure the above happens. Staff will be trained on all CAP Competencies to ensure they have a clear understanding of the elements of Interaction, Communication and members Rights. Qualified Professional and the Director Of Administration will follow up with members on a weekly basis to ensure this is met."	V 512	<p><b>Better Days Ahead Of Rocky Mount Management Team was not aware of any concerns from clients regarding how staff at the group home treated them or interacted with them until they were notified by the state personnel whom conducted an annual monitoring on 1-30-1-31-2020. Management Team conducted their investigation by interviewing each client individually on 2-1-2020 and again on 2-3-2020 and found that these allegations were unsubstantiated. Director Of Administration contacted Edgecombe County Healthcare Registry Representative on 2-5-2020 and shared the findings on the investigation. The Healthcare Registry Representative noted all the information and told the Director Of Administration that a letter will be sent to the company for their findings. Please see attached documentation.</b></p> <p><b>All group home staff were retrained in CAP Competencies on 2-12-2020 to ensure that all staff have a clear understanding of the elements of interaction, Communication and members Rights.</b></p> <p><b>The Qualified Professional and Director Of Administration will monitor on a weekly basis</b></p>		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director

February 20, 2020

Ms. Mary Barnhill, Administrator  
Better Days Ahead Group Home  
501 Cascade Avenue  
Rocky Mount, NC 27803

Dear Ms. Barnhill:

Thank you for the report to the Health Care Personnel Registry Section regarding the following incident: Tina Davis Hedgepeth allegedly abused a resident (M.R.).

The Department is responsible for screening allegations to determine if the reported allegation requires an investigation by the State for listing on the Health Care Personnel Registry. In screening the reported allegations, the Department strives to ensure the safety of residents and to assure that the rights of the accused are protected. After carefully reviewing the reported allegation, the Department has determined that an investigation will not be conducted in this case.

I would appreciate you contacting me if you disagree with our assessment of the case or have reason to believe a full investigation should be initiated. If you have any questions or we may be of assistance, please contact us. Please reference the control NA number shown below with any future correspondence.

Sincerely,

A handwritten signature in cursive script that reads "James Hartman".

James Hartman, RN  
Nurse Consultant I  
Health Care Personnel Investigations  
PO Box 7392  
Wilson, NC 27895  
Phone: (252) 206-1615 Fax: (252) 206-1631

JFH

NA-02-0208-20

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES-DIVISION OF HEALTH SERVICE REGULATION

**COMPLAINT INTAKE AND HEALTH CARE PERSONNEL INVESTIGATIONS**

LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603

MAILING ADDRESS: 2719 Mail Service Center, Raleigh, NC 27699-2719

[www.ncdhhs.gov/dhsr/](http://www.ncdhhs.gov/dhsr/) • TEL: 919-855-3968 • FAX: 919-733-3207

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL064-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 02/04/2020
NAME OF PROVIDER OR SUPPLIER  BETTER DAYS AHEAD GROUP HOME #6		STREET ADDRESS, CITY, STATE, ZIP CODE 501 CASCADE AVENUE ROCKY MOUNT, NC 27803			
(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 512	Continued From page 4  Clients #1-#3 in the group home had primary diagnosis of Mild Intellectual Disability. Staff #1 told client #2 to beat up client #1. All three clients expressed concerns of how staff #1 yelled when she interacted with client #1. This type of staff behavior was detrimental to the welfare of the clients. The violation constitutes a Type B rule violation and must be corrected within 45 days. If the violation is not corrected within 45 days, an additional administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 512			
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.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed was not maintained in a safe manner. The finding is:  Observation and tour of the facility on 01/30/20 at 12:30 PM revealed: -Mattresses worn in two bedrooms occupied by two of three clients. -The mattresses sagged and upon touch the metal spring could be felt or poke a person who slept on it  During interview on 01/30/20, the Assistant	V 736	Mattresses in both rooms were re-placed. House Supervisor and Qualified Professional will monitor quarterly. Please see attached documentation.		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD GROUP HOME #6</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 CASCADE AVENUE ROCKY MOUNT, NC 27803</b>			
(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 5  reported: -She had not noticed the mattress prior to the tour.  During interview on 01/30/20, client #3 reported: -His mattress had been worn for a while -He did not mention it to staff  During interview on 02/03/20, the Administrator reported: -She would have the mattresses at the group home replaced  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	<b>Matresses in both rooms were re- placed. House Supervisor and Quali- fied Professional will monitor quar- terly. Please see attached documen- tation.</b>		



