



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

February 7, 2020

DHSR - Mental Health

FEB 24 2020

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

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed January 23, 2020  
Better Days Ahead of Rocky Mount, Inc, 1713 Kings Circle Drive, Rocky Mount  
NC 27801  
MHL # 033-032  
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 January 23, 2020.

As a result of the follow up survey, it was determined that none of the deficiencies are now in compliance. A deficiency was 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**

- Re-cited standard level deficiency.

**Time Frames for Compliance**

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is February 23, 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>MHL033032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>01/23/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETTER DAYS AHEAD OF ROCKY MOUNT, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1713 KINGS CIRCLE DRIVE ROCKY MOUNT, NC 27801</b>
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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
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V 000	INITIAL COMMENTS  An Annual and Follow Up Survey was completed on 01/23/20. A deficiency was recited.  The facility is licensed for the following service category 10A NCAC .27G 5600C Supervised Living for Developmentally Disabled Adult.	V 000	<ul style="list-style-type: none"> <li>All ceiling fans throughout the facility has been cleaned.</li> <li>Carpet throughout the facility has been tightened</li> <li>Upstairs bedroom on right with the Christmas décor the ceiling has been repaired.</li> </ul>	
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, record review and interview, the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are:  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  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 .	V 736	<ul style="list-style-type: none"> <li>Upstairs bedroom with the Christmas décor the ceiling has been repaired.</li> <li>Upstairs bedroom with emergency exit the tear in the wall near the cable electrical plate has been repaired.</li> <li>Upstairs bathroom—pin sized brown spots in the corner over sink has been cleaned and repainted.</li> <li>Downstairs bedroom with double occupancy—space heater was removed on 01/23/2020. ceiling tile with circular brown stain was replaced and the center blocks wall was cleaned and repainted.</li> <li>Downstairs bathroom—light blubs were replaced on 1/23/2020.</li> <li>Downstairs hallway—ceiling was stripped and repainted.</li> <li>Kitchen area—ceiling with brown circular stains were repainted.</li> </ul> <p>The House Manager and Qualified Professional will monitor quarterly. Please see attached documentation</p>	

DHSR - Mental Health  
Lic. & Cert. Section  
FEB 24 2020

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Mary M. Saulster* 2/24/2020  
STATE FORM 6899 6RVG11 TITLE *Director of Administration* (X6) DATE

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Upstairs client bedroom on right with Christmas decor- rip noted in the ceiling</li> <li>-Upstairs client bedroom with emergency exit- wall torn near the cable electrical plate. Rip noted in the ceiling</li> <li>-Upstairs bathroom- accumulation of small pin sized brown spots in the corner over the sink</li> <li>-Downstairs bedroom with double occupancy-space heater, ceiling tile with circular brown stain, center block wall dirty</li> <li>-Downstairs bathroom- 3 of 4 light bulbs blown in vanity</li> <li>-Downstairs hallway-ceiling plaster peeling</li> <li>-Kitchen area-Ceiling had brown circular stain markings</li> </ul> <p>During interview on 01/23/20, the Administrative Assistant stated:</p> <ul style="list-style-type: none"> <li>-The ceiling had been repaired for leaks recently maybe the cause of the circular stains</li> <li>-Some carpet had been replaced but not throughout the facility</li> <li>-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</li> </ul> <p>During interview on 01/23/20, the Licensee stated she:</p> <ul style="list-style-type: none"> <li>-Would discuss with staff concerns over cleaning, maintenance of the home</li> <li>-Was not aware the facility could not utilize the electric space heater...Had the space heater removed from the facility</li> <li>-Had considered changing or replacing the carpeting in the home</li> <li>-Was aware this deficiency was cited during the 2019 survey</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<ul style="list-style-type: none"> <li>• All ceiling fans throughout the facility has been cleaned.</li> <li>• Carpet throughout the facility has been tightened</li> <li>• Upstairs bedroom on right with the Christmas décor the ceiling has been repaired.</li> <li>• Upstairs bedroom with emergency exit the tear in the wall near the cable electrical plate has been repaired.</li> <li>• Upstairs bathroom—pin sized brown spots in the corner over sink has been cleaned and repainted.</li> <li>• Downstairs bedroom with double occupancy—space heater was removed on 01/23/2020. ceiling tile with circular brown stain was replaced and the center blocks wall was cleaned and repainted.</li> <li>• Downstairs bathroom—light blubs were replaced on 1/23/2020.</li> <li>• Downstairs hallway—ceiling was stripped and repainted.</li> <li>• Kitchen area—ceiling with brown circular stains were repainted.</li> </ul> <p>The House Manager and Qualified Professional will monitor quarterly. Please see attached documentation</p>	
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Division of Health Service Regulation

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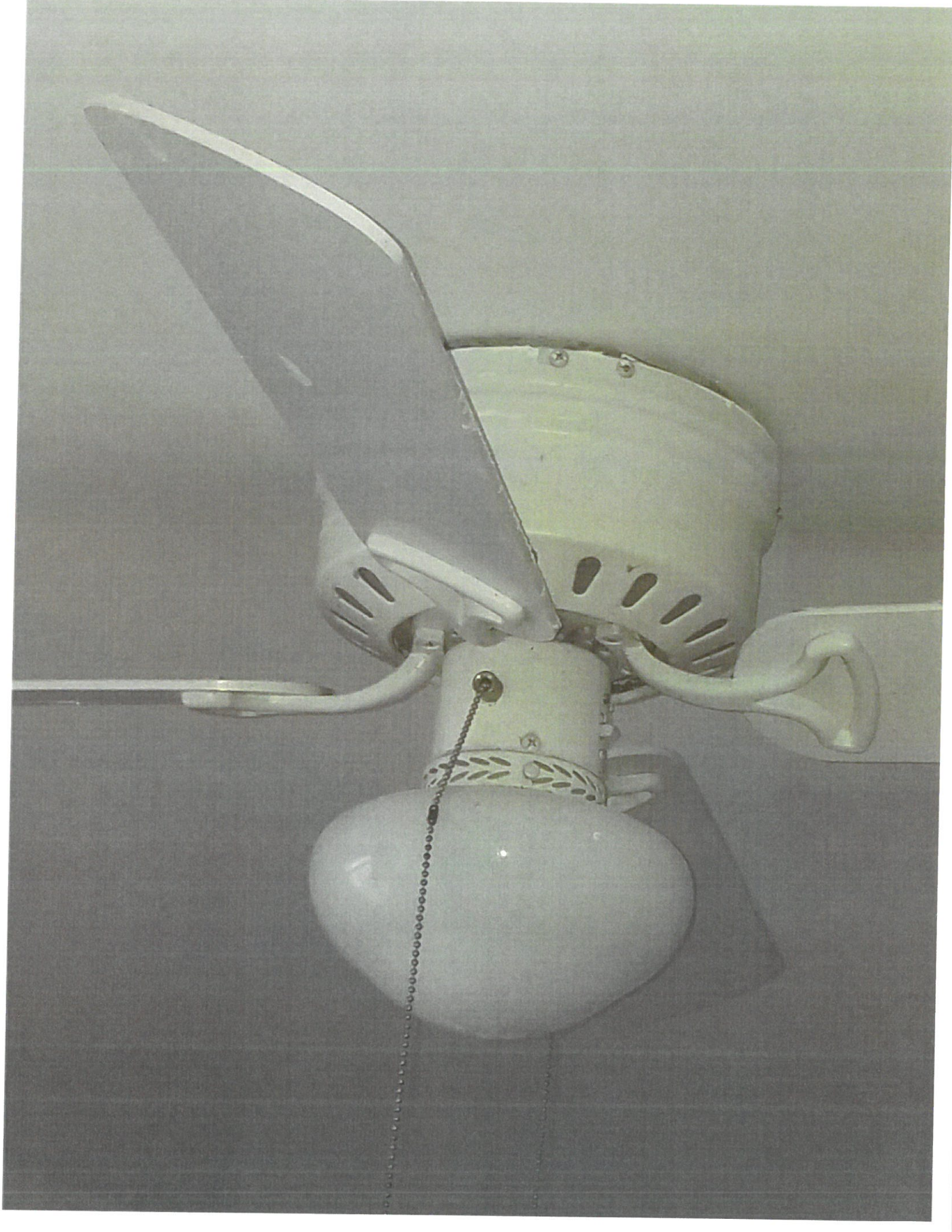
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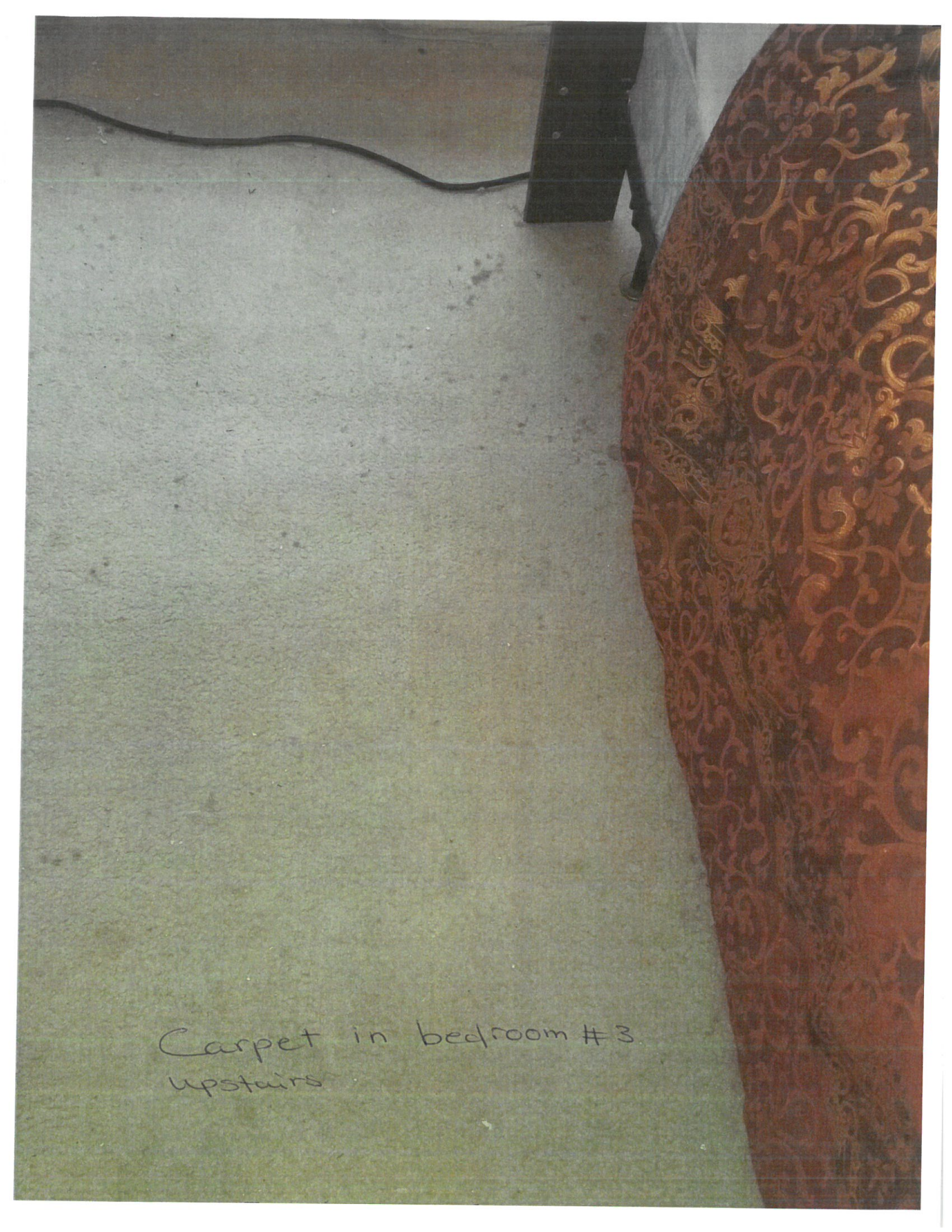


Carpet in living Room

VIZIO

Carpet Bedroom  
#1  
Christmas Decor

Bedroom #2  
Upstairs



Carpet in bedroom #3  
Upstairs

Ceiling Bedroom #1

<Christmas Decor.>

Ceiling in Bedroom #1  
<Christmas>  
Decor.

Caling  
Bedroom #2  
<Emergency Exit>





Upstairs

Bathroom




Bathroom  
Downstairs  
lights

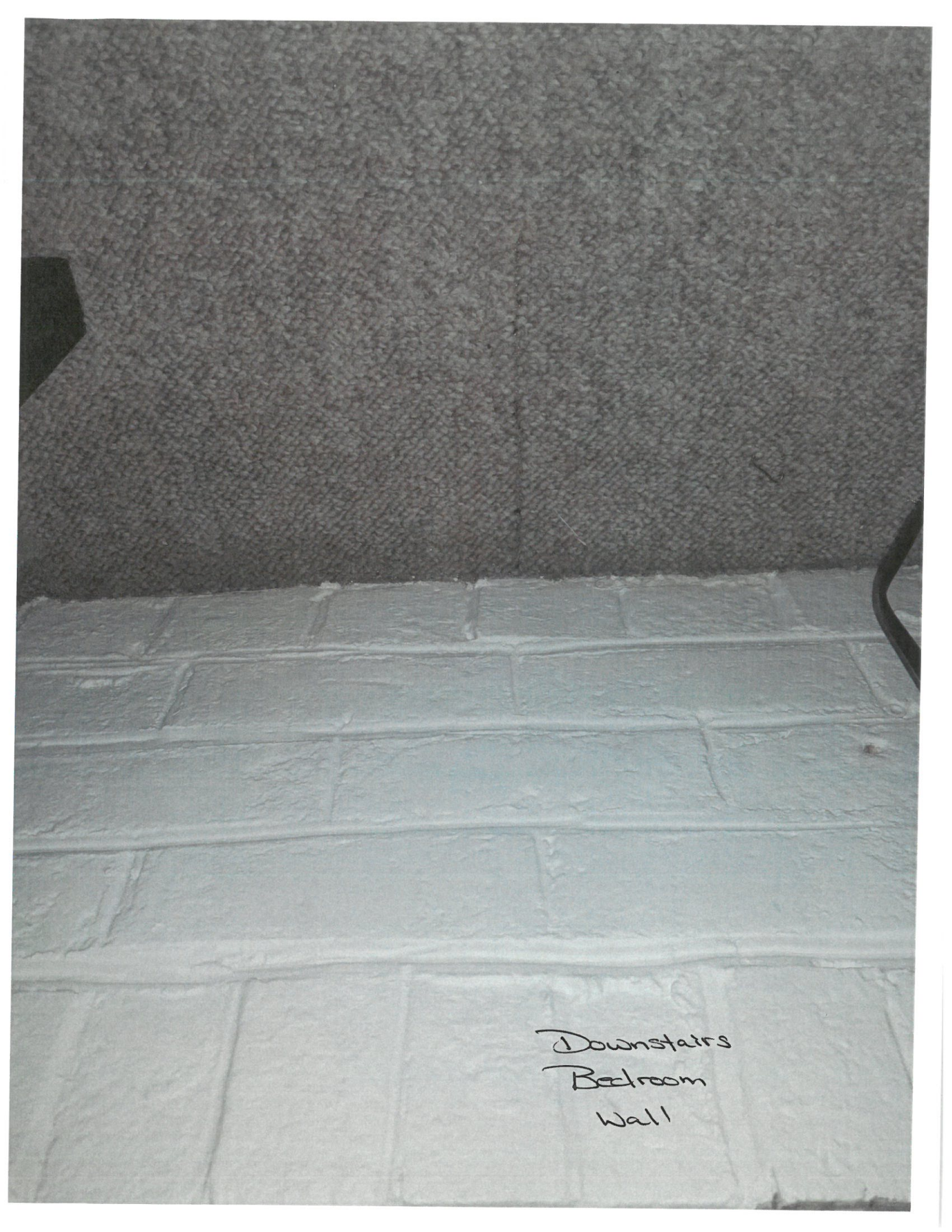


Ceiling Panel  
in Downstair  
Bedroom

Downstairs  
Hallway  
Ceiling



Kitchen  
Ceiling



Downstairs  
Bedroom  
Wall

Downstairs  
Bedroom wall



Bedroom #2  
cable plate

Hold Repair

