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

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

Re: Annual and Follow Up Survey completed February 4, 2020
Better Days Ahead, Inc. #2, 1212 Hill Street, Rocky Mount NC 27801
MHL # 033-029
E-mail Address: Keithb1906@yahoo.com

Dear Mr. 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 some of the deficiencies are now in compliance. Enclosed for your review is the State Form, which reflects the corrected deficiency. 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 deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency/ must be ***corrected*** within 30 days from the exit of the survey, which is March 4, 2020.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033-029	A. BUILDING: _____ B. WING _____	R 02/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD, INC #2	1212 HILL STREET ROCKY MOUNT, NC 27801

(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. 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 000		
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 an orderly manner. The finding is: Observation and tour of the facility on 01/30/20 at 9:30 AM revealed: -Living room- hole in paneling near window. -Living room- paneling appeared water damaged During interview on 01/30/20, the Assistant reported: -Prior to this interview, she had not noticed concerns with the paneling in the living room. During interview on 02/03/20, the Administrator reported: -She would have the maitenance personnel to address those issues in the living room.	V 736	**Living room—The hole in paneling near window and paneling that appeared to be water damaged was repaired . The House Manage and Qualified Professional will monitor quarterly. Please see attached documentation.**	

Division of Health Service Regulation

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

Mary M. Bamberg 2/21/2020 Director of Administration

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V 736	Continued From page 1 -Recently, a leak from the ceiling was repaired This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	**Living room—The hole in paneling near window and paneling that appeared to be water damaged was repaired . The House Manage and Qualified Professional will monitor quarterly. Please see attached documentation.**