Life Opportunities Inc P. O. Box 448 Shannon, NC 28386 Phone: (910) 733-2519

Fax: (910) 227-2488

## FAX COVER SHEET

DATE: 07 28 21

TO: NC Health and Human services, Licensure and

certification

ATTN: Keith Hughes

FAX NO:919-715-8078

**SUBJECT: POC** 

FROM: Life Opportunities - Deborah Pearson

NO OF PAGES: 3
INCLUDING COVER SHEET)

COMMENTS:

PRINTED: 06/09/2021 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIFLE CONSTRUCTION (X3) DATE SURVEY AND TEXT OF CONTROTTON term: (m/mt & cm/mt : 1 : 1 : 1 : 1 mm. term: 11 : 11 : 20/51 | 20/11 | 19012 | 19012 | 19012 | 19012 | 19012 | 19012 | 19012 | 19012 | 19012 | 19012 COMPLETED A. BUILDING B. WING \_ MHL078-159 06/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD A BETTER WAY RESIDENTIAL SERVICES SHANNON, NC 28386 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION CI (NX) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREEDX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on June 2, 2021. The complaint was unsubstantiated (intake #NC00177675). Deficiencies were cited. This facility is licensed for the following service: category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY **POLICIES** (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and convices: (2) criteria for admission; (3) criteria (or discharge: (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing acceptment. (5) client record management, including: (A) persons authorized to document: (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons: (E) menuncationing mentilisty to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need: (B) an assessment of whether or not the facility can provide services to address the individual's needs: and (C) the disposition, including referrals and

Division of Health Service Regulation

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

TITLE

(X8) DATE

STATE FORM

4L0011

If continuation sheet 1 of 32

## Appendix 1-B: Plan of Correction Form

		Correction 1/2021			
Please complete <u>all</u> requested infor of Correction form to: Division of Health Service Regulat Mental Health Licensure and Cert Attn: Keith Hughes 2718 Mail Services Center Raleigh, NC 27699-2718	ion	In lieu of mailing the form to:	form, you may o	e-ma.l t	he completed electronic
Provider Name:	Life Oppor unities, Inc.	e Oppor unities, Inc. Phone:			910)
Pr wider Contact	Dean & Deborah Pearson		Fax: (9	<del>)</del> 10)	
Person for follow-up:			Email: deborah.pe opportunit		
Address:	220 Calvins Road Shannon, NC 2838	36	Provider#: MHL		HL-078-159
Finding	Corrective Action		Responsible	Part:	Time Line
V105.27G.0201 (A) (1-7) Governing Body Policies  Fail to implement written standards that assure applicable standards of practice amidst the COVID-19 panden ic.	Life Opportunities, fnc, will require staff COVID-19 practices mandated by the staff COVID-19 practices mandated by the staff Opportunities. Inc. will ensure that a wish to be valcinated may do so, however obtain consent of their guardian.	te of North Carolina.  The consumer or staff vito are consumers are required to	inform LP/QA-QI directors of changes  Client Right Committee QA Committee – monitor/review  LP/QA/QI Director – up late forms and monitor compliance		06/16/202 On going Projected Completion Date 07/02/202.
VI18.27G.0209 (C) Medication Requirements Failed to administer medications as ordered by a physician and failed to keep MAR's current affecting three of three clients (#1, # 2 and # 3) and one of four audited staff (#1) failed to demonstrate competency with medication administration.	Life Opportunities, Inc. will ensure that e of all drugs administered to each client multiple of the Copportunities, Inc. will ensure that conditions administered are recorded immediately at Life Opportunities, Inc. revised the MAR drugs are administered.	nust be kept current. inform LP/ of changes consumers medication: after administration. Client Right Committee		directors nittee/QA tor/re/lev r — up late	06/16/2021 – On going Projected Completion Date 07/02/2021
V121.27G.0209 (F) Medication Requirements  Failed to ensure one of three audited clients (#3) has a psychotropic drug regimen review at least every six months.	Life Opportunities, Inc. will ensure that of psychotropic trugs, will have the pharma at least every six months.  Life Opportunities, Inc. will maintain the review in the client record along with cor	cist perform a drug review	Administrator/Owner - vill inform LP/QA/QI direct us of changes  Client Right Committee/QA  Committee – monitor/review		06/16/2021 - On going  Projected Completion Date 08/01/2021

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