

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS-HARMONY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 SALEM CIRCLE GREENVILLE, NC 27858</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 24, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/24/22 of facility records for 2021</p>	V 114		

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

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V 114	Continued From page 1  revealed: - No fire drills documented on the 8am-8pm or 8pm to 8am weekend shifts. - No disaster drills documented on the 8am-8pm or 8pm to 8am weekend shifts.  Interview on 03/24/22 the Residential Director stated: - The facility had the following shifts. - 1st shift was Monday thru Friday from 8am to 4pm. - 2nd shift was Monday thru Friday from 4pm to 11pm. - 3rd shift was Monday thru Friday from 11pm thru 8am. - Weekend shift was from 8am to 8pm and 8pm to 8am. - She understood fire and disaster drills were required to be completed on each shift quarterly.  Interview on 03/24/22 the Qualified Professional stated she understood fire and disaster drills were required to be completed on each shift quarterly.  [This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]	V 114		
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.	V 736		

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 03/24/22 at approximately 9:40am revealed:</p> <ul style="list-style-type: none"> <li>- The blind on the front door had 4 broken slats.</li> <li>- The blind in the medication room had 2 broken slats.</li> <li>- The living room carpet had dark stains.</li> <li>- The hallway had dark scuff marks on the walls.</li> <li>- The empty bedroom at the end of the hallway had a red stain on the carpet. the bathroom light fixture did not have a globe on the bulb.</li> <li>- The hallway bathroom had brackets on the wall without a towel rack. The overhead light did not work. The grout in the bathtub area had dark stains.</li> <li>- Client #1's bedroom had a red stain on the carpet. The wall next to her bed had dark scuff marks.</li> </ul> <p>Interview on 03/24/22 the Qualified Professional stated she had no questions regarding facility items discussed at exit of the survey.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 736		