

**BETTER CONNECTIONS, INC.**

**315 CLIFTON STREET**

**GREENVILLE, NC 27858**

**OFFICE: 252-814-2118**

**FAX NUMBER: 252-689-6013**

**FACSIMILE TRANSMITTAL SHEET**

**To:**

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**  
**DIVISION OF HEALTH SERVICE REGULATIONS**  
**GLORIA LOCKLEAR/KEITH HUGHES**

**DATE:**

**4-14-22**

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**FAX NUMBER:**

**19197158078**

**TOTAL NUMBER OF PAGES INCLUDING COVER: \_\_\_\_\_**

**FROM: BETTER CONNECTIONS, INC. DEBORAH GORHAM-KEYS  
DGORHAM@BETTERCONNECTIONSINC.COM**

**RE: POC FOR HARMONY**

**NOTES/COMMENTS: MHL074-248**

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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		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*[Handwritten Signature]* **GA/CEO** **4-14-22**

PRINTED: 03/31/2022  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL074-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 03/24/2022
NAME OF PROVIDER OR SUPPLIER  BETTER CONNECTIONS-HARMONY		STREET ADDRESS, CITY, STATE, ZIP CODE 110 SALEM CIRCLE GREENVILLE, NC 27858		
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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	Fire and Disaster Drills revised to include drills for fire and disaster to be completed on weekends shifts in homes that have for 8a - 8p staff. See attached drill. Residential Director will monitor weekly document in Therap indicating that review was completed.	4-23-22
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	Continued From page 2  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:  Observation on 03/24/22 at approximately 9:40am revealed: - The blind on the front door had 4 broken slats. - The blind in the medication room had 2 broken slats. - The living room carpet had dark stains. - The hallway had dark scuff marks on the walls. - 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. - 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. - Client #1's bedroom had a red stain on the carpet. The wall next to her bed had dark scuff marks.  Interview on 03/24/22 the Qualified Professional stated she had no questions regarding facility items discussed at exit of the survey.  [This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]	V 736	Blinds will be replaced (either with blinds or curtains on front door). Blinds in medication room will be replaced with blinds or curtains - completed as of 4-12-22. The living room carpet has been shampooed as of 3-30-22. The hallway scuff marks will be cleaned or repainted. The red stain (nail polish) on the carpet could not be cleaned - consult with carpet cleaning specialist was had to determine what could be done. Landlord is not willing to replace carpet at this time. Other measures will be tried to remove fingernail polish. The electrician has come to repair overhead light in hallway. The grout in tub has been clean of dark stains. Monthly household checks will be completed to ensure issues above are addressed by Residential Director.	4-23-22



# Questionnaire Approved

## Questionnaire

**Name** Weekend Disaster Drill for 8-8s

**View Layout**

**Create/Edit**

## Question(s)

**1. Year\*** (Hints: Enter the current year )

**2. Quarter\*** (Hints: Check the current Quarter the disaster drill occurred in )

1. 1st Quarter ( Jan- Mar)

2. 2nd Quarter ( Apr- Jun)

3. 3rd Quarter ( Jul-Sept)

4. 4th Quarter ( Oct- Dec)

**3. Date\*** (Hints: Enter the date that the disaster drill occurred on )

**4. Shift\*** (Hints: Check the shift that the disaster drill was conducted on )

1. 8am-8pm

2. 8pm -8am

**5. Time\*** (Hints: Enter the exact time based on the shift checked that the disaster drill started )

Therap :: Questionnaire :: Show

**6. Individuals\*** (Hints: List the names of the individuals in the home that were present for the disaster drill )

**7. Staff\*** (Hints: List the names of any other staff present other than yourself that participated in the drill. If none enter 'NA' )

**8. Type of Disaster\*** (Hints: Select the type of disaster drill that was conducted )

1. Tornado
2. Hurricane
3. Evacuation
4. Power Outage
5. Intruder
6. Bomb or shooter threat
7. Communicable Disease such as Flu or COVID 19
8. Serious Injury such as fall with injury or major cut

**9. Disaster Response\*** (Hints: Describe how the drill was conducted, what info was reviewed, what was practiced, where the individuals went for safety )

**10. Issues/Concerns\*** (Hints: Where there any issues with the disaster response )

1. Yes
2. No

**11. Issues/Concerns\*** (Hints: Describe what the issues or concerns were. If no concerns put 'NA' )

Therap :: Questionnaire :: Show

**12. Emergency/Disaster Plan\*** (Hints: Is the Emergency Disaster Plan posted in a visible area where all have access to )

1. Yes

2. No

**13. Emergency Phone Numbers\*** (Hints: Are Emergency Phone Numbers posted in a visible area where all can see? )

1. Yes

2. No

**14. Disaster Kit\*** (Hints: Is the Disaster kit stocked with items as required? )

1. Yes

2. No

**15. Water Temperature\*** (Hints: Test the water temperature and record the temp )

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# Questionnaire Approved

## Questionnaire

**Name** Weekend Fire Drill for 8-8s

**View Layout**

**Create/Edit**

### Question(s)

1. **Year\*** (Hints: Enter the current year )

2. **Quarter\*** (Hints: Select the appropriate Quarter )

1. 1st Quarter ( Jan- Mar)

2. 2nd Quarter (Apr-Jun)

3. 3rd Quarter ( Jul-Sept)

4. 4th Quarter (Oct- Dec)

3. **Date\*** (Hints: Enter the date that the Fire Drill was conducted )

4. **Shift\*** (Hints: Select the shift that the Fire Drill was conducted on. Remember there should be one drill for each shift per month (total 3 for the month) )

1. 8am- 8pm

2. 8pm - 8am

5. **Time\*** (Hints: Enter the time that the drill started )



Therap :: Questionnaire :: Show

**6. Individuals present in the home for the drill\*** (Hints: List the names of the individuals in the home at the time the drill was conducted )

[Empty text box for listing individuals present in the home during the drill.]

**7. Staff\*** (Hints: List the names of the staff who were present for the drill at the time it was conducted )

[Empty text box for listing staff present during the drill.]

**8. Describe the drill\*** (Hints: Describe how the Fire Drill was conducted to include where the individuals were in the home at the time of the drill. )

[Empty text box for describing the fire drill.]

**9. Timely Exit\*** (Hints: Answer Yes or No as to whether everyone exited the home in a timely manner )

- 1. Yes
- 2. No

**10. Issues/Concerns\*** (Hints: Were there any issues, concerns, or difficulties with the individuals exiting in a timely manner )

- 1. Yes
- 2. No

**11. Water Temperature\*** (Hints: Test the temperature of the water and document here )

[Empty text box for documenting water temperature.]

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