

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2023
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD OF ROCKY MOUNT #3	STREET ADDRESS, CITY, STATE, ZIP CODE 829 LONG AVENUE ROCKY MOUNT, NC 27801
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on September 19, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to keep the grounds maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observation on 9/7/23 at 10:38am revealed the following:</p> <ul style="list-style-type: none"> - grass above the ankles - hole size of a baseball on the outside of a window of living window <p>During interview on 9/7/23 staff #1 reported:</p> <ul style="list-style-type: none"> - she was not aware the hole in the window was there - was not sure how long it had been there <p>During interview on 9/7/23 the Office Assistant reported:</p> <ul style="list-style-type: none"> - will call maintenance 	V 736		

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

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - was not aware the hole in the window was there or how long it been there - grass was supposed to be cut every 2 weeks - staff was supposed to call the Qualified Professional with any maintenance issues <p>During interview on 9/7/23 the Licensee reported:</p> <ul style="list-style-type: none"> - not aware the hole was in the window - was unsure what happened or how long the hole been in the window - will follow up with the gentlemen that cut the grass 	V 736		