Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
					F	2						
MHL033032		B. WING		09/19/2023								
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BETTER DAYS AHEAD OF ROCKY MOUNT, IN:  1713 KINGS CIRCLE DRIVE 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)  COMPLET DATE								
V 000	INITIAL COMMENTS		V 000									
	An annual and follow up survey was completed on 9/19/23. A deficiency was cited.											
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disability.										
		sed for 6 and currently has a urvey sample consisted of clients.										
V 748	27G .0304(b)(2) Fire Retardant Mattresses		V 748									
	EQUIPMENT (b) Safety: Each factorstructed and equensures the physical visitors.	acility shall be designed, puipped in a manner that all safety of clients, staff and esses purchased for existing or be fire retardant.										
	failed to ensure it w	ion and interview the facility yas equipped in a manner that al safety of 1 of 3 audited										
	bedroom revealed:	/23 at 1:13pm of client #3's as sunk in the middle										
	During interview on	9/13/23 the office assistant										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVID AND PLAN OF CORRECTION IDENTIFI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMI	(X3) DATE SURVEY COMPLETED					
		MHL033032	B. WING			R <b>19/2023</b>					
NAME OF PROVIDER OR SUPPLIER  BETTER DAYS AHEAD OF ROCKY MOUNT, INC  STREET ADDRESS, CITY, STATE, ZIP CODE  1713 KINGS CIRCLE DRIVE ROCKY MOUNT, NC 27801											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE					
V 748	reported: - was not aware - mattress had no	the mattress was like that ot long been purchased 9/19/23 the Licensee	V 748								

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Division of Health Service Regulation STATE FORM