

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
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V 000	INITIAL COMMENTS An annual survey was completed on September 19, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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. 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: Observation on 9/7/23 at 10:38am revealed the following: - grass above the ankles - hole size of a baseball on the outside of a window of living window During interview on 9/7/23 staff #1 reported: - she was not aware the hole in the window was there - was not sure how long it had been there During interview on 9/7/23 the Office Assistant reported: - will call maintenance	V 736	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">OCT 12 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p>Provider has a contract with a lawn service to maintain the grounds every two weeks or as needed. The hole outside the window has been repaired (9-8-2023). Please see attached documentation. The Group home staff is responsible for reporting any abnormalities; both interior and exterior to the Qualified Professional. Qualified professional will monitor the interior and exterior of the facility quarterly.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Mary Ann Samblol Director of Administration

10/4/2023

STATE FORM

7E9Y11

If continuation sheet 1 of 2

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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	<p>Provider has a contract with a lawn service to maintain the grounds every two weeks or as needed. The hole outside the window has been repaired (9-8-2023). Please see attached documentation. The Group home staff is responsible for reporting any abnormalities; both interior and exterior to the Qualified Professional. Qualified professional will monitor the interior and exterior of the facility quarterly.</p>	
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