

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2023
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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
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/10/23. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure 1 of 3 audited clients (#3) had minimum bedding. The findings are:</p> <p>Observation on 9/7/23 at 1:13pm of client #3's bedroom revealed:</p> <ul style="list-style-type: none"> - the mattress was sunk in the middle 	V 774	<p>Client #3 mattress will be replaced by 10-13-2023. 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 M. Sawhill

Director of Administration

10/11/2023

STATE FORM

8899

XDU-411

DHSR - Mental Health

Continuation sheet 1 of 2

JAN 20 2023

Lic. & Cert. Section

Division of Health Service Regulation

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V 748	<p>Continued From page 1</p> <p>reported:</p> <ul style="list-style-type: none"> - was not aware the mattress was like that - mattress had not long been purchased <p>During interview on 9/19/23 the Licensee reported:</p> <ul style="list-style-type: none"> - the mattress will be replaced 	V 748	<p>Client #3 mattress will be replaced by 10-13-2023. 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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