STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-403	A. BUILDING: _____ B. WING _____	R 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER LIVING CONCEPTS OF DURHAM LLC	909 GARCIA AVENUE DURHAM, NC 27704

(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	INITIAL COMMENTS An annual and follow up survey was completed on January 5, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000	Better Living Concepts of Durham has received the Clinical Laboratory Improvement Amendments Waiver CLIA# 34D2297130 as of January 15, 2024. The agency is now familiar with the process of submitting for the waiver, alleviating any future concerns for renewal. The Executive Director, Ben Nyabwa, will oversee this process, ensuring that the deficiency that was cited does not happen again. This will be monitored annually, although renewal is every 2 years.	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ben Nyabwa — TITLE: Executive Director — (X6) DATE: 1/30/2024

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 1/5/24 of the facility's records revealed: -There was no documentation or evidence of a CLIA waiver. Review on 1/5/24 of client #1's record revealed: -Admission date of 2/23/22. -Diagnoses of Autism Disorder, Severe Intellectual Developmental Disability, Non-Verbal, Hypertension, Chronic Diarrhea, Obstructive Sleep Apnea, Type 2 Diabetes, and Incontinence of Urine. -Physician's orders dated 3/16/23: Accu-Chek - Check blood sugar every day for monitoring. Review on 1/5/24 of client #1's Medication Administration Record for the months of November 2023 through January 5, 2024 revealed: -Client #1's blood sugar levels were checked and recorded daily. Interview on 1/5/24 with the Executive Director revealed: -He checked client #1's sugar levels daily. -He was aware that he needed a CLIA waiver to	V 105		

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V 105	Continued From page 3 draw blood from client #1 to measure his blood sugar level. -He was aware that he needed a CLIA waiver "since last year's survey." -He "had trouble with the process of completing a CLIA waiver application." -He had applied and mailed in a CLIA waiver application a week ago. -He confirmed the facility failed to have a CLIA waiver to complete blood sugar checks. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		