

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/19/2024</b>
--	---	---	--

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

(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>A complaint and follow-up survey was completed April 19, 2024. The complaint (intake #NC00214794) was substantiated. 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 Disabilities</p> <p>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 2 current clients, 1 former client.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p>	V 106		

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/19/2024</b>
--	---	---	--

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

(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 106	<p>Continued From page 1</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement their policy for discharging clients for one of one Former Client (FC#1). The findings are:</p> <p>Review on 4/18/24 of FC#1's record revealed: -Admission date of 3/16/13. -Diagnoses of Autism Disorder, Attention Deficit Hyperactivity Disorder, Severe Intellectual Developmental Disability, 22q13 Deletion Syndrome-also known as Phelan-McDermid Syndrome, Hydrocele, Seizure Disorder, and Vitiligo. -Emergency Medical Services (EMS) on 1/15/24 due to problems walking. -Hospital diagnosis of Rhabdomyolysis. -Discharge from the facility on 2/11/24 while at the hospital.</p> <p>Review on 4/18/24 of the facility Discharge Policy revealed: -"Better Living Concepts of Durham, LLC will discharge any and all clients for the following</p>	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/19/2024</b>
--	---	---	--

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

(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 106	<p>Continued From page 2</p> <p>reasons: If the client or legally responsible person is not in agreement with the discharge , either will be informed in writing of the reason for discharge within 5 working days of the date the service was terminated and will be informed of the right to appeal the discharge."</p> <p>Interview on 4/18/24 with FC#1's mother revealed:</p> <ul style="list-style-type: none"> <li>-She was FC#1's mother.</li> <li>-Her husband was FC#1's guardian.</li> <li>-The Executive Director (ED) never reached out to the family about discharging FC#1.</li> <li>-She thought FC#1 would return to the facility.</li> <li>-The hospital and care coordinator informed them of the facility's discharge.</li> <li>-ED was supposed to come to the hospital to meet with the physical therapist but cancelled.</li> <li>-The physical therapist was going to show the ED on 2/11/24 that FC#1 was up and walking.</li> <li>-She never received notification of discharge or phone call.</li> <li>-ED felt FC#1 was not stable enough to return to the facility.</li> <li>-The hospital felt ready to discharge FC#1 on 1/28/24.</li> <li>-ED came to the hospital and said no.</li> <li>-FC#1 was still in the hospital until they found a new facility.</li> <li>-The new facility was identified with help from the Qualified Professional.</li> <li>-FC#1 was in the hospital until the week of valentine's day.</li> <li>-It affected FC#1 emotionally because he lived at the facility for so long.</li> </ul> <p>Interview on 4/18/24 and 4/19/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-FC#1 was sent to the hospital via EMS on 1/25/24.</li> </ul>	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/19/2024</b>
--	---	---	--

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

(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 106	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-He decided FC#1 would not return to the facility after talking to the doctor.</li> <li>-He felt the facility was no longer able to manage FC#1's care.</li> <li>-He met with the hospital staff sometime in February 2024.</li> <li>-Medical staff explained what FC#1 needed.</li> <li>-Medical staff informed him that FC#1 would need to walk with assistance and staff support.</li> <li>-Prior to hospitalization FC#1 was non-verbal, walked and sometimes ran, did not need cane or wheelchair, no gait problems.</li> <li>-They did not have the staff to provide additional support for FC#1.</li> <li>-He informed the care coordinator after the meeting with the hospital staff.</li> <li>-He struggled informing the father.</li> <li>-"It was hard for me to inform the father that FC#1 couldn't return."</li> <li>-He reported he did not know how to break the news to FC#1's father.</li> <li>-He knew he should have let the QP discuss discharge with the father.</li> <li>-He reported it was hard for him because the client lived at the facility for so long.</li> <li>-He wrote a discharge letter to the care coordinator much later, after FC#1 was discharged.</li> <li>-He gave the letter after the meeting he had with the hospital.</li> <li>-FC#1 was discharged from the facility on 2/11/24.</li> <li>-He would make sure communication and the process was done correctly in the future.</li> <li>-He would follow and implement the discharge policy.</li> </ul>	V 106		