Division of Health Service Regulation								
STATEME	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL042-066		B. WING		08/14/2024			
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/1	4/2024		
	CONNECTIONS - LEI	2001 EE 1		STATE, ZIF CODE				
BETTER			E RAPIDS,	NC 27870				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	ULD BE COMPLETE			
V 000	INITIAL COMMENT	S	V 000					
	An annual survey w Deficiencies were c	as completed on 8/14/24. ited.						
	category: 10A NCAC	ed for the following service 27G .5600C Supervised Developmental Disability.						
	This facility is licens census of 3. The su audits of 3 current c	ed for 3 and has a current rvey sample consisted of lients.						
	<ul> <li>V 118 27G .0209 (C) Medication Requirements</li> <li>10A NCAC 27G .0209 MEDICATION REQUIREMENTS <ul> <li>(c) Medication administration:</li> <li>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</li> <li>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</li> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administering the</li> </ul> </li> </ul>			The Residential Director will do the fol - review each medication - dosage - frequency match each current order ar - are all entered correctly and accounted Quick Mar prior to approval each mont next 6 months (February 2025. R.D. will complete a collaborative note Therap for each individual acknowledg above. QP will document discussion about the their monthly meeting with RD in a collaborative note as well. DSP staff will be in-serviced on approp review and documentation for medication QuickMar to ensure accuracy as noted a	nd I for in h for the in ing the above in riate ons in	October 13, 2024		

Di (X6) DATE: 9-12-24 THE E: QA/CEO Д

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If continuation sheet 1 of 6



Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 118	Continued From pa	ge 1	V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	failed to ensure the affecting 2 of 3 audi findings are: A. Review on 8/13/2	t as evidenced by: view and interview, the facility MAR was kept current ted clients (#1, #3). The 4 of client #1's record				
	Disorder, Profound I Disorder and Major - A physician's ord	sm, Intermittent Explosive ntellectual Disability, Seizure Depressive Disorder der dated 7/15/24 revealed: instill 3 drops into each ear				
	2024 - August 2024 - Staff initialed the the initials to direct the for additional inform - At the bottom of	e MAR with a circle around he reader to look at the notes				
	medication being list	edication error or a ed daily but it was a weekly Ild have immediately called				

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Division	of Health Service Re	egulation			i oran	ATTROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/14/2024	
	MHL042-066					
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BETTER	CONNECTIONS - LE					
			E RAPIDS,	NC 27870		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	<ul> <li>"misworded" saying</li> <li>His mineral oil very Sunday morn</li> <li>He did not give additional days</li> <li>"It was a mistak</li> <li>He had previou that the mineral oil very Sunday morn</li> <li>He had previou that the mineral oil very Sunday morn</li> <li>He had previou that the mineral oil very Sunday morn</li> <li>He had previou that the mineral oil very Sunday the medication from shore the week and not jue</li> <li>If it happened at the week and not jue</li> <li>If it happened at the week and not jue</li> <li>If it happened at the week and not jue</li> <li>If it happened at the week and not jue</li> <li>Interview on 8/13/24</li> <li>Looked at the M them to the doctor's</li> <li>Last time MARs been July 2024</li> <li>She checked for staff signed off on merication from the minerae</li> <li>She focused more administered</li> <li>The medication</li> <li>She didn't know documentation error</li> <li>She was never the showing up and bein administered</li> </ul>	on his mineral oil was just it was given daily vas weekly, and he gave it ing client #1 mineral oil any e on my part" sly told the RD at one point was showing up daily on the n it would get fixed, but it kept just started putting in a note ication was given noted medication given for st medication given gain, he would call the RD so harmacist to stop the owing up daily & 8/14/24 the RD reported: ARs monthly and compared orders were checked would have the initials and making sure red flag" when the staff al oil was circled re on the medication being shouldn't have shown up as a how she missed that				

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STATEMENT OF DEFICIENCIES AND PLANOF CORRECTION     (X1) PREVUEBR/SUPPLIER IDENTIFICATION NUMBER:     (X2) AND THE SURVEY A BUILDING:     (X2) OTHE SURVEY COMPLETED       NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS - LEE LANE RETAIN THE CONNECTIONS - LEE LANE BETTER CONNECTIONS - LEE LANE ROANOKE RAPIDS, NC 27870     08/14/2024       V118     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG     IPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY SUBMENT AS	Division	of Health Service Re	egulation			i oran	AFFNOVED	
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NMECOF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       BETTER CONNECTIONS - LEE LANE     300 LEE LANE       ROANOKE RAPIDS, NC 27870     SUMMARY STATEMENT OF DEPICIENCIES       V118     SUMMARY STATEMENT OF DEPICIENCIES       REQUESTION OF LSC IEENTIFYING INFORMATION     PREFX       REQUESTION OF LSC IEENTIFYING INFORMATION     PREFX       V118     Continued From page 3     V118       B. Review on 8/13/24 of client #3's record     - Admitted: 3/11/14       - Diagnoses: Schizophrenia-Paranoid Type, Severa Intellectual Disability, Schizoffective Disorder-Bipolar Type     V118       - Aveeno totion, apply daily on skin (anti-itch)     - Aveeno Lotion, apply daily on skin (anti-itch)       Review on 8/13/24 of client #1's July 2024 and August 2024's MAR revealed: - Aveeno was not signed off as being administered from 7/26/24 - 7/31/24 and had discontinued by it       - Cetrizine was not signed off as being administered from 7/26/24 - 7/31/24 and had discontinued by it       - Aveeno was not signed off as being administered 8/1/24 - 8/13/24       Interview on 8/13/24 the Pharmacist reported: - It was not signed off as being administered 8/1/24 - 8/13/24       - They voice wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the marmacist was talking about because the orde	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
NMECOF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       BETTER CONNECTIONS - LEE LANE     300 LEE LANE       ROANOKE RAPIDS, NC 27870     SUMMARY STATEMENT OF DEPICIENCIES       V118     SUMMARY STATEMENT OF DEPICIENCIES       REQUESTION OF LSC IEENTIFYING INFORMATION     PREFX       REQUESTION OF LSC IEENTIFYING INFORMATION     PREFX       V118     Continued From page 3     V118       B. Review on 8/13/24 of client #3's record     - Admitted: 3/11/14       - Diagnoses: Schizophrenia-Paranoid Type, Severa Intellectual Disability, Schizoffective Disorder-Bipolar Type     V118       - Aveeno totion, apply daily on skin (anti-itch)     - Aveeno Lotion, apply daily on skin (anti-itch)       Review on 8/13/24 of client #1's July 2024 and August 2024's MAR revealed: - Aveeno was not signed off as being administered from 7/26/24 - 7/31/24 and had discontinued by it       - Cetrizine was not signed off as being administered from 7/26/24 - 7/31/24 and had discontinued by it       - Aveeno was not signed off as being administered 8/1/24 - 8/13/24       Interview on 8/13/24 the Pharmacist reported: - It was not signed off as being administered 8/1/24 - 8/13/24       - They voice wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the new updated order from the doctor       - They over wailing on the marmacist was talking about because the orde								
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300 LEE LANE           ROANOKE RAPIDS, NC 27870           (X4) ID PREFIX         SUMMARY STATEMENT OF DEFICIENCES (EACH DERICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION)         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DERICIENCY)           V118         Continued From page 3         V118         PREFIX         PREVIEW on 8/13/24 of client #3's record revealed:         V118         V118           - Admitted: 3/11/14         - Diagnoses: Schizophrenia-Paranoid Type, Severe Intellectual Disability, Schizoaffective Disorder-Bipolar Type         V118         V118         V118           - Cetrizine 10mg (milligram) tablet (tab), 1 tab at bedtime (allergies)         - Aveeno Nan Asinged off as being administered from 7/22/24 - 7/31/24 and had discontinued by it         - Aveeno vas not signed off as being administered from 7/22/24 - 7/31/24 and had discontinued by it         - Aveeno was not signed off as being administered from 7/23/24 - 8/13/24           Interview on 8/13/24 the Pharmacist reported: - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor           - They were waiting on the new updated order from the doctor         - They ore waiting about because the orders were signed 3/1/24           - Client #1 ha been on Aveeno for years, so         - Client #3 had been on Aveeno for years, so	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE ZIP CODE			
ROANOKE RAPIDS, NC 27870           PALID PRETX TAG         SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICENCY NR LSC IDENTIFYING INFORMATION)         ID PRETX (FAC)         D PRETX (EACH DEPICENCY NR LSC IDENTIFYING INFORMATION)         D PRETX (FAC)         D PRETX (FAC)         D ECH CORRECTION PACING POR CONSTRUCT ON DEPICIENCY)         D COMPLET (FAC)           V118         Continued From page 3         V 118         V 118         E Review on 8/13/24 of client #3's record revealed: - Admitted: 3/11/14         V 118         D Diagnoses: Schizophrenia-Paranoid Type, Severe Intellectual Disability, Schizoaffective Disorder-Bipolar Type - A physician's order dated 3/1/24 revealed: - Cetifizine 10mg (milligram) tablet (tab), 1 tab ab edime (allergies) - Aveeno Lotion, apply daily on skin (anti-itch)         I Review on 8/13/24 of client #1's July 2024 and August 2024s MAR revealed: - Aveeno was not signed off as being administered from 7/27/24 - 7/31/24 and had discontinued by it - Aveeno was not signed off as being administered from 7/26/24 - 7/31/24 and had discontinued by it - Aveeno was not signed off as being administered from 7/26/24 - 8/13/24         I Herview on 8/13/24 the Pharmacist reported: - They were waiting on the new updated order from the doctor         I Herview on 8/13/24 the RD reported: - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor         - They were waiting on the new updated order from the doctor         - They were waiting o	BETTER		300 L EE 1					
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V118     Continued From page 3     V 118       B. Review on 8/13/24 of client #3's record revealed:     V 118       P. Admitted: 3/11/14     Diagnoses: Schizophrenia-Paranoid Type, Severe Intellectual Disability, Schizoaffective Disorder-Bipolar Type     -       A Aphysician's order dated 3/1/24 revealed:     -       - Cetirizine 10mg (milligram) tablet (tab), 1       tab at bedtime (allergies)       - Aveeno usa not signed off as being administered from 7/25/24 - 7/31/24 and had discontinued by it       - Cetirizine was not signed off as being administered from 7/25/24 - 7/31/24 and had discontinued by it       - Cetirizine was not signed off as being administered from 7/25/24 - 7/31/24 and had discontinued by it       - Meeno was not signed off as being administered from 7/25/24 - 7/31/24       Interview on 8/13/24 the Pharmacist reported:       - It was not showing discontinued on her end, so she didn't know why the Aveeno and Cetirizine was not on the MAR       - They were waiting on the new updated order from the doctor       - They couldn't update the system until they got the order from the doctor       - She didn't know what the Pharmacist was talking about because the orders were signed 3/1/24       - Cilent #3 had been on Aveeno for years, so	The second second second			PREFIX			COMPLETE	
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		3/1/24						
I She gign't see why the staft didn't catch that this								
		she didn't see why the staff didn't catch that this medication was not on August MAR						
- She last checked the MARs in July before the Division of Health Service Regulation	Division of Ho		a the WARS III July before the					

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	NT OF DEFICIENCIES				(X3) DATE SURVEY COMPLETED	
		MHL042-066	B. WING	0	8/14/2024	
	PROVIDER OR SUPPLIER	E LANE 300 LEE		, STATE, ZIP CODE NC 27870		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE	
V 118	medications had st administered so sh Interview on 8/13/2 reported: - Try to verify at are correct - Believed that s 2024 but did not che - They never had medications - "This calls for a Due to the failure to medication adminis	opped being initialed as being e did not catch the error 4 the Qualified Professional least monthly that the MARs he checked the MARs in July eck in August d issues with the MARs or an in-service" o accurately document stration it could not be s received their medications	V 118			
	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati was not maintained manner. The findin Observation on 8/13 12:30pm revealed: - White foam aro sink - Peeled paint be bathroom	d its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview the facility in an attractive and orderly	V 736	<ul> <li>V736: Maintenance has been contacted to address issues noted:</li> <li>foam around bathroom sink (possibly calciun buildup) – new sink faucet will be installed, peeled paint behind toilet, circular holes in wa (soap tray) – will be replaced, and entire bathroom will be painted. The grass was cut t same day of review and pictures were provide Lawn care/maintenance is on a schedule to be cut every 2 weeks.</li> <li>Documentation of above will be noted in a monthly collaborative note as well as on the monthly household checks completed by RD f next 6 months (February 2025) in comment section.</li> <li>QP will document discussion about the above their monthly meeting with RD in a collaborative note as well.</li> </ul>	ll he d. or	

Division	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				
MHL042-066		B. WING		08/14/2024				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
BETTER	CONNECTIONS - LEE	0001 == 1	ANE					
			E RAPIDS,	NC 27870				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE			
V 736	Continued From page	ge 5	V 736					
	used to be	m sink where the soap holder approximately four inches						
	Interview on 8/13/24 Reported: - The white foam - Thinks it (white foam) - The landlord is r - The soap holder replaced - The grass was r acompany cuts it evo - The excess rain	the Residential Director has been there about a week foam) is a calcium buildup replacing the sink faucet was pulled off and is getting nowed last week, and ery 2 weeks made the grass grow faster enance appointments						
ision of Hea	Ith Service Regulation							