

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/09/2025
NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386		
(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>An annual, complaint and follow up survey was completed on April 9, 2025. The complaints were unsubstantiated (NC00228349 and NC00229090). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p> <p>This survey originally closed on March 27, 2025 but was reopened on April 9, 2025 due to additional complaint.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/27/25 - 4/9/25 of the facility's documented fire and disaster drills for 1/1/24 - 12/30/24 revealed:</p> <ul style="list-style-type: none"> - First quarter (4/1/24 - 6/30/24); no third or fourth shift fire drill documented. - Second quarter (7/1/24 - 9/30/24); no third or fourth shift fire drill documented. - Third quarter (10/1/24 - 12/31/24); no second, third, or fourth shift fire drill documented. - Third quarter (10/1/24 - 12/31/24); no second, or fourth shift disaster drill documented. <p>Interview on 3/27/25 - 4/9/25 client #1 stated:</p> <ul style="list-style-type: none"> - He had been at the facility since January, 2025. - He had participated in fire and disaster drills. - He was uncertain how often they were completed. <p>Interview on 3/27/25 - 4/9/25 client #3 stated:</p> <ul style="list-style-type: none"> - He had been at the facility for 8 months. - He had participated in fire and disaster drills. - He was uncertain how often they were completed, but they were completed often. <p>Interview on 3/27/25 - 4/9/25 client #4 stated:</p> <ul style="list-style-type: none"> - He had been at the facility for a few weeks - He had completed fire drills but was uncertain 	V 114		

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V 114	Continued From page 2 about disaster drills. Interview on 3/27/25 - 4/9/25 staff #1 stated: - Fire and disaster drills were completed monthly and covered all shifts. Interview on 3/27/25 - 4/9/25 staff #2 stated: - Fire and disaster drills were completed monthly and covered all shifts. Interview on 3/27/25 - 4/9/25 the House Manager stated: - Fire and disaster drills were completed each month and all shifts were covered. - There were four shifts. - Monday - Friday (1pm-10pm and 10pm - 8am) - Saturday and Sunday (8am - 8pm and 8pm - 8am). Interview on 3/27/25 - 4/9/25 the Qualified Professional stated she would ensure all shifts were covered with fire and disaster drills.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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	V 118		

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V 118	<p>Continued From page 3</p> <p>privileged to prepare and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MARs current affecting 2 of 3 audited clients (#3 and #4). The findings are:</p> <p>Finding #1: Review on 3/27/25 - 4/9/25 of client #3's record revealed: - 9 year old. - Admission date of 7/8/24. - Diagnoses included Adjustment Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/27/25 - 4/9/25 of physician orders for client #3 dated 2/24/25 revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Hydroxyzine (treats anxiety) 25 milligrams (mg) - 1 tablet (tab) 3 times daily. <p>Review on 3/27/25 - 4/9/25 of client #3's April 2025 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> - Hydroxyzine 25mg 4/8/25 and 4/9/25 at 7am. <p>Finding #2:</p> <p>Review on 3/27/25 - 4/9/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 13 year old. - Admission date of 2/24/25. - Diagnoses included Intermittent Explosive Disorder, and Adjustment Disorder. <p>Review on 3/27/25 - 4/9/25 of physician orders for client #4 dated 2/24/25 revealed:</p> <ul style="list-style-type: none"> - Guanfacine (treats ADHD) 1 mg - 2 tabs daily. - VitaJoy (multi vitamin) 1 tab daily. <p>Review on 3/27/25 - 4/9/25 of client #4's March - April 2025 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> - Guanfacine 1mg - 3/29/25 - 3/31/25, 4/3/25, 4/4/25, and 4/8/25 at 7am. - Vitajoy Multi - 4/4/25 and 4/9/25 at 7am. <p>Interview on 3/27/25 - 4/9/25 client #3 and client #4 stated:</p> <ul style="list-style-type: none"> -They received their medications daily as prescribed by their physician. -They had not missed any medications. <p>Interview on 3/27/25 - 4/9/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The clients received their medications daily. -She would review with staff to ensure staff followed proper documentation protocol. <p>Due to the failure to accurately document</p>	V 118		

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V 118	Continued From page 5 medication administration it could not be determined if client client #3 and client #4 received their medications as ordered by the physician.	V 118			