STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 5/13/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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:	V 105	RECEIVED JUN 17 2025 DHSR-MH Licensure Sect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 105	Continued From page 1 (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 (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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement their admission policy affecting 1 of 3 clients (#1). The findings are:

Review on 5/2/25 of the facility's admission policy revealed:
- "Each referral is screened by BDA (Better Days Ahead) to determine service needs...Screening includes the following: 1. Assessment of the person's presenting problem(s) or need; 2. Assessment of whether the facility can provide services to address the individual's needs; and 3. Disposition, including referrals and/or recommendations..."

Review on 4/30/25 of client #1's record revealed:
- admitted to sister facility A: 1/25/08
- admitted to this facility: date unknown
- diagnoses: Mild Mental Retardation, Bipolar Disorder, Hypertension, Insomnia, and Obesity
- no documentation in clients' record to show a screening or assessment of the client's needs, if the facility could provide services or the disposition with recommendations to this facility

Interview on 5/1/25 the Director of Administration reported:
- client #1 was "transferred" a few months ago because he didn't get along with staff at sister facility A
- he was "transferred" she "think" sometime

On 5-7-2025 Better Day Ahead of Rocky Mount, Inc. completed a discharged/ transferred for client#1. A new admission assessment has been completed. Client #1 transferred to this facility on 12/15/2024. Group Home Manager and Director of Administration will monitor quarterly

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 105	Continued From page 3 before Christmas 2024 - "we didn't discharge, we transferred him" - did not know they needed to complete an admission for a "transfer" to a sister facility - would ensure they completed the admission process for each "transfer although it's under the same owner"	V 105	On 5-7-2025 Better Day Ahead of Rocky Mount, Inc. completed a discharged/transferred for client#1. A new admission assessment has been completed. Client #1 transferred to this facility on 12/15/2024. Group Home Manager and Director of Administration will monitor quarterly	
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 111	Continued From page 4	V 111		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure an assessment was completed for 1 of 3 clients (#1). The findings are:

Review on 4/30/25 of client #1's record revealed:
- admitted to sister facility A: 1/25/08
- admitted to this facility: date unknown
- diagnoses: Mild Mental Retardation, Bipolar Disorder, Hypertension, Insomnia, and Obesity
- no assessment completed prior to delivery of services to include: presenting problem, needs and strengths, or strategies to address the client's presenting problems

Interview on 5/1/25 the Director of Administration reported:
- client #1 was "transferred" a few months ago because he didn't get along with staff at the sister facility A
- he was "transferred" she "think" sometime before Christmas 2024
- "we didn't discharge, we transferred him"
- did not know they needed to complete a discharge and admission for a "transfer" to a sister facility
- would ensure they completed the admission process for each "transfer although it's under the same owner"

On 5-7-2025 Better Day Ahead of Rocky Mount, Inc. completed a discharged/ transferred for client#1. A new admission assessment has been completed. Client #1 transferred to this facility on 12/15/2024. Group Home Manager and Director of Administration will monitor quarterly

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 752	Continued From page 6	V 752		

Interview on 4/30/25 client #3 reported;
- adjusted his own water for his showers
- "at first the water was too hot"
- when he first arrived at the facility the hot water burned him on his back but he never told anyone and didn't know if it left a mark
- when he first arrived at the facility the hot water made him pull his hand back when testing the water
- knew how to find "the perfect setting" when he showered

Interview on 4/30/25 staff #1 reported:
- she "regulated" the water temperature for all client showers
- not all of the clients could "remember which one is hot or cold"
- no one had ever complained about the water being "too hot"
- "no one has ever been burned"

Interview on 4/30/25 staff #2 reported:
- she adjusted water temperature for client #1 because he didn't know how
- client #2 and client #3 ran their own water and she checked the temperature with her hand

Interview on 5/1/25 the House Manager (HM) reported:
- visited each facility twice per week and no staff or clients had reported an issue with the hot water temperatures
- "we're going to come up with a better routine" to check the water temperatures

Interview on 5/2/25 the Qualified Professional reported:
- visited the facilities at least monthly and no one had reported an issue with the hot water

On 4/30/2025 it was identified that the water heater needed an element. The element was replaced on 5/1/2025. The House Manager and Qualified Professional will monitor the water temperature monthly and record the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 752	Continued From page 7 temperatures - when the issue was identified on 4/30/25 he had a contractor that came out who said there was a bad element in the water heater - he had implemented a new plan on 5/1/25 for the HM to check water temperatures weekly and document Interview on 4/30/25 the Administrative Assistant reported: - staff checked water temperatures approximately every 4 months but did not document - thermometer used for checks was not able to be located - no clients ever reported the water was too hot - no clients were ever burned - client #2 and client #3 set their own water temperatures - staff set water temperature for client #1 - staff always supervised clients when they used the kitchen sink Interview on 4/30/25 with the Director of Administration (DA) reported: - clients never complained that the water was too hot - when she was notified of the hot water, she had maintenance adjust the water heater to "minus hot" Review on 5/1/25 of the Plan of Protection signed by the DA and dated 4/30/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - The water heater was immediately adjusted on April 30th, 2025 at approximately 10:30AM to below hot. Describe your plans to make sure the above	V 752	On 4/30/2025 it was identified that the water heater needed an element. The element was replaced on 5/1/2025. The House Manager and Qualified Professional will monitor the water temperature monthly and record the findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-145	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD GROUP HOME #6	501 CASCADE AVENUE ROCKY MOUNT, NC 27803

(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 752	Continued From page 8 happens. - The water temperature would be checked monthly by the House manager and Qualified Professional all results would be documented. If temperature is above 116° the water heater will be adjusted." This facility serves clients with diagnoses of Schizoaffective Disorder, Schizophrenia, Attention-Deficit/Hyperactivity Disorder, and Intellectual/Developmental Disability. The hot water temperatures ranged from 127 degrees Fahrenheit to 130 degrees Fahrenheit at water sources utilized by clients. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 752	On 4/30/2025 it was identified that the water heater needed an element. The element was replaced on 5/1/2025. The House Manager and Qualified Professional will monitor the water temperature monthly and record the findings.	