PRINTED: 05/27/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL033-139 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE ZIP, CODE		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			4400 DE	ADDRESS, CITY, S ELPHIA DRIVE	TATE, ZIP CODE
ETTER DAYS AHEAD OF RO	JURY MOUNTING	MOUNT, NC 2	7801		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE COMPLE	
V 000 INITIAL COMMENT	rs	V 000			
An annual survey w Deficiencies were c	as completed on 5/7/25.				
category: 10A NCA	sed for the following service C 27G .5600C Supervised h 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.				
V 118 27G .0209 (C) Medi	cation Requirements	V 118	BECEIVED		
only be administered			DHSR-MH Licensure	Sec1	
 (2) Medications shall clients only when auclient's physician. (3) Medications, incluadministered only by unlicensed persons to the client's physician. 	I be self-administered by thorized in writing by the uding injections, shall be r licensed persons, or by trained by a registered nurse,				
privileged to prepare (4) A Medication Adn all drugs administere current. Medications recorded immediately	legally qualified person and and administer medications. In the property of the desired to each client must be kept administered shall be a grafter administration. The				
(C) instructions for ac(D) date and time the	and quantity of the drug; dministering the drug; e drug is administered; and				
(E) name or initials of drug.	f person administering the				

Division of Health Service R	egulation			ONWAFFROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MI AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
	MHL033-139	B. WING	-	05/07/2025
NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD OF RO	OCKY MOUNT INC 1108 DEL	DDRESS, CITY, PHIA DRIVE		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
checks shall be red file followed up by a with a physician. This Rule is not me Based on observation	for medication changes or orded and kept with the MAR appointment or consultation et as evidenced by: on, record review, and	V 118		
interview the facility failed to ensure medications were administered as prescribed for 1 of 3 clients (#3). The findings are: Review on 4/29/25 of client #3's record revealed: - admitted 5/13/99 - diagnoses: Mild Mental Retardation, Adjustment Disorder with Anxiety, Schizoaffective Disorder, Insomnia - FL2 signed by doctor dated 10/14/24: - "Olanzapine 10 milligrams (mg) 2 times daily" (schizoaffective disorder) Review on 4/29/25 of client #3's MARs revealed: - Olanzapine 10mg Take 1 tablet by mouth twice daily - documented as administered twice daily every day for the months of February, March, and April 2025 Observation on 4/29/25 at approximately 3:45pm of client #3's medications revealed: - blister pack with white oval shaped tablets - tablets had markings of 7.5 on one side and 0165 on the other - 6 pills missing from blister pack			Medication Administration . Area how medications are Administered policy on checking medication recephysician orders, correct storage proper way to document medicate of expired and /or discontinued or how to handle any medications diand/or medication errors. Group er , Qualified Professional and Ada Assistant will monitor monthly	ed, the company ceived against of medications, dons, disposing nedication and screpancies Home Manag-
	om blister pack Olanzapine 7.5 mg Take one			

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Division of Health Service R	egulation			PRINTED: 05/27/2025 FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2)			PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
	MHL033-139	B. WING		05/07/2025
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	
BETTER DAYS AHEAD OF RO	CK I MOUNT INC	LPHIA DRIVE MOUNT, NC		
PREFIX (EACH DEFICIENC)	NTEMENT 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)	LD BE COMPLETE
V 118 Continued From pa	ge 2	V 118		
tablet by mouth twice	ce daily		On 5/28/2025 all staff were retr	rained in
Interview on 4/29/25	5 the Director of		Medication Administration . Are	eas covered
Administration repo	rted:		were how medications are Administer, the	
	ispensed the incorrect dose sed to check the doses on the		company policy on checking medication re-	
medications when the	ney arrived at the facility		ceived against physician orders, correct stor-	
	vith the staff about the medications when they		age of medications, proper way to document	
arrived	and modifications whom they		medications, disposing of expired and /or discontinued medication and how to handle	
V 736, 27C, 0203(a) Equilib	u and Crounda Maintana	1/700	any medications discrepancies a	
V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.		V 736	cation errors. Group Home Man	0.00
			fied Professional and Administra	100 100 10
			tant will monitor monthly	
was not maintained i	t as evidenced by: n and interview, the facility n a safe, clean, attractive and free from offensive odor.		On 5-1-2025 all light bulbs were Staff will encourage and assist a cleaning their rooms. All linens will be washed at least once a w	ll clients with and clothes
Observation on 4/29/ revealed:	25 at approximately 11am		needed. Air vents were cleaned changed. The Old door bell pane	
Client #1's bedroom:			was removed. Group Home Mai	nager and
fixture on ceiling	s were missing from the light otato chip bags were on the		Qualified Professional will monit	or monthly
floor throughout the r	oom			
chair	e on the dresser, floor, and			
 2 empty soda car substance, a clear gla 	ns, a black mug with a brown ass with a clear liquid, and			

additional empty potato chip bags were on the

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NAME OF PROVIDER OR SUPPLIER BETTER DAYS AHEAD OF ROCKY MOUNT INC [X4] ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL REGULATION OR SCIENTIFICATION NUMBER: A BUILDING: TAG OF PROVIDER OR SUPPLIER [X4] ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL REGULATION OR SCIENTIFICATION SHOULD BE COME (EACH DERECTIVE ACTION SHOULD BE COME OF TAG OF ISS IDENTIFICATION OR ISSUED OR IS	Divisio	n of Health Service Re	egulation			
BETTER DAYS AHEAD OF ROCKY MOUNT INC (X4) ID SUMMARY STATEMENT OF DEFICIENCY MOUNT, NC 27801 (X4) ID PREFIX TAG MEGULATORY OR LSC IDENTIFYING INFORMATION) (X736 Continued From page 3	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
### PROCKY MOUNT, NC 27801 SUMMARY STATEMENT OF DEFICIENCISES PROCKY MOUNT, NC 27801 SUMMARY STATEMENT OF DEFICIENCISES PROCKY MOUNT, NC 27801 PREFIX TAG			MHL033-139	B. WING		05/07/2025
SUMMARY STATEMENT OF DEFICIENCY SUSTRICT ROCKY MOUNT, NC 27801 NA ID SUMMARY STATEMENT OF DEFICIENCES BY FULL TAG ID PREFIX TAG EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG P	NAME O	F PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY S	STATE, ZIP CODE	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 3 nightstand Client #2's bedroom: - 2 out of 4 light bulbs were not working in the light fixture on the ceiling - had a urine smell Client #3's bedroom: - 3 out of 4 light bulbs were missing from the light fixture on the ceiling fan Client bathroom: - 1 out of 3 lights bulbs were not working on the light fixture above the sink Kitchen: - there were two long circular cracks in the storage door Hallway: - the air filter vent was covered with dark gray dusty residue - there was an old doorbell panel on the wall without a cover with inside wires exposed Interview on 4/29/25 staff #1 reported: - client #1 didn't like to clean his room and encouragement didn't always work - laundry was done weekly for each client if the clients' clothes needed washed more often, she washed sooner - she put baking soda on client #2's bed to help	BETTE	R DAYS AHEAD OF RO	CKY MOUNT INC 1108 DE	LPHIA DRIVE		
Client #2's bedroom:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE COMPLETE
Client #2's bedroom:	V 736	Continued From page	ge 3	V 736		
- 2 out of 4 light bulbs were not working in the light fixture on the ceiling - had a urine smell Client #3's bedroom: - 3 out of 4 light bulbs were missing from the light fixture on the ceiling fan Client bathroom: - 1 out of 3 lights bulbs were not working on the light fixture above the sink Kitchen: - there were two long circular cracks in the storage door Hallway: - the air filter vent was covered with dark gray dusty residue - there was an old doorbell panel on the wall without a cover with inside wires exposed Interview on 4/29/25 staff #1 reported: - client #1 didn't like to clean his room and encouragement didn't always work - laundry was done weekly for each client - if the clients' clothes needed washed more often, she washed sooner - she put baking soda on client #2's bed to help		nightstand				
Interview on 5/2/25 the Qualified Professional reported: - visited the facility at least once a month - the House Manager reported to him each week about any needs		Client #2's bedroom 2 out of 4 light b light fixture on the ce had a urine sme Client #3's bedroom 3 out of 4 light b light fixture on the ce Client bathroom: 1 out of 3 lights I the light fixture above Kitchen: there were two le storage door Hallway: the air filter vent dusty residue there was an old without a cover with i Interview on 4/29/25 client #1 didn't like encouragement didn' laundry was done if the clients' clott often, she washed so she put baking so with the odor Interview on 5/2/25 th reported: visited the facility the House Manage	bulbs were not working in the eiling ell culbs were missing from the eiling fan bulbs were not working on e the sink burbs were not working on e the sink cong circular cracks in the was covered with dark gray doorbell panel on the wall inside wires exposed staff #1 reported: se to clean his room and 't always work e weekly for each client hes needed washed more coner oda on client #2's bed to help the Qualified Professional at least once a month ger reported to him each		placed. Staff will encourage a clients with cleaning their roo linens and clothes will be was once a week and as needed. Were cleaned and filters changed old door bell panel on the wa moved. Group Home Manage Qualified Professional will mo	and assist all oms. All hed at least Air vents ged. The II was re- er and

Division of Health Service Regulation

Division	of Health Service R	egulation			FORW APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL033-139	B. WING		05/07/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
BETTER	DAYS AHEAD OF RO	DCKY MICHNI INC	LPHIA DRIVE MOUNT, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 736	Continued From pa	ge 4	V 736		
V 736	maintained - maintenance redepending on client - would ensure a immediately Interview on 4/29/26 Administration report client #1 never to client #1 knocket kitchen storage aboothe destroyed this	epairs could be daily s' behaviors Il issues were addressed the Director of rted: wanted to clean his room ed a hole in the door to the		On 5-1-2025 all light bulbs were Staff will encourage and assist with cleaning their rooms. All clothes will be washed at least week and as needed. Air vents cleaned and filters changed. To bell panel on the wall was rem Group Home Manager and Quifessional will monitor monthly	all clients linens and conce a s were the Old door coved. ualified Pro-