STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033032	A. BUILDING: _____ B. WING _____	R 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS AHEAD OF ROCKY MOUNT, INC	1713 KINGS CIRCLE DRIVE ROCKY MOUNT, NC 27801

(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 5/7/25. 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000	RECEIVED JUN 17 2025 DHSR-MH Licensure Sect	
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		

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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		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to implement their written policy for discharge. The findings are: Review on 4/30/25 of Former Client (FC) #6's record revealed: - admitted to this facility 1/25/08 - admitted to sister facility A: date unknown - diagnoses: Mild Mental Retardation, Bipolar Disorder, Hypertension, Insomnia, and Obesity - no discharge information or exit summary Review on 5/1/25 of the facility's discharge policy revealed: - "An exit summary is prepared each time a person leaves a service that summarizes the results of the services received by the person and makes recommendations for future services to continue the achievement of the person's life goals." Interview on 5/1/25 the Director of Adminstration reported: - FC #6 was "transferred" sometime before Christmas 2024 because he didn't get along with staff - "we didn't discharge, we transfered him" - did not know they needed to complete a discharge and admission for a "transfer" to sister facility A	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	

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V 112	Continued From page 3	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies for 1	V 112	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 A behavior plan is currently being develop by a license Psychology for client #4. Group Home Manager and Qualified Professional will monitor monthly.	

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V 112	Continued From page 4 of 3 audited clients (#4). The findings are: Review on 5/1/25 of client #4's record revealed: - admitted: 12/15/2017 - diagnoses: Autism, Unspecified Impulse Control, Moderate IDD - treatment plan dated 1/1/25: Section I: My Choices and Supports: Behavioral Health: - "[Client #4]'s wandering has increased. On 5/27 the police was called to assist in finding [client #4]. He wandered away and staff could not locate him. [Client #4] will leave the day support and go to the surrounding stores. [Client #4] will wander into a construction site. It takes at least two staff to remain with [client #4] due to wandering." - no strategies to address client's behavior of elopement and wandering Interview on 5/1/25 staff #1 reported: - client #4 "runs off" - the police came 4/22/25 and talked to client #4 about running through people's yards - on 4/25/25, when he got home, "he just took off" and "the police came because he was destroying people's property" - did not specify what property was destroyed Interview on 5/1/25 the House Manager reported: - they always had "double eyes" on client #4 because "he'll slip away" - there were signs that staff watched for such as when client #4 started pacing - they got him a bag of fidgets and used those to distract him - "there's been a lot of talk about what to do" for client #4's elopements and wanderings but didn't know if it had been written in the treatment plan - the Qualified Professional (QP) wrote the	V 112	A behavior plan is currently being develop by a license Psychology for client #4. Group Home Manager and Qualified Professional will monitor monthly.	

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V 112	Continued From page 5 treatment plans Interview on 5/2/25 the QP reported; - he wrote the short-term goals for clients' treatment plans - the Local Management Entity/Managed Care Organizations Care Coordinator wrote the long-term goals - they had a plan to address the elopement and wandering behavior - he didn't know why the plan wasn't included in the treatment plan - would ensure they included strategies in the clients' treatment plans who had a history of elopement and wandering Interview on 5/1/25 the Director of Administration reported: - when client #4 eloped and wandered they made sure they could see him and knew exactly where he was - it had beed reported to her that client #4 went to a neighbor's yard on 4/25/25 that had bushes and picked up things and threw them - she did not know what things he threw but it had not caused any damage that she knew of - staff would call her and she sometimes talked him out of the bushes but there were times no one could talk him out - client #4 feared the police so, the police presence would get him out of the bushes - client #4's elopements were why he had a one-on-one - would talk to the QP about ensuring client #4's elopements were addressed in the treatment plan	V 112	A behavior plan is currently being develop by a license Psychology for client #4. Group Home Manager and Qualified Professional will monitor monthly.	