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	
			71. 201251110.			R	
		MHL091-103	B. WING		03	3/01/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
RECOVER	RY RESPONSE CENTER	300 PAR	KVIEW DRIVE WES	ST			
REGOVER	THEOLONGE SERVER	HENDER	RSON, NC 27536				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	3/1/18. Deficiencies w This facility is licensed categories: 10A NCA Medical Detoxification	d for the following service C 27G .3100 Non-Hospital 1; 10A NCAC 27G .5000 s for all Disability Groups.					
V 219	27G .3102 Nonhospit	al Med. Detox Staff	V 219				
	shall be on duty at all fewer clients. (b) The treatment of the supervision of a p (c) The services of a counselor, a certified certified substance at available to each clier (d) Each facility shall member on duty at all following areas: (1) substance at including delirium trer (2) symptoms of to substance abuse. (e) Each direct care so continuing education the nature of addiction	e direct care staff member times for every nine or each client shall be under hysician. certified alcoholism drug abuse counselor or a buse counselor shall be nt. have at least one staff I times trained in the abuse withdrawal symptoms,					
		as evidenced by: ew and interview, the facility audited direct care staff					

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

(X6) DATE TITLE

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					R	
MHL091-103		B. WING		03/01/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RECOVER	RY RESPONSE CENTER		/IEW DRIVE W ON, NC 27536			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 219	understanding of the withdrawal syndrome Review on 3/1/18 of srevealed: - a hire date of 4/10/ - a job description of - no evidence of train addiction or the withd During an interview of - she began work as - she became a full the she normally worked and at least 1 Shift Cores - she did not recall of the nature of addiction syndrome During an interview of #1 reported the requiring the human resources.	ing education to include nature of addiction and the partial transfer of a Recovery Coach (RC) on the ing in the nature of the rawal syndrome of a 3/1/18, staff #5 reported: In a part-time RC in May 2017 time RC in February 2018 of with 2 other RCs, a nurse coordinator completing training regarding on or the withdrawal or a 3/1/18, Shift Coordinator red training was not located ses system.	V 219			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						₹	
		MHL091-103	B. WING		I	01/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
RECOVER	RY RESPONSE CENTER		KVIEW DRIVE W				
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	SON, NC 27536	PROVIDER'S PLAN OF CORRE	CTION	(V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 736	Continued From page 2		V 736				
V 755	This Rule is not met a Based on observation governing body failed maintained in a clean findings are: Observation on 3/1/18 revealed: - bathroom walls in tunit had a dried brown the right of the commode - debris behind a dry Voluntary unit posing - crooked window bli	as evidenced by: and record review, the to assure the facility was and orderly manner. The B at approximately 10:15 AM the Involuntary Commitment a substance on the wall to Wer in the laundry room in the a hazard					

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