(X3) DATE SURVEY

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL032-614 03/23/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow-up survey was completed on March 23, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults. V 107 V 107 27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job CONSTRUCTIONSECTION description for the director and each staff position (1) specifies the minimum level of education. competency, work experience and other RECEIVED qualifications for the position; (2) specifies the duties and responsibilities of the position: (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age: (2) is able to read, write, understand and follow directions: (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Service Regulation

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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					
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V 107	Continued From particles of the particle	relationship to the job for a sapplying. The property of a service shall be registered or certified in applicable state laws for the populational part of the position, including the training, experience and for the position, including sure, registration or sure, registration or sure and interview the facility of three audited staff (Staffum level of education findings are: It is personnel records on the date of 11/14/12. If as a Facility Manager cumentation staff #1 met the education required. It with the Facility Director ining her High School	V 107	Regarden reste. 0202 Personnel Requirements 10A NCAC 216 Recovery Connections of Durham will ensure that all of otoff meet the mindin level of Requirement of education of RCD has in order to meet the level of education regarden	(A-E) 4/22/18 ander (ACD) tand its enceines notified 30 days minigun sied					
	that she met minin	aff #1 had no documentation num level of education		that the 30 day per	2018					
	required.			If staffet I does not	meet					
Division of Health Service Regulation										

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R B. WING MHL032-614 03/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 107 V 107 Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 290 V 290 27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: children or adolescents with substance (1)abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body: or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.

Division of Health Service Regulation

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Division	of Health Service Re	gulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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V 290	Continued From page 3		V 290	,				
	(d) In facilities which diagnosis is substated (1) at least or duty shall be trained withdrawal symptom secondary complicating addiction; and (2) the service	ch serve clients whose primary nee abuse dependency: ne staff member who is on d in alcohol and other drug ns and symptoms of ations to alcohol and other drug es of a certified substance hall be available on an						
	failed to ensure at I had training on alco symptoms and symcomplications to alco addictions affecting (Staff #1.) The finding Review of the facility 3/23/18 revealed: -Staff #1 was hired -There was no evide and other drug with symptoms of secon and other drug add Interview on 3/23/1 revealed: -Staff #1 worked allohol and other drug add staff #1 worked allohol and other drug alcohol and other drug with symptoms of secon and other drug add Interview on 3/23/1 revealed: -Staff #1 worked allohol and other drug alcohol alcohol and other drug alcohol alcohol and other drug alcohol and other drug alcohol and other drug alcohol alcohol and other drug alcohol and other drug alcohol and drug alcohol alcohol and drug alcohol al	view and interview the facility east one staff member on duty shol and other drug withdrawal aptoms of secondary cohol and other drug one of three audited staffings are: by's personnel records on date of 11/14/12. as a Facility Manager. ence of training on alcohol drawal symptoms and dary complications to alcohol ictions. with the Facility Director one. off #1 did not have training on rug withdrawal symptoms and dary complications to alcohol	V290	Regarding rule . 5602 Sup Hving Staffunder 10AN RCD will become come ond well ensure that all ordered for training and other drug withour suppriors and superior superiors and superior alcoholicary complication superiors and superior alcoholicary complication alcoholicary complication and action of CD's D addictions RCD's D and they training that at least one stay on alcety has they training also be responsible for ensuring that all the staff receive this training	nalcold our to			

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