	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	E SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
		MHL032-585	B. WING			R 07/13/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STA		1		
		2913 WA	DSWORTH AV				
RECOVE	RY CONNECTIONS II	DURHAM	I, NC 27707				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	FION SHOULD BE	(X5) COMPLET DATE	
TAG	REGULATORT OR L	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow survey was completed on 7/13/18. Deficiencies were cited.						
	10A NCAC 27 G .5	ed for the following service 600E Supervised Living for nce Abuse Dependency.					
V 290	27G .5602 Supervis	sed Living - Staff	V 290				
V 290	numbers specified of this Rule shall be enable staff to resp needs. (b) A minimum of c present at all times premises, except w habilitation plan doo capable of remainir without supervision as needed but not I the client continues the home or comment specified periods of (c) Staff shall be pr following client-staff child or adolescent (1) children of abuse disorders sh of one staff present clients present. Ho present during slee emergency back-up the governing body (2) children of developmental disa	resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor powever, only one staff need be ping hours if specified by the p procedures determined by					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-585	B. WING			R 07/13/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RECOVE	ERY CONNECTIONS II		DSWORTH AV M, NC 27707	ENUE		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
V 290	Continued From page 1		V 290			
	need be present du specified by the em determined by the o (d) In facilities whice diagnosis is substa (1) at least or duty shall be trained withdrawal symptor secondary complica drug addiction; and (2) the service	ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ns and symptoms of ations to alcohol and other d ses of a certified substance nall be available on an	/			
	failed to ensure at I had training on alco symptoms and sym complications to alco	view and interview the facility east one staff member on duty ohol and other drug withdrawa optoms of secondary cohol and other drug one of three audited staff				
	7/12/18 revealed: -Staff #1 had a hire -Staff #1 was hired -There was no evid and other drug with	as a Facility Manager. ence of training on alcohol drawal symptoms and dary complications to alcohol				
	revealed:	8 with the Facility Director vorked alone with the group				

STATE FORM

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			
		MHL032-585	B. WING			R 13/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
RECOVE	RY CONNECTIONS II		OSWORTH AV	ENUE		
		DURHAM	, NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>\</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page 2		V 290			
	alcohol and other di	ff #1 did not have training on rug withdrawal symptoms and dary complications to alcohol ctions.				

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