

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-586 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/13/2018 |
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| NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS I | STREET ADDRESS, CITY, STATE, ZIP CODE 2203 ELMWOOD AVENUE DURHAM, NC 27707 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/13/18. Deficiencies were cited.</p> <p>The facility is licensed for the following service 10A NCAC 27 G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> | V 000 | | |
| V 105 | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> | V 105 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 105 | <p>Continued From page 1</p> <p>(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;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug</p> | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>Screen Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>a. Review on 7/11/18 of client #1's record revealed: - Admission date of 3/14/18. - Diagnosis of Cocaine Dependence.</p> <p>b. Review on 7/11/18 of client #2's record revealed: - Admission date of 5/16/18. - Diagnoses of Cannabis Dependence and Alcohol Abuse.</p> <p>c. Review on 7/11/18 of client #3's record revealed: - Admission date of 2/1/18. - Diagnosis of Opioid Use Disorder.</p> <p>Interview with the Facility Director on 7/11/18 revealed: -She would randomly do urine drug screens for clients. -She was not aware the facility required a CLIA waiver to do urine drug screens for clients. -She only did urine drug screens for clients if she suspected they were using a substance. -She had done urine drug screens for clients within the last few months. -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.</p> | V 105 | | |
| V 290 | <p>27G .5602 Supervised Living - Staff</p> <p>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</p> | V 290 | | |

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| V 290 | <p>Continued From page 3</p> <p>enable staff to respond to individualized client needs.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance 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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an</p> | V 290 | | |

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| V 290 | <p>Continued From page 4</p> <p>as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure at least one staff member on duty had training on alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions affecting one of two audited staff (The Facility Director). The findings are:</p> <p>Review of the facility's personnel records on 7/11/18 revealed: -The Facility Director had a hire date of 7/1/09. -There was no evidence of training on alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.</p> <p>Interview on 7/11/18 with the Facility Director revealed: -She normally worked alone with the group home clients. -She confirmed she did not have training on alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.</p> | V 290 | | |