

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-585	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/13/2018
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NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS II	STREET ADDRESS, CITY, STATE, ZIP CODE 2913 WADSWORTH AVENUE DURHAM, NC 27707
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(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 survey was completed on 7/13/18. Deficiencies were cited. The facility is licensed for the following service 10A NCAC 27 G .5600E Supervised Living for Adults with Substance Abuse Dependency.	V 000		
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: (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 (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	V 290		

DHSR-Mental Health
AUG 01 2018
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Thomas B. Gumpf Program Director

7/25/18

Division of Health Service Regulation

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V 290	<p>Continued From page 1</p> <p>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 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 three audited staff (staff #1). The findings are:</p> <p>Review of the facility's personnel records on 7/12/18 revealed: -Staff #1 had a hire date of 4/7/15. -Staff #1 was hired as a Facility Manager. -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 7/12/18 with the Facility Director revealed: -Staff #1 normally worked alone with the group home clients.</p>	V 290	<p><i>Regarding 5602 Supervised Living Staff under 10A NCAC 2.76 Recovery Connections of Durham will become compliant RCD will ensure that all of it's staff and at least one staff member on duty shall be trained on alcohol and other drug withdrawal symptoms and symptoms of secondary complications. RCD's Program Director will ensure that RCD staff receive this training upon hire. RCD's qualified</i></p>	9/11/18
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V 290	Continued From page 2 -She confirmed staff #1 did not have training on alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.	V 290	<i>professional will be responsible for providing this training</i>	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL032-585	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/13/2018
NAME OF FACILITY RECOVERY CONNECTIONS II	STREET ADDRESS, CITY, STATE, ZIP CODE 2913 WADSWORTH AVENUE DURHAM, NC 27707	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0108	Correction	ID Prefix V0114	Correction	ID Prefix V0536	Correction
Reg. # 27G .0202 (F-I)	Completed	Reg. # 27G .0207	Completed	Reg. # 27E .0107	Completed
LSC	07/13/2018	LSC	07/13/2018	LSC	07/13/2018
ID Prefix V0537	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27E .0108	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/13/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls	DATE 7/16/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/14/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 16, 2018

Thomas Bass, Program Director
Recovery Connections of Durham, Inc.
2913 Wadsworth Ave.
Durham, NC 27707

Re: Annual and Follow up Survey completed July 13, 2018
Recovery Connections II, 2913 Wadsworth Avenue, Durham, NC 27707
MHL # 032-585
E-mail Address: savinglives1@aol.com

Dear Mr. Thomas Bass:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed July 13, 2018.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 11, 2018.

What to include in the Plan of Correction

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at (919) 855-3822.

Sincerely,



Kimberly R. Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
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