

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/02/2018
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NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III	STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713
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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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 2, 2018. The complaint was unsubstantiated (intake #NC00142780). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Substance Abuse Adults.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation of the facility on 10/2/18 between 12:00 pm and 12:10 pm revealed the following issue: -Grass in front, side and back yard was approximately about 12-16 inches tall.</p> <p>Interview on 10/2/18 with the Facility Director revealed: -Person that mowed her property had not come in. -They were expecting him to come any moment. -She would contact landscaping person to mow the grass this week.</p>	V 736		

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

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