Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-614	A. BUILDING: _____ B. WING _____	R-C 10/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY CONNECTIONS OF DURHAM - III	2016 COOK ROAD DURHAM, NC 27713

(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 A complaint and follow up survey was completed on October 2, 2018. The complaint was unsubstantiated (intake #NC00142780). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Substance Abuse Adults.	V 000	DHSR - Mental Health OCT 22 2018 Lic. & Cert. Section	
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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: 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. 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.	V 736	Regarding 27G.0303(c) Facility Grounds Maintenance under 10A NCAC 27G. Locality and Exterior Requirements Recovery Connections of Durham will become compliant and will ensure that it's facility grounds are maintained in a safe, clean, attractive and orderly manner and that grass at it's facilities are properly cut and maintained. RCD's program director shall be responsible for ensuring RCD's compliance in this rule.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Thomas B Bass, Jr. — TITLE: Program Director — (X6) DATE: 10/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-614	A. BUILDING: _____ B. WING _____	R-C 10/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY CONNECTIONS OF DURHAM - III	2016 COOK ROAD DURHAM, NC 27713

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL032-614 (Y1)	A. Building B. Wing (Y2)	10/2/2018 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY CONNECTIONS OF DURHAM - III	2016 COOK ROAD DURHAM, NC 27713

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 V0107 Reg. # 27G .0202 (A-E) LSC	Correction Completed 10/02/2018	ID Prefix V0290 Reg. # 27G .5602 LSC	Correction Completed 10/02/2018	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 10/2/18
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
10/2/2018	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO