	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R
		MHL032-614	B. WING		04	/23/2019
ME OF PR	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ECOVER	Y CONNECTIONS OF D	URHAM - III	OK ROAD M, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual and follow-up survey was completed on April 23, 2019. There were deficiencies cited.					
	category: 10A NCAC	ed for the following service 27G. 5600E Substance Abuse Adults				
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyo (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultation responsible person of (5) basis for evaluated outcome achievement (6) written consent of responsible party, or	ITATION OR SERVICE e developed based on the partnership with the client or erson or both, within 30 days its who are expected to ond 30 days. clude: e) that are anticipated to be n of the service and a lievement; e; eview of the plan at least ion with the client or legally ir both; cion or assessment of				
ion of Hea	Ith Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL032-614	B. WING		R 04/23/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ECOVER	Y CONNECTIONS OF D	URHAM - III	OK ROAD M, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 1	V 112			
	failed to ensure the tr crisis intervention pla clients (#1 and #2). Review on 4/23/19 of -Admission date of 3/ -Diagnosis of Alcohol -Treatment Plan date -No crisis intervention treatment plan.	ew and interview, the facility reatment plan included a in for two of three audited The findings are: f Client #1's record revealed: /4/19. Dependence.				
	-Admission date of 3 -Diagnoses of Alcoho Dependence -Treatment Plan date	/15/19. I Dependence and Cocaine				
	house. -Client #1 and client = due to extended leng -He developed the tre	ofessional revealed: #2 lived at the 30 days #2 treatment plan completed th of stay. eatment plans. risis intervention document				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a				

STATE FORM

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL032-614	B. WING		04	R / 23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RECOVER	Y CONNECTIONS OF D	URHAM - III	OOK ROAD M, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE
V 131	Continued From page	e 2	V 131			
	Personnel Registry a	all access the Health Care nd shall note each incident opriate business files.				
	failed to access the H Registry (HCPR) pric three audited staff (#	ew and interview the facility lealth Care Personnel or to employment for one of				
	 Hire date: 8/1/18. Job title: Live-In HCPR was access 	Facility Manager				
	employment. -He did not print out t -Upon return to the s	ofessional revealed: initially assessed prior to the HCPR document. ite, he was unable to print				
	the original documen -He had to access th -Acknowledged the H accessed prior to em	e HCPR process again. ICPR needed to be				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E					

Division of Health Service Regulation STATE FORM

6899

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If continuation sheet 3 of 9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING:			
		MHL032-614	B. WING		04	R / 23/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RECOVER	Y CONNECTIONS OF D	URHAM - III	OOK ROAD M, NC 27713			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 133	Continued From pag	e 3	V 133			
	"provider" applies to	an area authority/county				
	program and any pro	vider of mental health,				
	developmental disab	ility, and substance abuse				
	services that is licens	sable under Article 2 of this				
	Chapter.					
	(b) Requirement An offer of employment by a provider licensed under this Chapter to an					
		ition that does not require the				
		occupational license is ent to a State and national				
		criminal history record check of the applicant. If the applicant has been a resident of this State for				
		then the offer of employment				
		isent to a State and national				
		d check of the applicant. The				
	national criminal hist	ory record check shall				
	include a check of th	e applicant's fingerprints. If				
		en a resident of this State for				
	•	nen the offer is conditioned				
		e criminal history record				
		nt. A provider shall not				
		who refuses to consent to a				
	•	d check required by this herwise provided in this				
		e business days of making				
		of employment, a provider				
		st to the Department of				
		14-19.10 to conduct a				
	criminal history record check required by this					
	section or shall subm	nit a request to a private				
	•	tate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La	n and Human Services,				
	Criminal Records Ch					
	Chiminal INCOURTS OF					1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL032-614	B. WING		R 04/23/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RECOVER	Y CONNECTIONS OF D	URHAM - III	OK ROAD M, NC 27713			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RECTION	(X5)
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V 133	Continued From pag	e 4	V 133			
	history of the person	, the Department of Health				
	•	, Criminal Records Check				
	Unit, shall notify the	provider as to whether the				
		may affect the employability				
		o case shall the results of the				
	national criminal hist	national criminal history record check be shared				
	with the provider. Providers shall make available					
	upon request verifica	ation that a criminal history				
	check has been completed on any staff covered					
	by this section. A county that has adopted an					
	appropriate local ordinance and has access to					
	the Division of Criminal Information data bank					
	may conduct on behalf of a provider a State					
	criminal history record check required by this					
	section without the provider having to submit a					
	request to the Department of Justice. In such a					
	-	Il commence with the State				
		d check required by this				
	section within five bu					
		mployment by the provider.				
	All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection					
	(c) of this section. For	"private entity" means a				
		ngaged in conducting				
	criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of					
		ne provider shall consider all				
		rs in determining whether to				
	hire the applicant:					
		iousness of the crime.				
	(2) The date of the c					
		erson at the time of the				
	conviction.					
	(4) The circumstance	a ourrounding the				
1		es surrounding the				

IAME OF PR	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		ETED
			A. BUILDING:		R	
		MHL032-614	B. WING		R 04/23/20	
RECOVER	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	Y CONNECTIONS OF D	URHAM - III	OK ROAD M, NC 27713			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLET DATE
V 133	Continued From page	e 5	V 133			
	(5) The nexus betwee	en the criminal conduct of				
	the person and the jo	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
	rehabilitation, and employment records of the					
	person since the date the crime was committed.					
	(7) The subsequent commission by the person of a relevant offense.					
	The fact of conviction of a relevant offense alone					
	shall not be a bar to employment; however, the					
	isted factors shall be considered by the provider.					
		lifies an applicant after				
		elevant factors, then the				
	provider may disclose information contained in					
	he criminal history record check that is relevant					
	o the disqualification, but may not provide a copy of the criminal history record check to the					
	applicant.					
		d) Limited Immunity A provider and an officer				
	r employee of a provider that, in good faith,					
	civil liability for:	ction shall be immune from				
		provider to employ an				
		is of information provided in				
	•	ecord check of the individual.				
		an employee's history of ne employee's criminal				
	history record check is requested and received in compliance with this section.					
	(e) Relevant Offense As used in this section,					
		eans a county, state, or				
		ry of conviction or pending				
	indictment of a crime, whether a misdemeanor or					
		on an individual's fitness to				
	• •	r the safety and well-being of national health, developmental				
		nce abuse services. These				
		iminal offenses set forth in				
		Articles of Chapter 14 of the				

6899

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL032-614	B. WING		04	R // 23/2019
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V 133	Continued From page	e 6	V 133			
	Issuing Monetary Sul Endangering Executi Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Artic Robbery; Article 18, I False Pretenses and Obtaining Property of Fraudulent Use of Cr Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution 29, Bribery; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor	ve and Legislative Officers; Article 7A, Rape and Other 8, Assaults; Article 10, uction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, r Services by False or edit Device or Other Means; I Transaction Card Crime ls; Article 21, Forgery; Article Public Morality and , Adult Establishments; n; Article 28, Perjury; Article 1, Misconduct in Public enses Against the Public Riots and Civil Disorders; of Minors; Article 40, hily; Article 59, Public cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in				

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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Y CONNECTIONS OF D	URHAM - III				
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Continued From page	e 7	V 133			
employ an applicant of obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after the conditional employme 2001-155, s. 1; 2004	conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins ent. (2000-154, s. 4; -124, ss. 10.19D(c), (h);				
Based on record revi failed to ensure the s was ordered within five the conditional offer of three audited staff (# Review on 4/23/19 of revealed: - Hire date: 8/1/18. - Job title: Live-In - The criminal reco 3/18/19. Interview on 4/23/19	ew and interview, the facility tate criminal record check ve business days of making of employment for one of 1). The findings are: f Staff #1's personnel record Facility Manager ord check was ordered with the Program				
	CORRECTION OVIDER OR SUPPLIER Y CONNECTIONS OF D SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag (g) Conditional Emple employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as r (2) The provider shal criminal history recor business days after t conditional employm 2001-155, s. 1; 2004 2005-4, ss. 1, 2, 3, 4 This Rule is not met Based on record revi failed to ensure the s was ordered within fi the conditional offer of three audited staff (# Review on 4/23/19 o revealed: - Hire date: 8/1/18 - Job title: Live-In - The criminal recor 3/18/19. Interview on 4/23/19	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614 OVIDER OR SUPPLIER STREET/ 2016 CC DURHA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for one of three audited staff (#1). The findings are: Review on 4/23/19 of Staff #1's personnel record revealed: - Hire date: 8/1/18. - Job title: Live-In Facility Manager - The criminal record check was ordered 3/18/19. Interview on 4/23/19 with the Program	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE C A BUILDING: MHL032-614 B: WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 2016 COOK ROAD DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 7 V 133 (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for one of three audited staff (#1). The findings are: Review on 4/23/19 of Staff #1's personnel record revealed: - Hire date: 8/1/18. Job title: Live-In Facility Manager - The criminal record check was ordered 3/18/19. Interview on 4/23/19 with the Program	OF DEFICIENCIES [X1] PROVIDERUSIPPLIENCIA (X2) MULTIPLE CONSTRUCTION A BUILDING:	OF DEPICIENCIES F CORRECTION (Y1) PROVIDERSUPPLIENCLIA UDENTIFICATION NUMBER: A BUILDING: (Y2) MULTIPLE CONSTRUCTION A BUILDING: (Y2) MULTIPLE CONSTRUCTION BUILDING: (Y2) MULTIPLE CONSTRUCTION A BUILDING: (Y2) MULTIPLE CONSTRUCTION BUILDING: (Y2) MULTIPLE CONSTRUCTION A BUILDING: (Y2) MULTIPLE CONSTRUCTION BUILDING: (Y2) MULTIPLE CONSTRUC

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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		DURHA	M, NC 27713			
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V 133	Continued From page	je 8	V 133			
	and had to re-order -Confirmed the criim	the record check. inal record check was not s days of making the				