Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL032-614 04/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX **PRFFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow-up survey was completed on April 23, 2019. There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND **DHSR** - Mental Health TREATMENT/HABILITATION OR SERVICE **PLAN** MAY 0 8 2019 (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days Lic. & Cert. Section of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

Division of Health Service Regulation

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

STATE FORM B. Dars, In

Program Director
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(X6) DATE

If continuation sheet 1 of 9

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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V 112	Continued From pag	0.1	V 112				
V 112	Continued From pag	CI					
	This Rule is not met	as evidenced by:	11110	A 0: 0			
		iew and interview, the facility	V112	Regarding rule 276.020. (CFD) Assessment/Treatm Habilitation Plan under	5	6/22/19	
		reatment plan included a		(ata) by the	outs	0/0/-	
		an for two of three audited		(CFU) assessmenty reach	101		
	clients (#1 and #2).			Habilitation Plan under	IOA		
				NCAC 276 5600E, Reco	very		
		of Client #1's record revealed:		Connections of Durham u	rell		
	-Admission date of 3			Connections of 27	10		
	-Diagnosis of Alcoho			become compliant and	will		
	-Treatment Plan date			ensure that all hearing	ent		
		n plan was included in the		and de include à or	uses.		
	treatment plan.			plans do encourant stano the	ccisis		
	Review on 4/23/19 o	of Client #2's record revealed:		intervented for the	be.		
	-Admission date of 3			empleted by RCD's que	librad		
		ol Dependence and Cocaine		completed by KCO Sign			
	Dependence			professional. RCD's Pa			
	-Treatment Plan dat			1 to thell ensure	hat		
		on plan was included in the		Duelle State I hall seved	By		
	treatment plan.			the process reflect	14		
	Interview on 4/22/19	with the Program		a continual review of che	esco		
		rofessional revealed:		too twent plans.			
		#2 lived at the 30 days		Director shall ensure to this process is followed a continual review of cla treatment plans.			
	house.						
		#2 treatment plan completed					
	due to extended len			, z = ==			
	-He developed the t			9			
		crisis intervention document					
	was incomplete and	I not filled out.					
1/ 424	C C 121E 2EC (D2)	HCPR - Prior Employment	V 131				
V 13	Verification	TIOTA - Filor Employment					
	vermoauon						
	G.S. §131E-256 HE	ALTH CARE PERSONNEL					
	REGISTRY	agrant garden distriction distriction and area of the control of t					
	(d2) Before hiring he	ealth care personnel into a					

health care facility or service, every employer at a

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B WING MHL032-614 04/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 131 | Continued From page 2 V 131 health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: V131 Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to 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 HCPR was accessed on 1/24/19. Interview on 4/23/19 with the Program Director/Qualified Professional revealed: -Staff #1 HCPR was initially assessed prior to employment. -He did not print out the HCPR document. -Upon return to the site, he was unable to print the original document. -He had to access the HCPR process again. -Acknowledged the HCPR needed to be accessed prior to employment. V 133 G.S. 122C-80 Criminal History Record Check V 133 G.S. §122C-80 CRIMINAL HISTORY RECORD

CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

(a) Definition. - As used in this section, the term

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	f Health Service Regu		(VO) MILITIDI E	CONSTRUCTION	(X3) DATE SURVEY
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V 133	Continued From page	3	V 133		
	IIid-all applies to	an area outhority/county			
		an area authority/county			
	program and any pro	vider of mental health, lity, and substance abuse			
		able under Article 2 of this			
1	Chapter.	able under Article 2 of this			
		n offer of employment by a			
	provider licensed und				
		tion that does not require the			
		occupational license is			
		ent to a State and national			
		d check of the applicant. If		20 I W	
		en a resident of this State for	16		
	less than five years.	then the offer of employment			
		sent to a State and national			
	[기급하다고기 : [기급하다 : [기] :	d check of the applicant. The		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		ory record check shall	j		
	include a check of th	e applicant's fingerprints. If			
		en a resident of this State for			-1
	five years or more, th	nen the offer is conditioned		8	
	on consent to a State	e criminal history record		1900	
	check of the applicar	nt. A provider shall not			
	employ an applicant	who refuses to consent to a			
2	criminal history record check required by this			No. 2 - 8	
	section. Except as otherwise provided in this			1 2	
	subsection, within five business days of making				
	the conditional offer of employment, a provider shall submit a request to the Department of				
1	Justice under G.S. 114-19.10 to conduct a				
	criminal history record check required by this				
	section or shall submit a request to a private				
		tate criminal history record			
		is section. Notwithstanding			
		Department of Justice shall			
		national criminal history			
		nployment positions not			
1	covered by Public La				
		h and Human Services,			
	Criminal Records Check Unit. Within five				1 1 1

Division of Health Service Regulation

business days of receipt of the national criminal

PRINTED: 04/24/2019 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WNG MHL032-614 04/23/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2016 COOK ROAD RECOVERY CONNECTIONS OF DURHAM - III DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 133 V 133 Continued From page 4 history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification 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 case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment 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 purposes of this subsection, the term "private entity" means a business regularly engaged 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 a relevant offense, the provider shall consider all

Division of Health Service Regulation

conviction.

hire the applicant:

(2) The date of the crime.

of the following factors in determining whether to

(1) The level and seriousness of the crime.

(3) The age of the person at the time of the

(4) The circumstances surrounding the commission of the crime, if known.

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V 133	Continued From page	e 5		1 100			
	(5) The nexus between	en the criminal co	nduct of				
	the person and the jo	b duties of the po	sition to be				
	filled.						
	(6) The prison, jail, p	robation, parole,					
	rehabilitation, and en	nployment records	of the				
	person since the date						
	(7) The subsequent	commission by the	person of				
	a relevant offense.						
	The fact of conviction	n of a relevant offe	ense alone				
	shall not be a bar to						
	listed factors shall be						
	If the provider disqualifies an applicant after			we want to provide the		1 19	
	consideration of the				and a roads.		
	provider may disclose information contained in				and a second per a		
	the criminal history record check that is relevant				and there are the		
	to the disqualification, but may not provide a copy				1 11 2 40 11		
	of the criminal histor						
	applicant.	,			ni i ai dy i		
	(d) Limited Immunity	- A provider and	an officer		will be a being a second		
	or employee of a pro				A Company of the Comp		
	complies with this se				recognize a month ac		
	civil liability for:				in 1 30		
	(1) The failure of the	provider to emplo	v an		no n		
	individual on the bas						
	the criminal history r						
	(2) Failure to check						
	criminal offenses if the						
	history record check	100			1022		
	compliance with this				2 11 101 1		
	(e) Relevant Offense		section		Year and the second		
1	"relevant offense" m						
	federal criminal histo						
	indictment of a crime						
	felony, that bears up				100000000000000000000000000000000000000		
1	have responsibility f						
	persons needing me				2 2 2 2 2		
	disabilities, or substa	to contrata octobril a sustaforma in a contrata contrata con a filipa					-
}	crimes include the c				all was		
	any of the following						
	ally of the following	Alucies of Chapte	14 OI UIC				1

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WNG_ MHL032-614 04/23/2019

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	
PREFIX	Continued From page 6 General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE	
	Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.				

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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V 133	Continued From page	2.7	V 133			
V 133	Continued From page	e /	100			
	(g) Conditional Emplo	oyment A provider may				
	employ an applicant	conditionally prior to				
		of a criminal history record				
		applicant if both of the				
	following requiremen			And the same of th	7 1.	
		I not employ an applicant				
		applicant's consent for				
		d check as required in				
		section or the completed		the state of the s		
					7.8	
	fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a				W I P	
criminal history record check not later than five				eser er		
business days after the individual begins						
	conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);					
	The state of the s					
	2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)					
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				Λ		
	This Dule is not rest as suideneed buy		11.00	Regarding rule 6.5. 1220 Chiminal History Record Required For Certain a	0-80	
	This Rule is not met as evidenced by: Based on record review and interview, the facility		1133	Regarding with Days	Charle.	
			V133	Cheminal History record	and carely	
	The state of the s	state criminal record check		Required Jigr Ceregin Co	65	
		ive business days of making		I Employment unde	10.5	
		of employment for one of		1000 mg	estory	
	three audited staff (#	f1). The findings are:		122C-80 Oriminal 14		
				1. I should Recovery	1	
		of Staff #1's personnel record		Kelorde Check 11 10	e well	
	revealed:			Connections of During	7.12	
	- Hire date: 8/1/18			convector de plant an	ol well	
		Facility Manager		become confin tatori	reverel	
	- The criminal reco	ord check was ordered		ensue was a siare	1.1	
	3/18/19.			reme check will be	ordered	
				and placed in an em	sloyees	
	Interview on 4/23/19	with the Program	1	was peaced	iland.	
		rofessional revealed:		file wining for file	und teces	
-He was responsible for ensuring the criminal				Loys of making the	to the	
	record check was or	_		the sol employment	in the	
		m obtaining the document		Memployee. RCD.	2	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL032-614 04/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) e responsible for monitary and ensuring this V 133 V 133 Continued From page 8 and had to re-order the record check. -Confirmed the criminal record check was not ordered five business days of making the conditional offer of employment.

Division of Health Service Regulation

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