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						
MIII 022 506		MHL032-586	B. WING		R 07/16/2019						
		WITILU32-300			07/1	0/2019					
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE							
RECOVERY CONNECTIONS I 2203 ELMWOOD AVENUE DURHAM, NC 27707											
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE						
V 000	INITIAL COMMENTS		V 000								
	7/16/19. Deficiencie										
	10A NCAC 27 G .56	ed for the following service 600E Supervised Living for nice Abuse Dependency.									
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive									
	failed to ensure faci	et as evidenced by: on and interview, the facility ility grounds were maintained ractive and orderly manner.									
	of the facility reveal- Kitchen area-One of the hingesClients' #1 and #4 portion of double pa There were multiple of the cracks were a long, two of the cracks	2/19 at approximately 9:35 AM ed the following issues: of the cabinet doors was off bedroom-Outside and inside ane window was cracked. E cracks in window pane. Two approximately twelve inches cks were approximately eight ack was approximately twenty done crack was									
	•	een inches long. The blinds									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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						
					F						
		MHL032-586	B. WING		07/1	6/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
RECOVERY CONNECTIONS I 2203 ELMWOOD AVENUE DURHAM, NC 27707											
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V 736	Interview with the Prevealed: -She was not aware #4 room was crack -A maintenance per the cabinet doorShe confirmed the	rogram Manager on 7/12/19 the the window in clients' #1 and	V 736								

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