Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED			
					R-C	
		MHL032-614	B. WING		08/02/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
RECOVER	RY CONNECTIONS OF DU	JRHAM - III	OK ROAD I, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on August 2, 2019. T unsubstantiated (intal #NC00153832). Defic This facility is licensed category: 10A NCAC	ke #NC00153780 and ciencies were cited. d for the following service				
V 131	_	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	failed to access the H Registry (HCPR) prior Facility Manager. The Review on 8/2/19 of the personnel record reverse	ew and interview the facility ealth Care Personnel r to employment for the findings are: The Facility's Manager				
	 Hire date: 7/3/19. Job title: Live-In F HCPR was acces 					
	III.CI VIC VV OII 0/2/ 19 W	iai aio i dointy Director				

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 TION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	JF CORRECTION	IDENTIFICA	TION NUMBER.	A. BUILDING:		COIVII LETED			
		MHL032	2-614	B. WING		R-C 08/02			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
DECOVE	RECOVERY CONNECTIONS OF DURHAM - III								
RECOVER	RY CONNECTIONS OF D	JRHAW - III	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 131	Continued From page	e 1		V 131					
	revealed: -The Program Director was responsible for accessing HCPR for all new staffConfirmed based on when the Facility Manager started the HCPR was not accessed prior to employment.								
V 133	33 G.S. 122C-80 Criminal History Record Check		ord 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 "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this								

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STATE FORM 6899 TOH311 If continuation sheet 2 of 7

Division of Health Service Regulation											
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY						
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED						
					D 0						
		B. WING		R-C							
		MHL032-614	B. WING	·····	08/02/2019						
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE							
	2016 COOK ROAD										
RECOVER	RY CONNECTIONS OF DI	JRHAM - III	M, NC 27713								
			·								
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD							
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP							
				DEFICIENCY)							
V 133	O	- 0	V 133								
V 133	Continued From page	2	V 133								
	shall submit a reques	t to the Department of									
	Justice under G.S. 11	•									
		d check required by this									
		it a request to a private									
		ate criminal history record									
	•	s section. Notwithstanding									
		Department of Justice shall									
		ational criminal history									
		ployment positions not									
	covered by Public Lav										
	_	and Human Services,									
	Criminal Records Che										
		eipt of the national criminal									
	•	the Department of Health									
		, Criminal Records Check									
		provider as to whether the									
		may affect the employability									
		case shall the results of the									
	· ·	ory record check be shared									
		viders shall make available									
	=	tion that a criminal history									
		pleted on any staff covered									
		nty that has adopted an									
	•	nance and has access to									
		al Information data bank									
		of a provider a State									
	_	d check required by this									
	_	ovider having to submit a									
		ment of Justice. In such a I commence with the State									
	_										
		d check required by this									
	section within five bus										
		nployment by the provider.									
		ormation received by the									
	· ·	al and may not be disclosed,									
		nt as provided in subsection									
	(c) of this section. For										
		"private entity" means a									
business regularly engaged in conducting											

Division of Health Service Regulation

STATE FORM 6899 TOH311 If continuation sheet 3 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION				A. BUILDING: _				
						R-	С	
		MHL032	-614	B. WING		1	2/2019	
NAME OF D	ROVIDER OR SUPPLIER		STREET AND	DESS CITY STA	TE ZIR CODE			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD								
RECOVER	Y CONNECTIONS OF D	URHAM - III	DURHAM,					
	OUR MAR DV OT	4.TEMENT OF DEEL	· · · · · · · · · · · · · · · · · · ·		PROMPERIO DI AMOS CORRECTIO	1		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC REGULATORY OR I		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY OF THE APPROPE	BE	(X5) COMPLETE DATE	
					DEFICIENCY)			
V 133	Continued From page	e 3		V 133				
			na nublio					
	criminal history record records obtained from							
	(c) Action If an appl	-	•					
	record check reveals		•					
	a relevant offense, th							
	of the following factor	•						
	hire the applicant:		ig miouior to					
	(1) The level and seri	ousness of the	crime.					
	(2) The date of the cr							
	(3) The age of the pe		e of the					
	conviction.							
	(4) The circumstance	s surrounding	the					
	commission of the cri	me, if known.						
	(5) The nexus between	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 em							
	person since the date							
	(7) The subsequent of	ommission by	the person of					
	a relevant offense.	-flt -						
	The fact of conviction							
	shall not be a bar to e listed factors shall be							
	If the provider disqua	•	•					
	consideration of the r							
	provider may disclose							
	the criminal history re							
	to the disqualification							
	of the criminal history		• •					
	applicant.							
	(d) Limited Immunity.	- A provider ar	nd an officer					
	or employee of a prov	-						
	complies with this section shall be immune from							
	civil liability for:							
	(1) The failure of the							
	individual on the basi		•					
	the criminal history re							
	(2) Failure to check a	n employee's h	nistory of					
					1			

Division of Health Service Regulation

STATE FORM 6899 TOH311 If continuation sheet 4 of 7

Division of Health Service Regulation								
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI	A (X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BUILI	A. BUILDING:			COMPLETED	
					R-C			
MHL032-614		B. WING	à		08/02/2019			
MITILU32-014						08/0	2/2019	
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDRESS, CIT	Y, STAT	E, ZIP CODE			
		2	016 COOK ROAD					
RECOVER	RY CONNECTIONS OF DI	URHAM - III C	URHAM, NC 2771	3				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N.	(X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREF		(EACH CORRECTIVE ACTION SHOULD		COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION			CROSS-REFERENCED TO THE APPROPE	RIATE	DATE	
					DEFICIENCY)			
V 133	Continued From page	<u>4</u>	V 133					
		e employee's criminal						
		is requested and received	in					
	compliance with this							
		As used in this section,						
		ans a county, state, or						
		ry of conviction or pending						
		, whether a misdemeanor						
	felony, that bears upo	on an individual's fitness to)					
		r the safety and well-being						
	persons needing mer	ntal health, developmenta						
		nce abuse services. Thes						
	crimes include the cri	minal offenses set forth ir	1					
	any of the following A	rticles of Chapter 14 of th	e					
	General Statutes: Arti	icle 5, Counterfeiting and						
	Issuing Monetary Sub	ostitutes; Article 5A,						
	Endangering Executive	ve and Legislative Officers	s;					
	Article 6, Homicide; A	article 7A, Rape and Othe	r					
	Sex Offenses; Article	8, Assaults; Article 10,						
	Kidnapping and Abdu	iction; Article 13, Maliciou	s					
	Injury or Damage by I	Use of Explosive or						
	Incendiary Device or	Material; Article 14, Burgl	ary					
	and Other Housebrea	akings; Article 15, Arson a	nd					
	Other Burnings; Articl	le 16, Larceny; Article 17,						
	Robbery; Article 18, E	Embezzlement; Article 19,						
	False Pretenses and	Cheats; Article 19A,						
	Obtaining Property or	Services by False or						
	Fraudulent Use of Cre	edit Device or Other Mear	ns;					
	Article 19B, Financial	Transaction Card Crime						
	Act; Article 20, Fraud	s; Article 21, Forgery; Arti	cle					
	26, Offenses Against	-						
		, Adult Establishments;						
	Article 27, Prostitution	n; Article 28, Perjury; Artic	le					
		, Misconduct in Public						
	Office; Article 35, Offe	enses Against the Public						
	Peace; Article 36A, R	tiots and Civil Disorders;						
	Article 39, Protection	of Minors; Article 40,						
	Protection of the Fam							
		cle 60, Computer-Related						
	Crime. These crimes also include possession or							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL	ATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _					
MHL032-614					·C)2/2019		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RECOVER	RY CONNECTIONS OF D	JRHAM - III	2016 COOP DURHAM, I				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	sale of drugs in violate Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employing supplies, or otherwise an employment application of G.S. 20-138.5. (g) Conditional Employing employ an applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as reconsultational employing 2001-155, s. 1; 2004-2005-4, ss. 1, 2, 3, 4,	ion of the North Carolina is Act, Article 5 of Chapte tutes, and alcohol-relate to underage persons in 302 or driving while of G.S. 20-138.1 through the foliation of G.S. 20-138.1 through the gives false information at the basis for the deck under this section that is the basis for the deck under this section as A1 misdemeanor. The provider may conditionally prior to the fact of a criminal history recomplicant if both of the sare met: Into the mapplicant is consent for the deck as required in section or the completed equired in G.S. 114-19.10 submit the request for a dicheck not later than five the individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.)	er d Any es, on or a on t t	V 133			
	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 the Facility						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
			A. BUILDING:								
		MHL032-614	B. WING			R-C 02/2019					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
RECOVER	RY 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE					
V 133	Continued From page	e 6	V 133								
	Manager. The finding	gs are:									
	Review on 8/2/19 of the personnel record revolution of the personnel recordering criminal rec	the Facility's Manager ealed: Facility Manager ord check was ordered with the Facility Director or was responisble for ord checks for all employees. When the Facility Manager ecord check was not ordered									

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