Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
		MHL032-585	B. WING		08/2	7/2021	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  2913 WADSWORTH AVENUE						
RECOVERY CONNECTIONS II 2913 WAD DURHAM,				VENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	rs	V 000				
	An annual survey w 2021. Deficiencies	vas completed on August 27, were cited.					
	The facility is licensed for the following service: 10A NCAC 27G. 5660 E Supervised Living for Adults with Substance Abuse Dependency.						
V 114	14 27G .0207 Emergency Plans and Supplies		V 114				
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.  (d) Each facility shall have basic first aid supplies accessible for use.						
	failed to conduct fir conditions that sime	et as evidenced by: view and interview the facility e and disaster drills under the ulate emergencies at least uted for each shift. The					
	records revealed the were completed:	of the facility's fire drills e following times that fire drills ence that fire drills had been					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(3) DATE SURVEY COMPLETED	
		MHL032-585	B. WING		08/2	27/2021	
NAME OF PROVIDER OR SUPPLIER  RECOVERY CONNECTIONS II  STREET ADDRESS, CITY, STATE, ZIP CODE  2913 WADSWORTH AVENUE  DURHAM, NC 27707							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 114	conducted on 2nd seconducted on 3rd sequenter of 2021 and Review on 8/27/21 revealed the following were completed:  -There was no evide been conducted on quarter of 2021 and -There was no evide been conducted on 2nd quarter of 2021 and 2020.  Interview on 8/27/2 revealed:  -The shifts in the hose second shift 3pm-1 -Staff changes could missing drills.  -He was still learning responsibilities.  -He confirmed staff	shift during the 1st quarter of th quarter of 2020. ence that fire drills had been hift during the 1st and 2nd I 3rd and 4th quarter of 2020. of the facility's disaster drills ng times that disaster drills had 2nd shift during the 1st I 4th quarter of 2020. ence that disaster drills had 3rd shift during the 1st and and 3rd and 4th quarter of 1 with the Facility Manager ome were first shift 7am-3pm, 1pm and third shift 11pm-7am. In the same of the	V 114				
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person a drugs.		V 118				

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QIK111 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL032-585	B. WING		08/	27/2021	
	PROVIDER OR SUPPLIER	2913 WAI	DRESS, CITY, S DSWORTH AV , NC 27707	STATE, ZIP CODE VENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	clients only when a client's physician.  (3) Medications, incadministered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.  (5) Client requests checks shall be recorded.	uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, regally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept a administered shall be ely after administration. The	V 118				
	failed to ensure me administered as pre	et as evidenced by: view and interviews the facility dications were available to be escribed by the physician ee audited clients (#1). The					
	-Admission date of -Diagnoses of Opio	of Client #1's record revealed: 8/18/21. id Dependence, Alcohol rtension and Diabetes.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-585	B. WING		08/2	7/2021
	PROVIDER OR SUPPLIER	2913 WAD	DDRESS, CITY, STATE, ZIP CODE  ADSWORTH AVENUE  M, NC 27707			
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V 118	Review on 8/27/21 revealed: -Order dated 5/10/2 (Hypertension)- Tak-There was no writt (Hypertension)- Tak-There was labeled: -Lisinopril 20mg was -Lisinopril 10mg was -Lisinopril 10mg has 8/18 through 8/27.  Interview on 8/27/21- He was taking lots dosage could have -He believed he pictente pharmacy, but in the would contact has accidentally picked -When he move from may have picked up Interview on 8/27/21 revealed: -She called previou obtaining treatment discharged with all she called the phapicked up 20mg doshe confirmed clie Lisinopril 20mg was she confi	of Client #1's physician orders 21 Lisinopril 20mg 32 1 tablet once daily. 33 en order for Lisinopril 10mg 35 2 1 tablet once daily. 36 2 1 tablet once daily. 37 2 1 of Client #1's medication 38 sot available. 39 of Client #1's Medication 39 ord for August 2021 revealed: 30 deen marked given from 30 deen marked given from 31 with Client #1 revealed: 32 of medications and the 33 changed. 34 ked up the current dosage at 36 to could be at his home. 36 his significant other to see if he 37 up the wrong bottle. 39 m his home to the facility, he 30 the wrong bottle of Lisinopril. 31 with Facility Director 32 provider where client was 33 and confirmed client 34 medications. 35 rmacy and confirmed client #1 36 sage of Lisinopril in July. 36 not all the picked up this evening 36 orders. 36 orders where one and his 36 located. 37 orders where one and his 37 orders where one and his 38 located. 39 orders where one and his 39 orders where one and his 30 orders where one and his 31 orders where one and his 32 orders where one and his 33 orders where one and his 34 orders where one and his 35 orders where one and his 36 orders where one and his 37 orders where one and his 38 orders where one and his 38 orders where one and his 39 orders where one and his 30 orders where one and his 31 orders where one and his 32 orders where one and his 33 orders where one and his 34 orders where one and his 35 orders where one and his 36 orders where one and his 37 orders where one and his 38 orders where one and his 38 orders where one and his 39 orders where one and his 30 orders where one and his 31 orders where one and his 32 orders where one and his 32 orders where one and his 33 orders where one and his 34 orders where one and his 36 orders where one and his 37 orders where one and his 3	V 118			

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