

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
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NAME OF PROVIDER OR SUPPLIER DURHAM RECOVERY RESPONSE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 309 CRUTCHFIELD STREET DURHAM, NC 27704
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 17, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>Review on 12/16/21 of the facility's fire drill log revealed: -12/13/20-5:30 pm-Did not evacuate the building- Did not indicate if any clients participated -12/12/20-8:00 pm- Drill did not indicate if any clients participated -12/12/20-5:45 pm -12/11/20-6:00 pm -12/7/20-2:45pm -12/5/20-9:45 pm-Did not evacuate the building. -12/4/20-2:45 pm -4/6/21-3:00 pm-Did not evacuate the building- Drill did not indicate if any clients participated -4/5/21-Time not indicated-Did not evacuate the building -4/4/21-5:02 am-Only staff participated -4/3/21-6:15 pm-Only staff participated -5/12/21-4:30 pm -5/11/21-12:37 pm- Drill did not indicate if any clients participated -6/26/21-7:18, not sure if am or pm -6/10/21-3:06 pm -6/15/21-3:04 pm-Did not evacuate the building- Drill did not indicate if any clients participated -6/13/21-8:30pm-Did not evacuate the building -7/11/21-10:34am- Did not evacuate the building- Drill did not indicate if any clients participated -8/12/21-3:47 pm- Did not evacuate the building- Drill did not indicate if any clients participated -8/9/21-3:03 pm- Did not evacuate the building- Drill did not indicate if any clients participated -8/8/21-8:40 pm- Did not evacuate the building -9/23/21-2:21 pm- Did not evacuate the building -11/7/21-4:05 am- Did not evacuate the building-Drill did not indicate if any clients participated -11/6/21-6:00 pm- Did not evacuate the building-Drill did not indicate if any clients participated</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>-There was no documentation of fire drills conducted during the 1st quarter of 2021.</p> <p>-Staff did not consistently evacuate the building while they conducted the fire drills.</p> <p>-Staff did not consistently have client participation and/or indicate whether clients participated during fire drills</p> <p>Review on 12/16/21 of the facility's disaster drill log revealed:</p> <p>-1/10/21-5:15 pm-Drill did not indicate any clients participated</p> <p>-1/10/21-8:30 pm</p> <p>-1/9/21-8:40 pm</p> <p>-1/9/21-5:00 pm-Drill did not indicate any clients participated</p> <p>-3/13/21-6:30 pm- Only staff participated</p> <p>-5/10/21-8:50 pm</p> <p>-5/11/21-3:53 pm-Drill did not indicate any clients participated</p> <p>-5/8/21-6:00 pm</p> <p>-5/7/21-10:10 pm-Only staff participated</p> <p>-7/17/21-4:00 pm Drill did not indicate any clients participated</p> <p>-7/6/21-8:45 pm</p> <p>-8/11/21-7:00 pm- Drill did not indicate any clients participated</p> <p>-8/10/21-3:53 pm- Drill did not indicate any clients participated</p> <p>-9/12/21-8:50 pm</p> <p>-10/2/21-6:00 pm</p> <p>-11/7/21-4:35 am- Drill did not indicate any clients participated</p> <p>-11/7/21-3:53 pm- Drill did not indicate any clients participated</p> <p>-Staff did not consistently have client participation and/or indicate whether clients participated during disaster drills.</p> <p>Interview on 12/16/21 with the Site Director</p>	V 114		

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V 114	Continued From page 3 revealed: -They had 2 staff shifts at the facility. -She did not know staff were not consistently evacuating the building during fire drills. -The two units normally did their fire and disaster drills separately. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a 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: Based on record reviews and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting two of five audited staff (#2 and #3). The findings are: a. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 9/30/21. - Staff #2 was hired as a Recovery Coach. -There was a HCPR check completed on	V 131		

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V 131	<p>Continued From page 4</p> <p>12/16/21.</p> <p>-There was no documentation of a HCPR check completed for staff #2 prior to hire.</p> <p>b. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> - Staff #3 had a hire date of 6/2/21. - Staff #3 was hired as a Recovery Coach. -There was a HCPR check completed on 12/16/21. -There was no documentation of a HCPR check completed for staff #3 prior to hire. <p>Interview on 12/16/21 with the Site Director revealed:</p> <ul style="list-style-type: none"> -The Human Resource (HR) person said the person who would normally take care of HCPR check was on paid leave. That person was not available at the present time. -The HR person was not able to get the initial HCPR checks for those staff and did HCPR checks dated 12/16/21. -She confirmed staff #2 and staff #3 had no documentation of a HCPR check completed prior to employment. 	V 131		
V 219	<p>27G .3102 Nonhospital Med. Detox. - Staff</p> <p>10A NCAC 27G .3102 STAFF</p> <ul style="list-style-type: none"> (a) A minimum of one direct care staff member shall be on duty at all times for every nine or fewer clients. (b) The treatment of each client shall be under the supervision of a physician. (c) The services of a certified alcoholism counselor, a certified drug abuse counselor or a certified substance abuse counselor shall be available to each client. (d) Each facility shall have at least one staff 	V 219		

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V 219	<p>Continued From page 5</p> <p>member on duty at all times trained in the following areas:</p> <p>(1) substance abuse withdrawal symptoms, including delirium tremens; and</p> <p>(2) symptoms of secondary complications to substance abuse.</p> <p>(e) Each direct care staff member shall receive continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of five audited staff (#1, #2 and #3) received continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies. The findings are:</p> <p>a. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 12/1/15. - Staff #1 was hired as a Nurse. -There was no documentation of training in the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies for staff #1.</p> <p>b. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 9/30/21. - Staff #2 was hired as a Recovery Coach. -There was no documentation of training in the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment</p>	V 219		

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V 219	Continued From page 6 methodologies for staff #2. c. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed: - Staff #3 had a hire date of 6/2/21. - Staff #3 was hired as a Recovery Coach. -There was no documentation of training in the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies for staff #3. Interview on 12/17/21 with the Site Director revealed: -She thought staff received some of the substance abuse trainings through the Relias training system. -She was not sure why staff did not have the required trainings for the Detox program. -She confirmed the facility failed to ensure staff received continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.	V 219		
V 270	27G .5002 Facility Based Crisis - Staff 10A NCAC 27G .5002 STAFF (a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients served in the facility. (b) Staff with training and experience in the provision of care to the needs of clients shall be present at all times when clients are in the facility. (c) The facility shall have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of individual clients. (d) The treatment of each client shall be under the supervision of a physician, and a physician	V 270		

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V 270	<p>Continued From page 7</p> <p>shall be on call on a 24-hour per day basis.</p> <p>(e) Each direct care staff member shall have access at all times to qualified professionals who are qualified in the disability area(s) of the clients with whom the staff is working.</p> <p>(f) Each direct care staff member shall be trained and have basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis.</p> <p>(g) Staff supervision shall be provided by a qualified professional as appropriate to the client's needs.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure two of five audited staff (#2 and #3) received training and had basic knowledge about mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults in crisis. The findings are:</p> <p>a. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 9/30/21. - Staff #2 was hired as a Recovery Coach. -There was no documentation staff #2 had training and basic knowledge about mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for</p>	V 270		

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V 270	<p>Continued From page 8</p> <p>adults in crisis.</p> <p>b. Review on 12/16/21 and 12/17/21 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> - Staff #3 had a hire date of 6/2/21. - Staff #3 was hired as a Recovery Coach. -There was no documentation staff #3 had training and basic knowledge about mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults in crisis. <p>Interview on 12/17/21 with the Site Director revealed:</p> <ul style="list-style-type: none"> -She thought staff received some of the substance abuse trainings through the Relias training system. -She was not sure why staff did not have the required trainings for the Facility Based Crisis program. -She confirmed staff had no documentation of training and basic knowledge about mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults in crisis. 	V 270		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor . The findings are:</p> <p>Observation on 12/16/21 at approximately 1:05 pm of the facility revealed: -Detox Area- There was a hole in the wall approximately 5 inches long and 5 inches wide. -Bathroom #1-There was a feces smell and the floor had brownish stains. -Lobby Area-There was a hole in wall approximately 7 inches long and 5 inches wide outside of conference room.</p> <p>Interview with the Site Director on 12/16/21 revealed: -The hole in the wall near the bathroom was caused by a former client. She thought the bathroom door swung back too hard and hit the wall causing that hole. She thought the hole had been there for a few months. -Cleaning people came to the facility and cleaned up the bathrooms daily. She was not sure why that bathroom smelled like feces and had those brownish stains on the floor. She thought a client could have just gone into the bathroom and had an accident after the bathroom was cleaned. -She thought the hole near conference room happened when the door went back to far and hit the wall. -Maintenance was aware and they needed to get approval from the local Managed Care Organization before the holes could be repaired. -The work orders have been placed just waiting to</p>	V 736		

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V 736	Continued From page 10 get the materials to do the repairs. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736		