STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL032-605	B. WING	B. WING		17/2021
		309 CRU	DDRESS, CITY, ST		·	
X4) ID REFIX TAG	SUMMARY STA (EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	An annual survey w 17, 2021. Deficienc	vas completed on December ies were cited.				
	categories: 10A NC Medical Detoxificat Substance Abusers Facility Based Crisi Disability Groups.	sed for the following service AC 27G .3100 Nonhospital ion for Individuals Who are and 10A NCAC 27G .5000 s Service for Individuals of All				
	The survey sample current clients.	consisted of audits of 3				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	r drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	facility failed to con-	et as evidenced by: views and interview, the duct fire and disaster drills at simulate emergencies. The				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL032-605	B. WING		12/	17/2021	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
URHAN	M RECOVERY RESPO	NSE CENTER	TCHFIELD ST	REET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET	
V 114	Continued From pa	ge 1	V 114				
	revealed: -12/13/20-5:30 pm- Did not indicate if a -12/12/20-8:00 pm- clients participated -12/12/20-5:45 pm -12/11/20-6:00 pm -12/7/20-2:45 pm -12/5/20-9:45 pm-D -12/4/20-2:45 pm -4/6/21-3:00 pm-Did Drill did not indicate -4/5/21-Time not indicate -4/5/21-Time not indicate -4/3/21-6:15 pm-Or -5/12/21-4:30 pm -5/11/21-12:37 pm- clients participated -6/26/21-7:18, not s -6/10/21-3:06 pm -6/15/21-3:04 pm-D Drill did not indicate -8/12/21-8:30 pm-D -7/11/21-10:34 am- Drill did not indicate -8/9/21-3:03 pm-D Drill did not indicate -8/9/21-3:03 pm-D Drill did not indicate -8/9/21-3:03 pm-D Drill did not indicate -8/9/21-3:03 pm-D Drill did not indicate -8/8/21-8:40 pm-D -9/23/21-2:21 pm-I -11/7/21-4:05 am-I building-Drill did no participated -11/6/21-6:00 pm-I	1 of the facility's fire drill log Did not evacuate the building- ny clients participated Drill did not indicate if any Did not evacuate the building- e if any clients participated dicated-Did not evacuate the hly staff participated hly staff participated Drill did not indicate if any sure if am or pm Did not evacuate the building- e if any clients participated id not evacuate the building- e if any clients participated id not evacuate the building- e if any clients participated Did not evacuate the building- e if any clients participated id not evacuate the building- e if any clients participated Did not evacuate the building- e if any clients participated Did not evacuate the building- e if any clients participated id not evacuate the building- build not evacuate the building- e if any clients participated id not evacuate the building- Did not evacuate the building Did not evacuate the building					

STATE FORM

5H9J11

If continuation sheet 2 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL032-605	B. WING		12/17/2021	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	RECOVERY RESPO	NSE CENTER 309 CRU	TCHFIELD ST	REET		
		DURHAN	I, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 114	Continued From pa	ige 2	V 114			
	conducted during th -Staff did not consist while they conducted -Staff did not consist	umentation of fire drills ne 1st quarter of 2021. stently evacuate the building ed the fire drills. stently have client participation ether clients participated during				
	log revealed: -1/10/21-5:15 pm-D participated -1/10/21-8:30 pm -1/9/21-8:40 pm -1/9/21-5:00 pm-Dr participated -3/13/21-6:30 pm -5/10/21-8:50 pm -5/11/21-3:53 pm-D participated -5/8/21-6:00 pm -5/7/21-10:10 pm-C -7/17/21-4:00 pm D participated	1 of the facility's disaster drill Drill did not indicate any clients ill did not indicate any clients Dnly staff participated Drill did not indicate any clients Dnly staff participated Drill did not indicate any clients				
	participated -8/10/21-3:53 pm- I participated -9/12/21-8:50 pm -10/2/21-6:00 pm	Drill did not indicate any clients Drill did not indicate any clients Drill did not indicate any clients				
	-11/7/21-3:53 pm- [ participated -Staff did not consis	Drill did not indicate any clients stently have client participation other clients participated during				
	Interview on 12/16/	21 with the Site Director				

STATE FORM

5H9J11

If continuation sheet 3 of 11

Division	of Health Service Re	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL032-605	B. WING		12/*	17/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	I RECOVERY RESPO	NSE CENTER	TCHFIELD ST	REET		
		DURHAN	A, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 3	V 114			
	evacuating the build -The two units norm drills separately. -She confirmed star	hifts at the facility. staff were not consistently ding during fire drills. hally did their fire and disaster ff failed to conduct fire and r conditions that simulate				
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.	I			
	This Rule is not me					
	facility failed to ens Registry (HCPR) w employment affecti and #3). The findin	•				
	facility's personnel f - Staff #2 had a hire - Staff #2 was hired					

Division	of Health Service Re	equlation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL032-605	B. WING		12/17/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DURHAN	I RECOVERY RESPO	NSF CENTER	TCHFIELD ST	REET		
		DURHAN	M, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 131	Continued From pa	ige 4	V 131			
	12/16/21.	umentation of a HCPR check				
	facility's personnel - Staff #3 had a hire - Staff #3 was hired -There was a HCPI 12/16/21.	e date of 6/2/21. I as a Recovery Coach. R check completed on umentation of a HCPR check				
	revealed: -The Human Resour- person who would in check was on paid available at the pre- -The HR person war- HCPR checks for the checks dated 12/16 -She confirmed sta	as not able to get the initial nose staff and did HCPR				
V 219	<ul> <li>10A NCAC 27G .31</li> <li>(a) A minimum of c shall be on duty at a fewer clients.</li> <li>(b) The treatment of the supervision of a (c) The services of counselor, a certifie certified substance available to each client</li> </ul>	one direct care staff member all times for every nine or of each client shall be under a physician. a certified alcoholism ed drug abuse counselor or a abuse counselor shall be	V 219			

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМІ	PLETED
		MHL032-605	B. WING		12/*	17/2021
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
URHAN	I RECOVERY RESPO	NSE CENTER	TCHFIELD ST I, NC 27704	REET		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	THE APPROPRIATE	COMPLET DATE
V 219	Continued From pa	age 5	V 219			
	member on duty at	all times trained in the				
	following areas:					
	(1) substance including delirium tr	e abuse withdrawal symptoms, remens: and				
		s of secondary complications				
	to substance abuse					
		e staff member shall receive on to include understanding of				
		tion, the withdrawal syndrome,				
		ily therapy and other treatment				
	methodologies.					
	This Pule is not m	et as evidenced by:				
		eviews and interview, the				
	facility failed to ens	ure three of five audited staff				
		eived continuing education to ing of the nature of addiction,				
		drome, group therapy, family				
	therapy and other t	reatment methodologies. The				
	findings are:					
	a. Review on 12/16	6/21 and 12/17/21 of the				
	facility's personnel					
	- Staff #1 had a hire					
	- Staff #1 was hired	as a Nurse. umentation of training in the				
		, the withdrawal syndrome,				
	group therapy, fam	ily therapy and other treatment				
	methodologies for s	statt #1.				
	b. Review on 12/16	0/21 and 12/17/21 of the				
	facility's personnel	files revealed:				
	- Staff #2 had a hire					
		as a Recovery Coach. Umentation of training in the				
		, the withdrawal syndrome,				
		ily therapy and other treatment	:			

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL032-605	B. WING		12/17/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
DURHAN	I RECOVERY RESPO		TCHFIELD ST I, NC 27704	REET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 219	Continued From pa	ge 6	V 219			
	methodologies for s	staff #2.				
	facility's personnel - Staff #3 had a hire - Staff #3 was hired - There was no door nature of addiction, group therapy, fam methodologies for s Interview on 12/17/ revealed: -She thought staff r substance abuse tr training system. -She was not sure required trainings for -She confirmed the received continuing understanding of th withdrawal syndrom	e date of 6/2/21. I as a Recovery Coach. umentation of training in the the withdrawal syndrome, ily therapy and other treatment				
V 270	ratios that ensure the served in the facility (b) Staff with training provision of care to present at all times (c) The facility sha additional staff on s supervision, treatment (d) The treatment of	002 STAFF all maintain staff to client ne health and safety of clients	V 270			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL032-605	B. WING	B. WING		17/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	I RECOVERY RESPO	INSE CENTER	TCHFIELD ST	REET		
DORITAL		DURHAN	I, NC 27704			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 270	Continued From pa	ige 7	V 270			
	(e) Each direct car access at all times are qualified in the with whom the staff (f) Each direct care and have basic kno and psychotropic m effects; mental reta developmental disa behaviors; the natu and the withdrawal methodologies for a (g) Staff supervisio	e staff member shall be trained wledge about mental illnesses nedications and their side				
	failed to ensure two #3) received trainin about mental retarc developmental disa behaviors; the natu and the withdrawal methodologies for a are: a. Review on 12/16 facility's personnel - Staff #2 had a hire - Staff #2 was hired - There was no door training and basic k retardation and other	views and interview the facility of five audited staff (#2 and g and had basic knowledge dation and other abilities and accompanying re of addiction and recovery syndrome; and treatment adults in crisis. The findings //21 and 12/17/21 of the files revealed: e date of 9/30/21. I as a Recovery Coach. umentation staff #2 had knowledge about mental er developmental disabilities				
	addiction and recov	behaviors; the nature of very and the withdrawal atment methodologies for				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MUU 000 005	B. WING			
		MHL032-605			12/	17/2021
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST ITCHFIELD ST			
URHAN	I RECOVERY RESPC	INSE CENTER	M, NC 27704			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 270	Continued From pa	age 8	V 270		,	
	adults in crisis.					
	facility's personnel - Staff #3 had a hire - Staff #3 was hired - There was no doc training and basic k retardation and oth and accompanying addiction and recov					
	revealed: -She thought staff i substance abuse tr training system. -She was not sure required trainings f program. -She confirmed stat training and basic k retardation and oth and accompanying addiction and recom-	21 with the Site Director received some of the rainings through the Relias why staff did not have the or the Facility Based Crisis aff had no documentation of knowledge about mental er developmental disabilities behaviors; the nature of very and the withdrawal atment methodologies for				
V 736	27G .0303(c) Facili	ity and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	,			

	CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		PLETED
	MHL032-605	B. WING		12/17/2021	
ROVIDER OR SUPPLIER		DRESS. CITY, ST	TATE, ZIP CODE	•	
	309 CRU				
RECOVERY RESPO	NSE CENTER DURHAN	I, NC 27704			
		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO TH	HE APPROPRIATE	COMPLE DATE
Continued From pa	ge 9	V 736			
Based on observati failed to ensure fac in a safe, clean, att	on and interview, the facility ility grounds were maintained ractive, orderly manner and				
pm of the facility re -Detox Area- There approximately 5 inc -Bathroom #1-Ther floor had brownish -Lobby Area-There approximately 7 inc	vealed: was a hole in the wall hes long and 5 inches wide. e was a feces smell and the stains. was a hole in wall hes long and 5 inches wide				
revealed: -The hole in the wa caused by a former bathroom door swu wall causing that ho been there for a few -Cleaning people ca up the bathrooms of that bathroom smelly brownish stains on could have just gon an accident after the -She thought the ho happened when the the wall. -Maintenance was approval from the lo	Il near the bathroom was client. She thought the ng back too hard and hit the ole. She thought the hole had v months. ame to the facility and cleaned laily. She was not sure why led like feces and had those the floor. She thought a client e into the bathroom and had e bathroom was cleaned. ole near conference room e door went back to far and hit aware and they needed to get ocal Managed Care				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa Definition of the facility regulated to ensure fac in a safe, clean, attra- cept free from offer Observation on 12/ om of the facility regulated to ensure fac approximately 5 inco Bathroom #1-Ther loor had brownish Lobby Area-There approximately 5 inco Bathroom #1-Ther loor had brownish Lobby Area-There approximately 7 inco butside of conferen nterview with the S evealed: The hole in the wa caused by a former bathroom door swu wall causing that ho been there for a few Cleaning people cau up the bathrooms of hat bathroom smell prownish stains on could have just gon an accident after th She thought the ho capproval from the ka poproval from the ka Drganization before	A street action of the facility revealed: Covider of the facility revealed: Covide of conference room. Continued From page 9 Continued From offensive odor . The findings are: Coservation on 12/16/21 at approximately 1:05 or 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 faces smell and the loor had brownish stains. Lobby Area-There was a hole in wall approximately 7 inches long and 5 inches wide boutside of conference room. Interview with the Site Director on 12/16/21 evealed: 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 smelled like feces and had those prownish 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 hat bathroom smelled like feces and had those prownish 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 he wall. Maintenance was aware and they needed to get approval from the local Managed Care Organization before the holes could be repaired.	OVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         RECOVERY RESPONSE CENTER       309 CRUTCHFIELD ST         DURHAM, NC 27704       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 9       V 736         Continued From page 9       V 736         This Rule is not met as evidenced by: Based on observation and interview, the facility ailed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and tept free from offensive odor . The findings are:       Doservation on 12/16/21 at approximately 1:05 om 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 loor had brownish stains. Lobby Area-There was a hole in wall approximately 7 inches long and 5 inches wide butside of conference room.         Interview with the Site Director on 12/16/21 evealed: The hole in the wall near the bathroom was saused 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 bathroom smelled like feces and had those prownish stains on the floor. She thought a client could have just gone into the bathroom was cleaned. She thought the hole near conference room appened when the door went back to far and hit he wall. Maintenance was aware and they needed to get approval from the local Managed Care	OVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       309 CRUTCHFIELD STREET DURHAM, NC 27704     309 CRUTCHFIELD STREET DURHAM, NC 27704       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG       Continued From page 9     V 736       Continued From page 9     V 736	OVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         399 GRUTCHFIELD STREET DURHAM, NC 27704       399 CRUTCHFIELD STREET DURHAM, NC 27704         SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTIVE (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 9       V 736         This Rule is not met as evidenced by: Sased on Observation and interview, the facility alled to ensure facility grounds were maintained n a safe, clean, attractive, orderly manner and tept free from offensive odor . The findings are: Dbservation on 12/16/21 at approximately 1:05 mot fue facility revealed: Detox Area-There was a hole in the wall approximately 7 inches long and 5 inches wide. Bathroom #1-There was a hole in the wall approximately 7 inches long and 5 inches wide. Bathroom #1-There was a hole in wall approximately 7 inches long and 5 inches wide auside to a former client. She thought the vall causing that hole. She thought the hathroom sdaily. She was not sure why hat bathroom sdaily. She was not sure of somish stains on the floor. She thought tha client could have just gone into the bathroom and had an accident after the bathroom was cleaned. She thought the hole near conference room appened when the door went back to far and hit he wall.         Maintenance was aware and they needed to get approval from the local Managed Care Dragnization before the holes could be repaired.

STATEMENT OF DEFICIENCIES (X1)				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:			
		MHL032-605	B. WING		12/17/2021	
AME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
URHAN	I RECOVERY RESPO		TCHFIELD STI I, NC 27704	REET		
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ige 10	V 736			
	grounds were main	do the repairs. facility failed to ensure facility tained in a safe, clean, nanner and kept free from				