STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow-up survey was completed on January 31, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.4300 Therapeutic Community. The survey sample consisted of audits of 6 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 1 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered by an unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting 1 of 3 audited staff (Staff #1). The findings are: Review on 1/18/22 of Staff #1's employee file revealed: -Hire date 6/11/21. -Medication administration training 6/8/21 signed by the Women's Program Director. Interview on 1/18/22 with the Women's Program Director revealed: -She used to be a Registered Nurse but had not kept her license current. Interview on 1/13/22 with Staff #1 revealed: -He typically had "Med Call" around 7:00 p.m. - 8:00 p.m. -The clients came to the office where the medications were stored. -He used the key to unlock the pad lock on the cabinet door. -The client got their own medication and he observed them as they took it. -The client's handled their own medications; he	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 2 was there to witness and make sure it was taken appropriately. -Once the medications were taken he and the client would sign the sheet as taken.	V 118		
V 254	27G .4301 Therapeutic Community - Scope 10A NCAC 27G .4301 SCOPE (a) A Therapeutic Community is a highly structured, supervised, 24-hour residential facility designed to treat the behavioral and emotional issues of individuals to promote self-sufficiency and a crime and drug-free lifestyle. (b) The Therapeutic Community shall emphasize self-help, abstinence from drugs and alcohol, personal growth, peer support, and may serve as an alternative to incarceration. (c) Services shall be designed to create the environment of an extended family in which individuals develop self-esteem, construct a productive lifestyle through peer support and actual experience, leading to a successful re-entry into the larger community. (d) The facility shall provide or ensure access to a variety of intensive therapy and program milieu approaches designed to confront and modify the client's anti-social and dysfunctional behavior. (e) The goal shall be to assist the client in learning socially acceptable skills for coping with responsibilities and relationships, and to maintain a lifestyle which is substance abuse free. (f) Consideration shall be given to meeting client needs in social, medical, psychological, vocational and educational areas. (g) If children are residing in a Therapeutic Community, the facility shall also meet the rules for Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children set forth in Section .4100 of this Subchapter	V 254		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 254	Continued From page 3 except for 10 NCAC 27G .4102(c), .4102(e), .4103(2), and .4104(b).	V 254		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide a highly structured, supervised, 24-hour residential facility for 7 of 7 clients (Clients #7, #8, #9, #10, #11, #12 and #13) who resided in another location outside of the facility. The findings are:

Review on 1/12/22 of the facility room assignments/census sheet provided by the Facility Director revealed:
-Two locations that were not on the facility property.
-Transition House #1 had 4 clients residing in the home.
-Transition House #2 had 7 clients residing in the home.

Interview on 1/13/22 with the Facility Director revealed:
-The Transition Houses had client's who were in the Internship phase of the program.
-Transition House #1 had one client who was a graduate of the program and 2 clients (Clients #7 and #8) who were in the Internship phase of the program (Refer to V364 for program phases).
-Transition House #2 had two graduates and 5 clients (Clients #9, #10, #11, #12 and #13) who were in the Internship phase.
-The Internship phase was the last phase of the program and these clients were incorporated more into society and had more freedom.
-The clients had jobs, paid rent, some go to their home on the weekends, some had their own cars

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 254	Continued From page 4	V 254		

to take back and forth, and if not a facility van was left at the property for them to use.
-No staff was present in these homes.
-Their rent was $480 which covered electric, water, cable and wi-fi.
-They were responsible to get their own food, but were welcome to eat at the facility any time.
-Once they started making money they could buy a cell phone, they bought their own gas, and car insurance.
-The Internship clients were required to attend certain groups at the facility weekly and to get 6 mentoring hours a week to spend time with the younger clients just starting the program.

Review on 1/28/22 of Client #7's record revealed:
-Admission 11/22/19.
-Diagnosis of Opioid type dependence, unspecified.
-Entered Internship phase and moved to Transition House #1 on 8/11/21.

Review on 1/28/22 of Client #8's record revealed:
-Admission 4/24/20.
-Diagnosis of Amphetamine and other Psychostimulant dependence.
-Entered Internship phase and moved to Transition House #1 on 10/27/21.

Review on 1/28/22 of Client #9's record revealed:
-Admission 2/15/20.
-Diagnosis of other and unspecified Alcohol dependence.
-Entered Internship phase and moved to Transition House #2 on 8/18/21.

Review on 1/28/22 of Client #10's record revealed:
-Admission 2/3/20.
-Diagnosis of Opioid type dependence,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 254	Continued From page 5	V 254		

unspecified.
-Entered Internship phase and moved to Transition House #2 on 8/4/21.

Review on 1/28/22 of Client #11's record revealed:
-Admission 2/8/20.
-Diagnosis of Opioid type dependence, unspecified.
-Entered Internship phase and moved to Transition House #2 on 8/11/21.

Review on 1/28/22 of Client #12's record revealed:
-Admission 9/13/19.
-Diagnosis of Opioid type dependence, unspecified.
-Entered Internship phase and moved to Transition House #2 on 9/8/21.

Review on 1/28/22 of Client #13's record revealed:
-Admission 3/25/20.
-Diagnosis of Amphetamine and other Psychostimulant dependence.
-Entered Internship phase and moved to Transition House #2 on 9/29/21.

There was no discharge paperwork for the above clients to indicate they were no longer enrolled at the licensed facility.

Interview on 1/14//22 and 1/19/22 with the Chief Executive Officer of the facility revealed:
-Transition Houses #1 and #2 were for clients in the Internship phase and graduates of the program only.
-The licensed facility was considered "Primary Care" which consisted of phases 1-4 and were very structured.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 254	Continued From page 6 -The Internship phase lasts approximately 6 months. -The idea was this was a step down to what was called "Aftercare" services. -There was no discharge plan once the clients went to the Transitional Houses; These clients were still in their care but in a much less structured environment. Interview on 1/19/22 with the Women's Program Director revealed: -She oversaw the clients at the Transitional Houses who were in the Internship phase and was a Leader to the clients. -There were currently 7 clients in the Internship phase who resided in the two Transitional Houses. -Once the clients moved into the Internship they moved out of "Primary Care;" they were no longer in the "core program." -The focus was sustainability aftercare going forward. -She assisted them with things like finding a job, setting up a budget, repaying old debts, obtaining bank accounts to include a savings account, and paying bills and helping them get their credit scores higher. -The clients were responsible for getting and taking their medications and making their own doctor appointments. -If they had a car they could use it but were responsible for the gas and insurance. -They were responsible to buy their own food; they did not receive food stamps unless they reapplied. -Their food stamps were relinquished once they left "Primary Care." -There was no staff at the houses; the graduates from the program were considered the "House Managers."	V 254		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 254	Continued From page 7 -The Internship client's were responsible to attend certain groups at the facility as well as 6 hours of mentoring. -The clients were not discharged from the Primary Care program (Recovery Ventures Corporation). -Once they were ready to enter Transitional Housing they signed a "Internship Understanding and Acknowledgement" form which outlined the rules and guidelines.	V 254		
V 256	27G .4303 Therapeutic Community - Staff 10A NCAC 27G .4303 STAFF (a) A minimum of one staff member shall be present at all times when an adult or child is on the premises, except when an adult client has been deemed capable of remaining in the facility without supervision for a specified time by a qualified therapeutic community professional. (b) Staff-client ratios in the facilities shall be 1:30 and a minimum of one qualified therapeutic community professional shall be available for each 100 clients in a facility. (c) Each direct care staff member shall receive training in the following areas within 90 days of employment: (1) the history, philosophy and operations of the therapeutic community; (2) manipulative, anti-social and self-defeating behaviors; (3) behavior modification techniques; and (4) in programs which serve as alternatives to incarceration, training shall be received on: (A) personality traits of offenders and criminogenic behavior; and (B) the criminal justice system. (d) Each direct care staff member shall receive continuing education which shall include	V 256		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 256	Continued From page 8 understanding the nature of addiction, the withdrawal syndrome, symptoms of secondary complications to substance abuse or drug addiction, HIV/AIDS, sexually-transmitted diseases, and drug screening. (e) In a facility with children and pregnant women, each direct care staff member shall receive training in: (1) developmentally-appropriate child behavior management; (2) signs and symptoms of pre-term labor; (3) signs and symptoms of post-partum depression; (4) therapeutic parenting skills; (5) dynamics and needs of children and adults diagnosed as ADD/ADHD; (6) domestic violence, sexual abuse and sexual assault; (7) pregnancy, delivery and well-child care; and (8) infant feeding, including breast feeding. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each direct care staff member received continuing education to include understanding the nature of addiction, the withdrawal syndrome, symptoms of secondary complications to substance abuse or drug addiction, HIV/AIDS, sexually-transmitted diseases, and drug screening affecting 1 (Facility Director) of 3 staff audited. The findings are: Review on 1/8/22 of the Facility Director's employee file revealed: -Hired 3/2/10. -5/17/16 was the most recent trainings that included Antisocial disorder, Behavior	V 256		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 256	Continued From page 9 Modification, Nature of Addiction, Manipulative Behavior, Criminal Behavior, History of Philosophy, Therapeutic Community, and Criminal Justice. Interview on 1/13/22 with the Facility Director revealed: -His continued training did "...involve some of that..." (nature of addiction, withdrawal syndrome, symptoms of secondary complications to addiction, sexually-transmitted diseases, and drug screening). -This would be in his file at the office. Interview on 1/19/22 with the Women's Program Director revealed: -She would ensure the Facility Director got caught up on his continuing education next week.	V 256		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 10 restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 11 (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 12 cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings;	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 13 (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 14	V 364		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure restriction of client rights to make and receive confidential telephone calls, receive visitors, and send and receive sealed mail was reasonable, related to clients' treatment or habilitation needs and was documented in the client's record for 6 of 6 audited clients (Clients #1, #2, #3, #4, #5, and #6). The findings are:

Review on 1/14/22 of Client #1's record revealed:
-Admitted 5/23/21.
-Diagnosis of Cocaine Use Disorder
-Treatment Plan dated 11/22/21 did not address any rights restrictions.

Review on 1/14/22 of Client #2's record revealed:
-Admitted 7/15/21.
-Diagnosis of Opioid Use Disorder, severe.
-Treatment Plan dated 10/15/21 did not address any rights restrictions.

Review on 1/14/22 of Client #3's record revealed:
-Admitted 9/14/21.
-Diagnosis of Opioid Use Disorder, severe.
-Treatment Plan dated 12/14/21 did not address any rights restrictions.

Review on 1/14/22 of Client #4's record revealed:
-Admitted 12/3/21.
-Diagnosis of Opioid Use Disorder, severe.
-Treatment Plan dated 1/3/22 did not address any rights restrictions.

Review on 1/14/22 of Client #5's record revealed:
-Admitted 11/30/21.
-Diagnosis of Alcohol Use Disorder, severe.
-Treatment Plan dated 12/30/21 did not address

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 15 any rights restrictions. Review on 1/14/22 of Client #6's record revealed: -Admitted 7/1/21. -Diagnosis of Opioid Use Disorder, severe. -Treatment Plan dated 10/1/21 did not address any rights restrictions. Review on 1/18/22 of the facility "Program Phases" (undated) revealed: -The program phases were Transition, Acclimation, Leadership, Enrichment and Internship. -Transition phase -lasts approximately 45-60 days - guidelines included: no phone calls and no mail. -Acclimation phase - lasts approximately 45 days to 6 months- guidelines included: may receive and send mail from immediate family only. Phone privileges were limited, approval needed, and monitored by the leader to 1 - 15 minute incoming and 1 - 15 minute outgoing per month. -Leadership phase - lasts approximately 6 months to one year - guidelines included: "...Unlimited mail correspondence with family members...allowed to write important friends/people with staff approval and a written proposal...Family members may visit every other month...Another associate will accompany you on your first visit and may accompany you on subsequent visits...." -Enrichment Phase - lasts approximately one year to 18 months - guidelines included: eligible for bi-monthly family visits with an approved proposal, unlimited incoming phone calls from approved people once daily for 15 minutes, and outgoing calls permitted once a month for 15 minutes. -Internship phase - lasts approximately 18 months until complete - guidelines included: can move into transitional housing or a program	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 16 structure with less restrictions, and "...follow aftercare guidelines and sign internship contract." Review on 1/19/22 of the Internship Contract (undated) revealed: -rules and guidelines included: unlimited incoming phone calls, home visits once a month with approval, and bank statements will be opened and reviewed monthly. Review on 1/19/22 of "Intake Forms for New Associates" (undated) revealed: -"Correspondence/Search & Seizure Release And Consent" -The client signs to consent and give permission for "...staff members to open and screen all mail, correspondence, and packages as they deem necessary and appropriate during my commitment..." to the program. Interviews on 1/12/22 and 1/18/22 with Client's #1 through #6 revealed: -They were aware of the rules prior to admission to the facility. -While in the Transition phase they have a "Rules Group" every week they are required to attend. -The first 45 days at the facility no phone calls were allowed. -After 45 days one outgoing and one incoming phone call a month was allowed on Tuesday and Thursday after 4:30 p.m. or Saturday and Sunday after 12:00 p.m. -Only immediate family were allowed to be called; This included mom, dad, sister, or brother. -Wife and children were not considered immediate family and were not to be called. -Someone was always present during phone calls, usually a leader, there was no privacy. -All incoming and outgoing mail was read prior the them sending or receiving their mail; the	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl059-035	A. BUILDING: _____ B. WING _____	01/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RECOVERY VENTURES CORPORATION	904 DAVISTOWN ROAD OLD FORT, NC 28762

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 17 Facility Director or the CEO read the mail. -The only mail allowed to be received was from an immediate family member. Interviews on 1/14/22 and 1/19/22 with the Chief Executive Officer revealed: -The rules regarding client restrictions had been in place since 2002. -If there was a family emergency, and the family wanted contact, the client would have an exception for this. -The clients were aware through the intake process prior to coming to the facility of the rules and guidelines. -There was nothing in the clients treatment plans addressing the restrictions of rights.	V 364		