

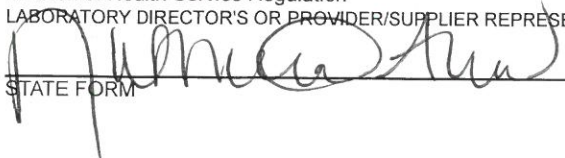
Division of Health Service Regulation

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
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DURHAM RECOVERY RESPONSE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 309 CRUTCHFIELD STREET DURHAM, NC 27704
--	---

(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	<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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Program Director
(X6) DATE
2/4/22

STATE FORM

6899

5H9J11

If continuation sheet 1 of 11

DHSR - Mental Health

FEB 11 2022

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES/ PLAN OF CORRECTION

Please complete all requested information and submit completed Plan of Correction form to:		Kimberly Sauls Mental Health Licensure and Certification Section NC Division of Health Services Regulation 2718 Mail Service Center Raleigh, NC 27699-2718	
Type of Review:	DHHS Exit Survey	Date of Review:	12/17/2021
Service(s) Reviewed:	Survey Deficiencies		
Provider Name:	Durham Recovery Response Center	Phone:	919-560-7305
Provider Contact Person for follow-up:	Nathania Allen, Program Director Lysha Best, NC & LA State Director Joy Brunson-Nsubuga, VP	Fax:	919-479-0643
Address:	309 Crutchfield Street, Durham, NC 27704	Email:	Nathania.allen@riinternational.com Lysha.best@riinternational.com Joy.BrunsonNsubuga@riinternational.com

Findings	Corrective Action Steps	Responsible Party	Time Line
<p>Finding 1: V114 Emergency Plans and Supplies: Drills failed to simulate emergencies: Fire drills did not indicate</p> <ul style="list-style-type: none"> • if evacuations happened and did not indicate • if clients participated. AM/PM not indicated on 1 form. • No first quarter drills • Disaster drills did not indicate client participation 	<p>Monthly drills will required by staff to insure we meet the quarterly requirements. Staff advised to always include guests in drills and insure it is identified on the drill with AM/PM indicated. Site Director / Office Manager will review forms monthly to insure compliance and address any discrepancies.</p>	<p>Nathania Allen Shanwelle James</p>	<p>60 days from 12/21/2021 = 2/15/2022</p>

<p>Finding 2: V131 Prior Employment Verification.</p> <ul style="list-style-type: none"> No documentation of a HCPR check completed for 2 of 5 staff audited prior to date of hire. HR staff provided HCPR checks for the day of survey 	<p>We are working on steps to prevent this from happening. HR recently switched to a previous vendor that includes this in their initial background check as well as running report at hire. We are doing an internal audit of all of our NC employees to ensure we have these items.</p>	<p>Stephen St. Augustine - HR</p>	<p>60 days from 12/21/2021 = 2/15/2022 ongoing</p>
<p>Finding 3: V219 Nonhospital Med. Detox Staff</p> <ul style="list-style-type: none"> 3 of 5 staff audited did not received continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies. 	<p>Site is working with Relias Training Department team to insure all required State trainings are included individually for staff to complete within 90 days and annually thereafter. Audited Staff will be required to complete these training within 30 days and annually thereafter.</p> <p>Site will develop curriculum to upload into Relias for trainings required that are not currently listed in Relias for all direct care staff to complete.</p>	<p>Nathania Allen Relias Team</p>	<p>60 days from 12/21/2021 = 2/15/2022; ongoing</p>
<p>Finding 4: V270 Facility Based Crisis Staff</p> <ul style="list-style-type: none"> 2 of 5 staff audited did not have documented training indicating a basic knowledge about 	<p>Site is working with Relias Training Department team to insure all required State trainings are included individually for staff to complete within 90 days and annually thereafter. Audited Staff will be required to complete these training within 30 days and annually thereafter.</p>	<p>Nathania Allen Relias Team Lead Nurse Practitioner</p>	<p>60 days from 12/21/2021 = 2/15/2022; ongoing</p>

<p>mental retardation and other development disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults in crisis.</p> <p>Finding 5: V736 Facility and Grounds Maintenance. The facility grounds should be maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <ul style="list-style-type: none"> • Detox Area – hole in the wall 5in x 5in • Bathroom – feces smell and brownish stains on floor • Lobby area – hole in the wall 7in x 5in 	<p>Site will develop curriculum to upload into Relias for trainings required that are not currently listed in Relias for all direct care staff to complete</p> <p>Facility is cleaned twice daily. Staff will notify Supervisors immediately of any guests in withdrawals and incurring accident in bathroom to insure an Out of order signed is placed on door and area cleaned immediately. Staff will check the bathroom hourly to insure guest has not had an accident that has not been reported. Any foul odors will be reported to supervisors immediately to correct.</p> <p>Work orders have been submitted to fix all holes in walls. Maintenance staff have placed an order for materials but they are currently unavailable due to the Covid pandemic. Site Director will continue to follow-up with maintenance staff for real time updates.</p>	<p>Unit Supervisors Janitorial Staff Nathania Allen</p> <p>Alliance Cushman and Wake Co. Nathania Allen</p>	<p>60 days from 12/21/2021 = 2/15/2022; ongoing</p> <p>60 days from 12/21/2021 = 2/15/2022; ongoing</p>
---	---	---	---