Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		D 1/4/10		
	mhl059-035	B. WING		01/31/2022
OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
TURES CORPOR	ATION			
	OLD FOI	RT, NC 28762		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
AL COMMENTS		V 000		
ory: 10A NCAC				
• •	onsisted of audits of 6			
JICAC 27G .0208 JIREMENTS edication administered of a person aution of a person	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be reafter administration. The following: Ind quantity of the drug; Iministering the drug; drug is administered; and	V 118	Training Associates in Raleigh, NC he process of or have been scheduled following course which is taught by Medication Administration Training. This instruction is designed to ensure competency of those staff member medication to clients in community care homes. Successful completion minimally prepares unlicensed per administer medication by oral, topic sublingual, inhalation and instillation methods. The course is taught by a vary in length depending on the typic needs of the clients in each agency course is prepared using the mater the North Carolina Division of Men Developmental Disabilities and Sul Services and is also approved by Natraining does not license, register of	a. & all staff are int uled for the an RN. : ure the swho administer facilities and adult of this course sonnel to cal, rectal, on (ear, eye, nose) an RN and will be, number, and y facility. This cial approved by tal Health, bestance Abuse NC DHHS. This or certify the
	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR I AL COMMENTS Inual and follownuary 31, 2022. acility is licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample cont clients. 0209 (C) Medical licenserory: 10A NCAC nunity. urvey sample	mhl059-035 ROR SUPPLIER STREET A 904 DAV OLD FOI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) AL COMMENTS Inual and follow-up survey was completed nuary 31, 2022. Deficiencies were cited. acility is licensed for the following service ory: 10A NCAC 27G.4300 Therapeutic nunity. urvey sample consisted of audits of 6 nt clients. 0209 (C) Medication Requirements ICAC 27G .0209 MEDICATION JIREMENTS edication administration: escription or non-prescription drugs shall be administered to a client on the written of a person authorized by law to prescribe . edications shall be self-administered by sonly when authorized in writing by the s physician. edications, including injections, shall be nistered only by licensed persons, or by ensed persons trained by a registered nurse, nacist or other legally qualified person and aged to prepare and administer medications. Medication Administration Record (MAR) of ages administered to each client must be kept and Medications administered shall be ded immediately after administration. The is to include the following:	mhl059-035 ROR SUPPLIER STREET ADDRESS, CITY, STA 904 DAVISTOWN ROAD OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) AL COMMENTS UV 000 AL COMMENTS WOOD ACCOMMENTS WOOD W	IDENTIFICATION NUMBER: Mhiloso-035 B. WING

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY PLETED	
		mhl059-035	B. WING		01	/31/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	1 0.	70 172022
		904 DAV	STOWN ROAD	_,		
RECOVER	RY VENTURES CORPORA	ATION OLD FOR	RT, NC 28762			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 1 ded and kept with the MAR	V 118			
		pointment or consultation				
	failed to ensure medic by an unlicensed pers nurse, pharmacist or person and privileged	ew and interview, the facility cations were administered son trained by a registered other legally qualified to prepare and administer 1 of 3 audited staff (Staff				
	revealed: -Hire date 6/11/21.	Staff #1's employee file ation training 6/8/21 signed ram Director.				
	Director revealed:	with the Women's Program gistered Nurse but had not nt.				
	-He typically had "Me 8:00 p.mThe clients came to t medications were sto -He used the key to u cabinet door. -The client got their or observed them as the	red. nlock the pad lock on the wn medication and he				

Division of Health Service Regulation

STATE FORM SQZO11 If continuation sheet 2 of 18

Division of Health Service Regulation

AND DLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl059-035	B. WING		01/31/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
DECOVE	N VENTURES CORROR	904 DAV	ISTOWN ROAD		
RECOVER	RY VENTURES CORPOR	OLD FOR	RT, NC 28762		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE COMPLETE			
V 118	Continued From page	2	V 118		
	was there to witness appropriately.	and make sure it was taken s were taken he and the			
V 254	designed to treat the issues of individuals tand a crime and drug (b) The Therapeutic self-help, abstinence personal growth, pee an alternative to incar (c) Services shall be environment of an exindividuals develop so productive lifestyle thactual experience, lear re-entry into the large (d) The facility shall pa variety of intensive approaches designed client's anti-social and (e) The goal shall be learning socially acceresponsibilities and realifestyle which is su (f) Consideration shaneeds in social, medivocational and educa (g) If children are rescommunity, the facility for Therapeutic Home Substance Abuse Dis	mmunity is a highly d, 24-hour residential facility behavioral and emotional o promote self-sufficiency-free lifestyle. Community shall emphasize from drugs and alcohol, r support, and may serve as ceration. designed to create the tended family in which elf-esteem, construct a rough peer support and ading to a successful r community. Drovide or ensure access to therapy and program milieu to confront and modify the d dysfunctional behavior. To assist the client in ptable skills for coping with elationships, and to maintain bestance abuse free. Il be given to meeting client cal, psychological, tional areas. iding in a Therapeutic by shall also meet the rules	V 254	Discharge paperwork has been a internship contract & is agreed to associates after completing 18 m care & prior to moving into the 6 phase which follows. Discharge p completed in two 90 day treatmenthe completion of primary care whand includes budgeting, long tern healthy relationships, time manage completion and amends among completion and amends among completion.	and signed by all onths of primary month work out lanning is of plan periods at nich is interactive a sobriety skills, gement, task

Division of Health Service Regulation

STATE FORM STATE FORM 16899 3QZO11 If continuation sheet 3 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		mhl059-035	B. WING		01	/31/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE		
D=00\(=		904 DAVI	STOWN ROAD			
RECOVER	RY VENTURES CORPOR	OLD FOR	T, NC 28762			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TI DEFICIENC		DATE
V 254	Continued From page	e 3	V 254			
	except for 10 NCAC	27G .4102(c), .4102(e),				
	.4103(2), and .4104(b					
	.+105(2), and .+10+(L	, ,				
	This Rule is not met	as evidenced by:				
		ew and interview, the facility				
		hly structured, supervised,				
	24-hour residential fa					
		10, #11, #12 and #13) who				
		cation outside of the facility.				
	The findings are:	•				
	Povious on 1/12/22 of	the facility room				
	Review on 1/12/22 of	•				
	Facility Director revea	sheet provided by the				
	-Two locations that w property.	ere not on the facility				
		had 4 clients residing in the				
		had 7 clients residing in the				
	home.	maa r eneme reerang in are				
	Interview on 1/13/22	with the Facility Director				
	revealed:	with the Facility Diffector				
		es had client's who were in				
	the Internship phase					
		had one client who was a				
		am and 2 clients (Clients #7				
		the Internship phase of the				
		64 for program phases).				
		had two graduates and 5				
		0, #11, #12 and #13) who				
	were in the Internship					
		e was the last phase of the				
		ients were incorporated				
	more into society and					
		, paid rent, some go to their				
		ds, some had their own cars				

Division of Health Service Regulation

STATE FORM SQZO11 If continuation sheet 4 of 18

DIVISION	of Health Service Regu	liation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		mhl059-035	B. WIIVO		01/31/2022
NAME OF P	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STA	TE, ZIP CODE	
		904	DAVISTOWN ROAD		
RECOVER	RY VENTURES CORPORA	ATION			
	Г	OLL	FORT, NC 28762		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(/
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE DATE
				,	
V 254	Continued From page	e 4	V 254		
		n, and if not a facility van			
	was left at the proper				
	-No staff was present	t in these homes.			
	-Their rent was \$480	which covered electric,			
	water, cable and wi-fi	i.			
	-They were responsib	ole to get their own food, but			
		at the facility any time.			
		aking money they could buy			
		ught their own gas, and car			
	insurance.	ugitt tileli owii gas, and cai			
		s were required to attend			
	•	•			
		facility weekly and to get 6			
	_	eek to spend time with the			
	younger clients just s	tarting the program.			
	D - : i - : : - : 4/00/00 - f	5 Oli t #7! d l - d			
		f Client #7's record revealed:			
	-Admission 11/22/19.				
	-Diagnosis of Opioid t	type dependence,			
	unspecified.				
	-Entered Internship p				
	Transition House #1 o	on 8/11/21.			
		Client #8's record revealed:			
	-Admission 4/24/20.				
	-Diagnosis of Amphet				
	Psychostimulant depe	endence.			
	-Entered Internship pl	hase 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.				
		nd unspecified Alcohol			
	dependence.	,			
	-Entered Internship pl	hase and moved to			
	Transition House #2				
	11411311101111101135 #2 (OH 0/ 10/21.			
	Paview on 1/20/22 of	Client #10's record			
	Review on 1/28/22 of	Ciletti # 10 S record			
	revealed:				
	-Admission 2/3/20.				

Division of Health Service Regulation

-Diagnosis of Opioid type dependence,

STATE FORM SQZO11 If continuation sheet 5 of 18

DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		mhl059-035	B. WING		01/31/2022	
		11111033-033			01/31/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
DECOVER	V VENTURES CORROR	904 DA	VISTOWN ROAD			
RECOVER	RY VENTURES CORPOR	OLD FO	ORT, NC 28762			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE DATE	
				DETIGIENCY)		
V 254	Continued From page	e 5	V 254			
	unspecified.	h				
	-Entered Internship p					
	Transition House #2	on 8/4/21.				
	Paviou on 1/20/22 of	Client #11's record				
	Review on 1/28/22 of revealed:	Chefit # 11 S record				
	-Admission 2/8/20.					
		tura danandanaa				
	-Diagnosis of Opioid	type dependence,				
	unspecifiedEntered Internship p	hase and moved to				
	Transition House #2					
	Transition House #2	011 6/ 11/21.				
	Review on 1/28/22 of	Client #12's record				
	revealed:	Glione # 12 o Todord				
	-Admission 9/13/19.					
	-Diagnosis of Opioid	type dependence.				
	unspecified.					
	-Entered Internship p	hase and moved to				
	Transition House #2	on 9/8/21.				
	Review on 1/28/22 of	f Client #13's record				
	revealed:					
	-Admission 3/25/20.					
	-Diagnosis of Amphet	tamine and other				
	Psychostimulant depo					
	-Entered Internship p					
	Transition House #2	on 9/29/21.				
	-					
		rge paperwork for the above				
		y were no longer enrolled at				
	the licensed facility.					
	Intoniou c= 4/44//00	and 1/10/22 with the Ohief				
		and 1/19/22 with the Chief				
	Executive Officer of the					
		1 and #2 were for clients in				
	the Internship phase	and graduates of the				
	program only.					
		was considered "Primary				
	Care" which consiste	d of phases 1-4 and were				

Division of Health Service Regulation

very structured.

STATE FORM STATE FORM 16899 3QZO11 If continuation sheet 6 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY LETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		LETED
		mhl059-035	B. WING	B. WING		31/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		904 DAVI	STOWN ROAD			
RECOVER	RY VENTURES CORPOR	ATION OLD FOR	T, NC 28762			
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V 254	Continued From page	e 6	V 254			
V 20-1	-The Internship phase monthsThe idea was this wa called "Aftercare" ser -There was no discha went to the Transition were still in their care structured environme Interview on 1/19/22 Director revealed: -She oversaw the clie	e lasts approximately 6 as a step down to what was vices. arge plan once the clients hall Houses; These clients but in a much less int. with the Women's Program ents at the Transitional the Internship phase and	V 201			
	-There were currently phase who resided in HousesOnce the clients moved out of "Primar in the "core program.	y 7 clients in the Internship the two Transitional wed into the Internship they y Care;" they were no longer				
	-She assisted them we setting up a budget, rebank accounts to incle paying bills and helpi scores higherThe clients were restaking their medication doctor appointmentsIf they had a car they responsible for the garanteer of the part of the p	y could use it but were				

Division of Health Service Regulation

STATE FORM STATE FORM 16899 3QZO11 If continuation sheet 7 of 18

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl059-035	B. WING		01/3	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
RECOVER	RY VENTURES CORPOR	ATION	TOWN ROAD			
			Γ, NC 28762			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 254	Continued From page	e 7	V 254			
	certain groups at the mentoring. -The clients were not Primary Care prograr Corporation). -Once they were reach Housing they signed and Acknowledgement rules and guidelines.	n (Recovery Ventures dy to enter Transitional a "Internship Understanding nt" form which outlined the				
V 256	present at all times we the premises, except been deemed capabl without supervision for qualified therapeutic (b) Staff-client ratios and a minimum of on community profession each 100 clients in a (c) Each direct care straining in the following employment: (1) the history, of the therapeutic cordinates (2) manipulative self-defeating behavior (3) behavior models (3) behavior models (4) in programs to incarceration, train (A) personality criminogenic behavior (B) the criminatics	e staff member shall be hen an adult or child is on when an adult client has e of remaining in the facility or a specified time by a community professional. in the facilities shall be 1:30 e qualified therapeutic hal shall be available for facility. staff member shall receive hig areas within 90 days of philosophy and operations munity; e, anti-social and ors; odification techniques; and s which serve as alternatives ing shall be received on: traits of offenders and r; and I justice system.	V 256	Employee # 1 (Facility Director) hat the training manual consisting of H Philosophy of the therapeutic commanipulattive, anti-social & self-debehaviors, behavior modification, ptraits & criminogenic behavior and justice system. PAWS, the nature of HIV/AIDS and STD's, as well as drive is also scheduled for a Peer Suspecialist training in June, which wavailable class with openings.	listory & munity, feating personality the crimin of addictio ug screen upport	al n, ing.

Division of Health Service Regulation

STATE FORM 8899 3QZO11 If continuation sheet 8 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl059-035	B. WING		01/31/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
RECOVER	RY VENTURES CORPOR	ATION	STOWN ROAD T, NC 28762		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 256	Continued From page understanding the na withdrawal syndrome complications to substaddiction, HIV/AIDS, diseases, and drug so (e) In a facility with commen, each direct coreceive training in: (1) development behavior management (2) signs and so (3) signs and so depression; (4) therapeutic (5) dynamics and adults diagnosed as A (6) domestic vices a development of the complex of	ture of addiction, the , symptoms of secondary stance abuse or drug sexually-transmitted creening. hildren and pregnant are staff member shall htally-appropriate child ht; ymptoms of pre-term labor; ymptoms of post-partum parenting skills; hd needs of children and ADD/ADHD; blence, sexual abuse and delivery and well-child care; hg, including breast feeding. as evidenced by: ew and interview the facility direct care staff member	V 256		
	understanding the na withdrawal syndrome complications to subs addiction, HIV/AIDS, diseases, and drug so	ture of addiction, the , symptoms of secondary stance abuse or drug			
	Review on 1/8/22 of the employee file revealed -Hired 3/2/10.				

Division of Health Service Regulation

included Antisocial disorder, Behavior

STATE FORM 8899 3QZO11 If continuation sheet 9 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 256	Behavior, Criminal Be Philosophy, Therapet Criminal Justice. Interview on 1/13/22 revealed: -His continued trainin that" (nature of add symptoms of seconda addiction, sexually-tradrug screening)This would be in his Interview on 1/19/22 redirector revealed:	of Addiction, Manipulative chavior, History of attic Community, and with the Facility Director g did "involve some of action, withdrawal syndrome, ary complications to ansmitted diseases, and file at the office. with the Women's Program e Facility Director got caught	V 256		
V 364	§ 122C-62. Additional Facilities. (a) In addition to the 122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mate assistance when nece (2) Contact and consand at no cost to the physicians, and private developmental disability professionals of his city.	rights enumerated in G.S. 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if	V 364	Treatment plans for Transition phas been amended to include a restrictic and during the remainder of approafter the initial 30 days following adrigogram. A qualified professional with a days on each associate detailing the need for the restriction to while acclipate therapeutic community during the transition of the professional with the second community during the transition of the professional with the second community during the transition of the professional with the second community during the transition of the professional with the second community during the transition of the professional with the second community during the transition of the professional with the second community during the second community during the professional with the second community during the second commu	on on phone calls be calls weeks mission to the liden to the liden to the liden to the liden to the continued mating to the continued mating to the liden to the

Division of Health Service Regulation

STATE FORM STATE FORM 18 3QZO11 If continuation sheet 10 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER	OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
RECOVERY VENT	LIRES CORPOR	904 DAVIS	TOWN ROAD			
REGOVERY VERY		OLD FOR	Γ, NC 28762			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364 Contin	ued From page	2 10	V 364			
restrict exercis (b) Exof this treatm times I (1) M calls. A the clie collect (2) Ram. a hours p.m.; I over th (3) Consupervupon to (4) M unless a. Conther the committee committee committee committee committee committee committee committee conditions (5) Book contracts and course conditions are conditions as a course conditions are conditions as a course conditions are conditions as a course conditions are conditions are conditions as a course condition (5) Book conditions are conditions.	ted by the facilities these rights except as provide section, each a ent or habilitatic keeps the right ake and received. All long distance ent at the time of the teceive visitors I and 9:00 p.m. for daily, two hours nowever visiting herapies; communicate and vision with individual heromatic to the receive distribution with a deadly her defended in the client at crime, including the client was found by or incapable the client was found by or incapable the client was voited to the facilitiment to a corresponding to the client was voited to the facilitiment to a corresponding to the client was voited to the facilitiment to a corresponding to the client was voited to the facilitiment to a corresponding to the client is being the client is being the client was voited to the facilitiment to a corresponding to the client of the client is being the client of the client was voited to the facilitiment to a corresponding to the client of the client o	ty and each adult client may at all reasonable times. ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: e confidential telephone e calls shall be paid for by of making the call or made g party; between the hours of 8:00 r a period of at least six s of which shall be after 6:00 g shall not take precedence ad meet under appropriate iduals of his own choice he individuals; de the custody of the facility ceedings were initiated as its being charged with a g a crime involving an weapon, and the d not guilty by reason of	V 304			

Division of Health Service Regulation

STATE FORM 8899 3QZO11 If continuation sheet 11 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	mhl059-035	B. WING		01/31/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RECOVERY VENTURES CORPORA	904 DAVIS	TOWN ROAD			
	OLD FORT	, NC 28762			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 364 Continued From page	: 11	V 364			
(6) Except as prohib personal clothing and client is being held to proceed pursuant to (7) Participate in relig (8) Keep and spend own money; (9) Retain a driver's prohibited by Chapter and (10) Have access to inhis private use. (c) In addition to the 122C-51 through G.S 122C-59 through G.S who is receiving treating 24-hour facility has the proper adult supervision recognition of the minimidividual, the minor sopportunities to enable emotionally, intellectung vocationally. In view of and intellectual immate 24-hour facility shall perform the rights given to the The facility shall also, reasonable efforts to collent receives treatment adult clients unless the minor client dictate of Each minor client who habilitation from a 24-(1) Communicate and guardian or the agency custody of him; (2) Contact and considerations.	possessions, unless the determine capacity to G.S. 15A-1002; gious worship; a reasonable sum of his dicense, unless otherwise 20 of the General Statutes; andividual storage space for rights enumerated in G.S. 122C-57 and G.S. 122C-61, each minor client ment or habilitation in a e right to have access to on and guidance. In or's status as a developing shall be provided e him to mature physically, ally, socially, and of the physical, emotional, turity of the minor, the provide appropriate and control consistent with minor pursuant to this Part. Where practical, make ensure that each minor ent apart and separate from e treatment needs of the	V 304			

Division of Health Service Regulation

STATE FORM SQZO11 If continuation sheet 12 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
mhl059-035		B. WING		01/31/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RECOVER	RY VENTURES CORPORA	ATION	TOWN ROAD			
	I		, NC 28762			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 364	disabilities, or substanhis or his legally responsive for his legally responsive for his or his legally responsive for his section, and propriate supervision and physic basis in accordance with the rapical for the section, each of the section, each of the right to: (1) Make and received distance calls shall be time of making the careceiving party; (2) Send and received writing materials, possive for a period of at hours of which shall be visiting shall not take therapies; (4) Receive special of training in accordance with the section, and physic basis in accordance with the section of the section	al counsel, private ental health, developmental nce abuse professionals, of consible person's choice; and sult with a client advocate, if cate. In this subsection may not be ty and each minor client ghts at all reasonable times. It is et is in the subsections (e) and (h) Ininor client who is receiving for in a 24-hour facility has It telephone calls. All long the paid for by the client at the and and have access to tage, and staff assistance If or made collect to the If or made collect to the If or made the subsection is in a collect and the subsection is in a colle	V 364			
(8) Have access to individual storage space for the safekeeping of personal belongings;						

Division of Health Service Regulation

STATE FORM STATE FORM 18 3QZO11 If continuation sheet 13 of 18

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED			
mhl059-035			B. WING	B. WING 01/31/2022			
NAME OF D	DOVIDED OD SUDDUJED	STREET	ADDDESS CITY STA	TE 710 CODE			
NAIVIE OF FI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
RECOVER	Y VENTURES CORPORA	ATION	VISTOWN ROAD				
		OLD F	ORT, NC 28762				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD			
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE		
				DET TOTEROTY			
V 364	Continued From page	e 13	V 364				
	(9) Have access to a	and spend a reasonable sum					
	of his own money; an						
	(10) Retain a driver's	license, unless otherwise					
	prohibited by Chapter	r 20 of the General Statutes.					
	(e) No right enumera	ated in subsections (b) or (d)					
	of this section may be	e limited or restricted except					
		ssional responsible for the					
		ent's treatment or habilitation					
		nent shall be placed in the					
	•	dicates 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						
		at least every seven days,					
		triction may be removed.					
	Each evaluation of a						
		ient's record. Restrictions on					
	rights may be renewe						
	-	the qualified professional in					
		it states the reason for the					
		tion. In the case of an adult					
	client who has not be	en adjudicated incompetent,					
	in each instance of ar	n initial restriction or renewal					
	of a restriction of right	ts, an individual designated					
	by the client shall, upo	on the consent of the client,					
	be notified of the resti	riction and of the reason for					
	it. In the case of a minor client or an incompetent						
	adult client, the legally	y responsible person shall					
	be notified of each instance of an initial restriction						
		ction of rights and of the					
	reason for it. Notificat	· ·					
		esponsible person shall be					
		g in the client's record.					
	aocamenteu III WIIIIIIQ	g in the olient's record.					

Division of Health Service Regulation

STATE FORM 6899 3QZO11 If continuation sheet 14 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:			
mhl059-035		B. WING		01/31/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RECOVER	RY VENTURES CORPORA	ATION	TOWN ROAD F, NC 28762		
0(1) 15	STIMMADA ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	NI OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
V 364	Continued From page	e 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 5/23/21Diagnosis 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 7/15/21Diagnosis of Opioid Use Disorder, severeTreatment Plan dated 10/15/21 did not address any rights restrictions. Review on 1/14/22 of Client #3's record revealed:				
		Use Disorder, severe. d 12/14/21 did not address			
	any rights restrictions				
	-Admitted 12/3/21Diagnosis of Opioid	Client #4's record revealed: Use Disorder, severe. d 1/3/22 did not address any			
	-Admitted 11/30/21Diagnosis of Alcohol	Client #5's record revealed: Use Disorder, severe. d 12/30/21 did not address			

Division of Health Service Regulation

STATE FORM STATE FORM 18 3QZO11 If continuation sheet 15 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
mhl059-035		B. WING	01/31/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	
DECOVE	W VENTURES CORROR	904 DAVI	STOWN ROAD		
RECOVER	RY VENTURES CORPORA	OLD FOR	RT, 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 364	Continued From page 15		V 364		
	any rights restrictions				
	-Admitted 7/1/21. -Diagnosis of Opioid	Client #6's record revealed: Use Disorder, severe. d 10/1/21 did not address			
	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				
	membersallowed to friends/people with st proposalFamily me	espondence with family write important aff approval and a written mbers may visit every other weiate will accompany you on			
	-Enrichment Phase - year to 18 months - g for bi-monthly family oproposal, unlimited in approved people oncoutgoing calls permitt minutesInternship phase - la months until complete	lasts approximately one uidelines included: eligible visits with an approved coming phone calls from e daily for 15 minutes, and led once a month for 15 sts approximately 18 e - guidelines included: can housing or a program			

Division of Health Service Regulation

STATE FORM STATE FORM 16899 3QZO11 If continuation sheet 16 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING				
mhl059-035		B. WING		01/31/2022			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
DECOVE	904 DAVISTOWN ROAD						
RECOVER	Y VENTURES CORPORA	OLD FORT	, NC 28762				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE		
V 364	Continued From page	± 16	V 364				
	structure with less res	strictions, and "follow and sign internship contract."					
	ancroare guidelines a	ind sign interniship contract.					
		the Internship Contract					
	(undated) revealed:	in alcode alcombinate al in a casain a					
		included: unlimited incoming sits once a month with					
	=	tatements will be opened					
	and reviewed monthly						
	Deview or 4/40/00 of Western Ferman for New						
	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,						
		packages as they deem					
	necessary and appropromation of the						
		program					
	Interviews on 1/12/22 and 1/18/22 with Client's #1 through #6 revealed:						
	-They were aware of to the facility.	the rules prior to admission					
		on phase they have a "Rules					
		ey are required to attend.					
	 I he first 45 days at the were allowed. 	he facility no phone calls					
		tgoing and one incoming					
		as allowed on Tuesday and					
	•	.m. or Saturday and Sunday					
	after 12:00 p.m.	,					
		ly were allowed to be called;					
	This included mom, d						
	-Wife and children we	ere not considered were not to be called.					
	•	s present during phone					
	-	there was no privacy.					
		going mail was read prior					
		eceiving their mail; the					

Division of Health Service Regulation

STATE FORM STATE FORM 18 3QZO11 If continuation sheet 17 of 18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
mhl059-035		B. WING			/31/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
RECOVER	RY VENTURES CORPORA	ATION	T, NC 28762			
(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 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 364	Facility Director or the -The only mail allowe an immediate family r Interviews on 1/14/22 Executive Officer reversible rules regarding of in place since 2002. -If there was a family wanted contact, the coexception for this. -The clients were away process prior to comin and guidelines.	e CEO read the mail. d to be received was from member. and 1/19/22 with the Chief ealed: client restrictions had been emergency, and the family lient would have an are through the intake ng to the facility of the rules at the clients treatment plans	V 364			

Division of Health Service Regulation

STATE FORM STATE FORM 18 of 18