STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURVEY COMPLETED		
					R		
		MHL032-585	I =		6/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DE00\/E	2913 WADSWORTH AVENUE						
RECOVE	RY CONNECTIONS II	DURHAM	, NC 27707				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS		V 000				
		w-up survey was completed 022. Deficiencies were cited.					
		sed for the following service C 27G .5600E Supervised h Substance Abuse					
		sed for 5 and currently has a urvey sample consisted of clients.					
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107				
	which: (1) specifies th						
	the position;	e position; e duties and responsibilities of y the staff member and the					
	(b) All facilities sha each staff member	in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age;					
	(2) is able to refollow directions; (3) meets the recompetency, work equalifications for the (4) has no subs	ead, write, understand and minimum level of education, experience, skills and other					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUU 000 505			F	
		MHL032-585	I.		09/0	6/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RECOVE	RY CONNECTIONS II		SWORTH A' NC 27707	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	applicants for empl conviction. The implementation applicant upon the offense in which the applicant (d) Staff of a facility currently licensed, accordance with appropriate accordance with appropriate provided. (e) A file shall be memployed indicating	rervices shall require that all coyment disclose any criminal pact of this information on a semployment shall be based relationship to the job for is applying. Yor a service shall be registered or certified in oplicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107			
	failed to ensure one met the minimum le and had complete prindings are: Review on 9/6/22 or revealed: -Hire date of 4/7/15 -She was hired as to a support of the support o	view and interview the facility of three audited staff (#1) evel of education requirements personnel records. The f staff #2's personnel record the Facility Manager. So were as a live in staff,				

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STATE FORM 8PJ411 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		F	2
MHL032-585		B. WING		09/06/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
RECOVE	RY CONNECTIONS I		OSWORTH A , NC 27707	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ontinued From page 2 V 107				
	tasks.	ence of educational				
	-She was aware that her GEDStaff #2 used to wand was transferredShe was aware that year at the other factoredentialsShe was under the going to finish her C	with the Supervisor revealed: at staff #2 had not completed ork at a sister facility last year d to this house this year. at staff #2 was also cited last cility for not having her e impression that staff #2 was GED sometime soon. Iff #2 did not meet the ducation required.				
V 752	10A NCAC 27G .03 EQUIPMENT	ot Water Temperatures 304 FACILITY DESIGN AND cility shall be designed,	V 752			
	constructed and eq ensures the physica visitors. (4) In areas of exposed to hot water	uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116				
	failed to maintain th	et as evidenced by: ion and interview the facility ne water temperature between ahrenheit. The findings are:				
	11:35 AM and 11:50	facility on 9/6/22 between O AM revealed : water temperature was 124				

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M 6899 8PJ411 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL032-585		B. WING			R 06/2022			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RECOVE	ERY CONNECTIONS II		OSWORTH A , NC 27707	VENUE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
V 752	degrees Fahrenheit -The downstairs' 1/2 temperature was 12 -The upstairs' hall be temperature was 11 -The Master's bedre temperature was 11 Interview on 9/6/22 -Residents were ab temperature themseShe would contact water temperature a the required water t degrees Fahrenheit -She confirmed the	2 bathroom's sink water 20 degrees Fahrenheit. 21 bathroom's sink water 22 degrees Fahrenheit. 25 bathroom's sink water 26 degrees Fahrenheit. 26 degrees Fahrenheit. 27 with the Supervisor revealed: 28 le to adjust the water 29 elves. 20 maintenance staff to have the 30 adjusted so it would fall within 30 emperature range of 100-116	V 752					

6899

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