STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL032-614 B. WING 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 30, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 116 27G .0209 (A) Medication Requirements V 116 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with DHSR - Mental Health dispensing so long as the final label, Container, and its contents are physically checked and SEP 1 2 2022 approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be Lic. & Cert. Section supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE' SIGNATURE ram Director

Division of Health Service Regulation

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Division of Health Service Regulation TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED		
	MHL032-614		B. WING		08/30	0/2022
	ROVIDER OR SUPPLIER	STREET ADD	K ROAD	TATE, ZIP CODE		
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V 116	not possess a stoc for the purpose of pharmacist and ob Board of Pharmac locked supply of p	emergency use, facilities shall extended of prescription legend drugs dispensing without hiring a staining a permit from the NC ey. Physicians may keep a small rescription drug samples. dispensed, packaged, and ance with state law and this	V 116			
	Based on record interviews the fact medication disperegistered pharm health care pract dispense medical current clients (#Review on 8/30/2 NORTH CAROL Statute 90-85.3 (apreparing and padevice in a contable with information law. Filling or represcription drug patient is 'dispered ose prescription administration is Review on 8/30/2 Date of admissional register admis	22 of Client #1's record revealed	nit	Regarding 10 A NCAN OD 9 Whedication of Ducham will Compliant. A CD is ensure that all consumers are go their medication from the original of medication in administer that me according to the orders and will orders and will that medication that medication that medication that medication	Reguments become become directly stantanes observed being liento	10/29/ (A)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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	dated 8/8/22 revealed—Hydroxyzine 25 mg—Olanzapine 5 mg. of—Gabapentin 300 mg day. -Mirtazapine 15 mg. of—Suboxone 8.2 mg. of nightly. -Trazodone 50 mg. of—Observation on 8/30 bin revealed: -Client #1's medication of day for medication of day for medication of day for medication dispensed medication was to be given. Review on 8/30/22 of Date of admission we Diagnoses of Cocair Dependence. Review on 8/30/22 of dated 8/23/22 revealed Vraylar 3mg, one capendence of the follows a needed. -Trazodone 50 mg. the same date of mg. the same of the follows a needed. -Trazodone 50 mg. the same of the follows a needed. -Trazodone 50 mg. the same of the follows a needed. -Trazodone 50 mg. the same of the follows a needed.	of Client #1's physician's order ed: I, one tablet twice a day. Ine tablet three times a day. Ine tablet at night. Ine tablet under the tongue I/2 tablet at night. I/22 of Client #1's medications I/24 tablet at night. I/25 of Client #1's medications I/26 of Client #1's medications I/26 of Client #1's medications I/27 of Client #1's medications I/28 of Client #1's medications I/29 of Client #1's medications I/29 of Client #1's medications I/20		facility director	sochee splace. disector	

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE S	
AND PLAN			A. BUILDING:			
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(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 116	Continued From pa	age 3	V 116			
	times a dayNicotine 21 m onto the skin daily	All ports.				
	bin revealed: -Client #2's medic labeled with client' -Bottles of Client # following: -Remeron 30 -Vistaril 50 mg as neededTrazodone 5 -Lexapro 10 r -Vraylar 3mg, -Prazosin 2 m -Hydroxyzine dayGabapentin times a day.	mg, one tablet at bedtime. g, two capsules every 6 hours one tablet at bedtime. ng, one tablet at bedtime. ng, one tablet daily. one capsule twice a day. ng, two capsules at bedtime. 25 mg, four tablets two times a 300 mg, one capsule three				
	-Nicotine 21 onto the skin dail' -Three small cleated lid labeled with C of day for medicate -Each plastic condispensed medicates was to be given. Review on 8/30/2-Date of admissicates of O Maintenance The Disorder; Hepatitansaminitis; Hecent history of	ar plastic containers with a white lient #2's name initials and time ation's dose. Italiner was filled with Client #2's eations for the time of day that 22 of Client #3's record revealed				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING MHL032-614 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 116 Continued From page 4 V 116 Review on 8/30/22 of Client #1's physician's order dated 8/23/22 revealed: -Seroquel 100 mg, one tablet at night. Suboxone 8.2 mg, one film under the tongue two times a day. -Zoloft 50 mg, one tablet a day. Senna, two tablets at bedtime for constipation. -Ortho-Novum 1-35, tablet daily for oral contraception. -Nicotine 21 mg/24 hr patch, Place one patch on the skin daily. -Nicotine polacrilex 2 mg gum, Apply one each to cheek every two hours as needed for smoking cessation. Observation on 8/30/22 of Client #3's medications bin revealed: -Client #3's medication bottles from the pharmacy labeled as the following: -Seroquel 100 mg, one tablet at night. -Suboxone 8.2 mg, one film under the tongue two times a day. -Zoloft 50 mg, one tablet a day. -Nicotine 21 mg/24 hr patch. Place one patch on the skin daily. -Nicotine polacrilex 2 mg gum, Apply one each to cheek every two hours as needed for smoking cessation. -Two small clear plastic containers with a white lid labeled with Client #3's name initials and time of day for medication's dose. -Each plastic container was filled with Client #3's dispensed medications for the time of day that was to be given. Review on 8/30/22 of Staff #1's record revealed: -Hire date of 6/1/22.

-She was hired as the Facility Manager.

-Certificate of medication administration training

Division of	of Health Service Re	egulation				(X3) DATE S	SIIDVEV
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	CONSTRUCTION		COMPLETED	
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V 116	Continued From pa	age 5		V 116			-
	dated 6/24/22There was no doo to dispense medica	umentation she was ation.	s qualified				
	Review on 8/30/22 -Hire date of 6/8/23	of Staff #2's record	revealed:				
	-She was hired as	the Facility Manage lication administration	r Relief. on training				
	-There was no doo to dispense medic	cumentation she was ation.	s qualified		4		
	-She received her administration via	22 with Staff #5 reve training on medicati virtual.	ion				
	-She was also trai -She would filled (ned by the Facilities Clients #1. #2 and #3 with their medication	3's small ns daily.				
	could take out clie	had informed her then the heath had informed her the heath had been th	m the ntainer.				
	and #3's medicati	ons in this way was	considered				
	medications were containers.	placed into small pl	astic				
	revealed:	/22 with the Facility I					
	take client's medi	cations out of their to container to be give	ottles and				
	-She was not awa #3's medications dispensing of me	are packaging client in this way was condication.	sidered	t l			
	-She confirmed to	hat Client's #1, #2 ar e placed into small p	nd #3's lastic		and the second		

Division of Health Service Regulation STATE FORM

containers.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING MHL032-614 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) V 118 27G .0209 (C) Medication Requirements V 118 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 (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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. VII8 Regardens 10ANCAC276 This Rule is not met as evidenced by:

	of Health Service Re	egulation	155/01/4	YOU MALII TIDI I	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIDENTIFICATION N	UNADED.			COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		/	A. BUILDING:			
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		_		V 118	· DI-09(1) Mestica	tran 11/29/2
V 118	Continued From pa	age 7		V 110		192 1100
	Based on observat	tion, record reviews	and		Romand Mondy Mi	/ /
	interviews the faci	ility failed to: 1. Ens	ure		De la	nycf
	medications were	available for admin	istration		Kerovery Connected	
	affecting one of the	ree audited clients	(#3;) 2.		1 / will be	come
	Failed to keen the	Medication Adminis	stration		Durham will be	well
	Pecord (MAR) cur	rent affecting three	of three		sempliant RCD	11/
	audited clients (#1	, #2 and #3) and 3.	Have		company + + 100	dets
	physician orders for	or administered me	dications		emme inavare	10001
	offeeting one of th	ree audited clients	(#2). The		1: to how avo	ilable
		ice addited ellerite	()		clients	that
	findings are:				" 10 medications	, , , ,
	Daviou on 9/20/20	2 of Client #1's reco	ord revealed:		age I A NON	rebed
	-Date of admissio	n was 8/8/22			have been pros	/
	Diagnosas of On	ioid Dependence; C	Cocaine		1 -the hear st	usician.
	-Diagnoses of Op	nabis Dependence).		for even	1 10
	Dependence, Car	madio Dopondono			POD will also en	sure -
	Paviow on 8/30/2	2 of Client #1's phy	sician's order		1 1 M moderate	ing that
	dated 8/8/22 reve	aleq.			that all within	trare
	Ludrovizina 25 r	ng, one tablet twice	a day.		and awen to cree	Total and a
	Olonzanino 5 mg	g. one tablet three ti	mes a dav.		to eleutre	according
	Cohonontin 200	mg. one tablet three	e times a		quen la cui	down
		ing. one tablet and	a and the second of the	1	to the doctor, 4 or	
	day.	ng. one tablet at nig	ıht.		1 the fit wh	roperty
	-Will dzapille 13 ll	ig, one tablet under	the tongue		andwarm	10.24
		y, one tablet ander			recorded in the	Cums
	nightly.	g, 1/2 tablet at nigh	t.		MAR. RCD will	alia
Î	- Hazodone 50 m	y, I'z tablet at high			MAR KCDWILL	, the
	Observation on 9	3/30/22 of Client #1'	s medications		TITLE HIT ALL	1 client
	bottles revealed:	SIJUIZZ OF CHICKET			ensure that are	trait
	Dollies revealed.	mg was available.			who in unbole	to get
	-Hydroxyzine 25 -Olanzapine 5 m	n was available.			who has he	nestication
	-Olanzapine 3 III	mg was available.			Hay prescribed	11
	-Gapapentin 300	mg was available.			Wind har Ninthakel	al from
	-Willtazapine 15 i	ng was available.			will be marking	Ctol
	-Supoxone 8.2 m	ng was available.			and a marker of	inuc
	- Irazodone 50 m	ng was available.	s with a white		KCDA Program	10.70
	- I hree small clea	ar plastic containers Client #1's name init	ials and time		It alist usab	el in
			Jais and unic		that aren	Tom
1	of day for medica	ation's dose.	th Client #1'e		I though wredicto	Marie
	-Each plastic co	ntainer was filled wi	of dov that		germen	
1	dispensed medic	cations for the time	or day that	1	1	

Division of Health Service Regulation

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL032-614 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD RECOVERY CONNECTIONS OF DURHAM - III DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 8 V 118 was to be given. Review on 8/30/22 of Client #1's MAR for August 2022 revealed blanks on the following dates: -Hydroxyzine 25 mg, 8/26 at 8am. -Olanzapine 5 mg. 8/25 at 2pm and 8pm, 8/26 at 8am. -Gabapentin 300 mg. 8/25 at 2pm and 8pm, 8/26 at 8am. -Mirtazapine 15 mg. 8/25 at 8pm. and RCD's program director will monito this practice on a monthly basis. -Suboxone 8.2 mg, was not shown at all on the MAR for August. -Trazodone 50 mg, was not shown at all on the MAR for August. Review on 8/30/22 of Client #2's record revealed: -Date of admission was 8/15/22. -Diagnoses of Cocaine Dependence; Alcohol Dependence. Review on 8/30/22 of Client #2's physician's order dated 8/23/22 revealed: -Vraylar 3mg, one capsule twice a day. -No orders for the following medications: -Remeron 30 mg, one tablet at bedtime. -Vistaril 50 mg, two capsules every 6 hours as needed. -Trazodone 50 mg, one tablet at bedtime. -Lexapro 10 mg, one tablet daily. Vraylar 3mg, one capsule twice a day. -Prazosin 2 mg, two capsules at bedtime. -Hydroxyzine 25 mg, four tablets two times a day. -Gabapentin 300 mg, one capsule three times a day. -Nicotine 21 mg 24 Hr Patch, place one patch onto the skin daily.

bottles revealed:

Observation on 8/30/22 of Client #2's medications

Division (of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING: _			
	MHL032-614		B. WING	08/30	/2022	
			DRESS, CITY, ST	TATE ZIP CODE		
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IAG				DEFICIENCY)		
V 118	Continued From pa	age 9	V 118			
	-Remeron 30 mg w	vas available.				
	-Vistaril 50 mg was					
	-Trazodone 50 mg	was available.				
1	-Lexapro 10 mg wa	as available.				
	-Vraylar 3mg was a	available.				
	-Prazosin 2 mg wa	s available.				
	-Hydroxyzine 25 m	ng was available.				
	-Gabapentin 300 n	ng was available. 4 Hr Patch was available.				8 1
	-Nicotine 21 mg 22	plastic containers with a white				
	lid labeled with Cli	ent #2's name initials and time				
	of day for medicati					
	-Fach plastic conta	ainer was filled with Client #2's				
	dispensed medica	tions for the time of day that				
	was to be given.					
	Review on 8/30/22	2 of Client #2's MAR for the				
	month of August 2	2022 revealed blanks on the				
	following dates:	as not shown at all on the MAR				
	for August.	as not snown at all on the in.				
	-Prazosin 2 mg wa	as not shown at all on the MAR				
	for August.					
	-Nicotine 21 mg 2	4 Hr Patch was not shown at a	1			
	on the MAR for A					
	Review on 8/30/2	2 of Client #3's record revealed	:			
	-Date of admissio	n was 8/23/22.				
	-Diagnoses of Op	ioid Use Disorder, Severe, on				
	Maintenance The	rapy; Major Depressive s C; Tobacco Use Disorder;				
	Transaminitie: Hy	perlipidemia; Constipation;				
	Recent history of	Gonorrhea, treated with				
	Ceftriaxone: Rec	ent history of Dysuria.				
	Review on 8/30/2	2 of Client #1's physician's orde	er			
	dated 8/23/22 rev	realed:				
	-Seroquel 100 mg	g, one tablet at night.				
	-Suboxone 8.2 m	g, one film under the tongue tw	0			

times a day.

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Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

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MHL032-614 B. WING 08/30/202	08/30/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
RECOVERY CONNECTIONS OF DURHAM - III 2016 COOK ROAD DURHAM, NC 27713		
PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) DMPLETE DATE	
V118 Continued From page 10 Zoloft 50 mg, one tablet a day. Senna, two tablets at bedtime for constipation. Ortho-Novum 1-35, tablet daily for oral contraceptionNicotine 21 mg/24 hr patch, Place one patch on the skin dailyNicotine polacrilex 2 mg gum, Apply one each to cheek every two hours as needed for smoking cessation. Observation on 8/30/22 of Client #3's medications bottles revealed: -Seroquel 100 mg was availableSuboxone 8.2 mg was availableZoloft 50 mg was availableNicotine 21 mg/24 hr patch was availableNicotine polacrilex 2 mg gum was availableNicotine polacrilex 2 mg gum was availableTwo small clear plastic containers with a white lid labeled with Client #3's name initials and time of day for medication's doseEach plastic container was filled with Client #3's dispensed medications for the time of day that was to be given. Review on 8/30/22 of Client #3's MAR for the month of August 2022 revealed blanks on the following dates: -Senna was not shown at all on the MAR for AugustNicotine 21 mg/24 hr patch was not shown at all on the MAR for AugustNicotine 21 mg/24 hr patch was not shown at all on the MAR for AugustNicotine 21 mg/24 br patch was not shown at all on the MAR for AugustNicotine polacrilex 2 mg gum was not shown at all on the MAR for AugustNicotine polacrilex 2 mg gum was not shown at all on the MAR for AugustNicotine polacrilex 2 mg gum was not shown at all on the MAR for August.		

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 08/30/2022 B. WING MHL032-614 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 118 V 118 Continued From page 11 ago. -Clients would bring their medications and hand them over to the staff. -Staff would create a MAR for the medications to be given to clients. -She would have also review client's medications and their physician's orders. -She would have logged client's MAR after they received their medications. -She confirmed there were no physician's orders for most of the medications for client #2. -She confirmed that there were blanks on the MAR for the month of August 2022 for Client #1. -She confirmed that some of Clients #1, #2 and #3's medications had not been labeled on the MAR for the month of August 2022. Interview on 8/30/22 with the Facilities Director revealed: -Staff #4 and #5 had just been hired in June. -They had received their training on medication administration via virtual. -She was still training staff #4 and #5. -Staff at the house were responsible for reviewing client's medications, physician's orders and MAR. -She was also responsible for ensuring that client's MAR and medications were accurate. -She confirmed that facility failed to 1. Ensure medications were available for administration affecting one of three audited clients (#3;) 2. Failed to keep the Medication Administration Record (MAR) current affecting three of three current clients (#1, #2 and #3) and 3. Have physician orders for administered medications affecting one of three audited clients (#2). V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification

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PRINTED: 09/01/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING MHL032-614 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD **RECOVERY CONNECTIONS OF DURHAM - III** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 131 Continued From page 12 V 131 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. Legarding G.S. 131E -256 10/29/22 B2) HCPR-Prior Employment L'eification - Health Care L'eification - Registry -This Rule is not met as evidenced by: V131 Based on records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (Staff #4). The findings are: Review on 8/30/22 of Staff #4's personnel record revealed: -Hire date of 6/8/22. -She was hired as the Facility Manager Relief. -HCPR check for staff #1 was not on file. Interview on 8/30/22 with the Program Director revealed: -He was in charge of completing the HCPR checks. -He realized that the HCPR for Staff #4 had not been completed when he was bringing the staff's information to be reviewed by the surveyor.

-He confirmed the HCPR check was not completed for staff #4 prior to hire.



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 2, 2022

Thomas Bass Jr.
Recovery Connections of Durham, Inc.
2913 Wadsworth Ave.
Durham, NC 27707

Re:

Annual Survey completed August 30, 2022

Recovery Connections of Durham-III, 2016 Cook Road, Durham, NC 27713

MHL # 032-614

E-mail Address: savinglives1@aol.com

Dear Mr. Bass:

Thank you for the cooperation and courtesy extended during the annual survey completed August 30, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

All tags cited are standard level deficiencies.

Time Frames for Compliance

• Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is 10/29/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes
 in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,

Edgar Garrido, MSW

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org

Pam Pridgen, Administrative Supervisor