

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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 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 000		
V 116	27G .0209 (A) Medication Requirements 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 dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be 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.	V 116	DHSR - Mental Health SEP 12 2022 Lic. & Cert. Section	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

WZD.J11

If continuation sheet 1 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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 116	Continued From page 1 (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure that medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law to dispense medications affecting three of three current clients (#1, #2 and #3.) The findings are: Review on 8/30/22 of "PHARMACY LAWS OF NORTH CAROLINA North Carolina General Statute 90-85.3(f)" revealed, "'Dispense' means preparing and packaging a prescription drug or device in a container and labeling the container with information required by State and federal law. Filling or refilling drug containers with prescription drugs for subsequent use by a patient is 'dispensing'. Providing quantities of unit dose prescription drugs for subsequent administration is 'dispensing'." Review on 8/30/22 of Client #1's record revealed: -Date of admission was 8/8/22. -Diagnoses of Opioid Dependence; Cocaine Dependence; Cannabis Dependence.	V 116		
		V116	Regarding 10A NCAC 27G .0209 Medication Requirements (A) the Recovery Connections of Durham will become compliant. RCD will ensure that all of it's consumers are given their medication directly from the original container that they received their medication in. RCD will administer that medication according to the doctor's orders and will observe that medication being taken by the client when it is given to the client. RCD's	10/29/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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 116	<p>Continued From page 2</p> <p>Review on 8/30/22 of Client #1's physician's order dated 8/8/22 revealed:</p> <ul style="list-style-type: none"> -Hydroxyzine 25 mg, one tablet twice a day. -Olanzapine 5 mg, one tablet three times a day. -Gabapentin 300 mg, one tablet three times a day. -Mirtazapine 15 mg, one tablet at night. -Suboxone 8.2 mg, one tablet under the tongue nightly. -Trazodone 50 mg, 1/2 tablet at night. <p>Observation on 8/30/22 of Client #1's medications bin revealed:</p> <ul style="list-style-type: none"> -Client #1's medication bottles from the pharmacy. -Three small clear plastic containers with a white lid labeled with Client #1's name initials and time of day for medication's dose. -Each plastic container was filled with Client #1's dispensed medications for the time of day that was to be given. <p>Review on 8/30/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission was 8/15/22. -Diagnoses of Cocaine Dependence; Alcohol Dependence. <p>Review on 8/30/22 of Client #2's physician's order dated 8/23/22 revealed:</p> <ul style="list-style-type: none"> -Vraylar 3mg, one capsule twice a day. -No orders for the following medications: <ul style="list-style-type: none"> -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 	V 116	<p><i>facility director shall be responsible for ensuring this practice and this process consistently takes place. RCD's program director will also monitor this process on a monthly basis.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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 116	<p>Continued From page 3</p> <p>day.</p> <ul style="list-style-type: none"> -Gabapentin 300 mg, one capsule three times a day. -Nicotine 21 mg 24 Hr Patch, place one patch onto the skin daily. <p>Observation on 8/30/22 of Client #2's medications bin revealed:</p> <ul style="list-style-type: none"> -Client #2's medication bottles from the pharmacy labeled with client's medications. -Bottles of Client #2's medication labeled as the following: <ul style="list-style-type: none"> -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. -Three small clear plastic containers with a white lid labeled with Client #2's name initials and time of day for medication's dose. -Each plastic container was filled with Client #2's dispensed medications for the time of day that was to be given. <p>Review on 8/30/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission was 8/23/22. -Diagnoses of Opioid Use Disorder, Severe, on Maintenance Therapy; Major Depressive Disorder; Hepatitis C; Tobacco Use Disorder; Transaminitis; Hyperlipidemia; Constipation; Recent history of Gonorrhea, treated with Ceftriaxone; Recent history of Dysuria. 	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III		STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713		
(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 116	<p>Continued From page 4</p> <p>Review on 8/30/22 of Client #1's physician's order dated 8/23/22 revealed:</p> <ul style="list-style-type: none"> -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. <p>Observation on 8/30/22 of Client #3's medications bin revealed:</p> <ul style="list-style-type: none"> -Client #3's medication bottles from the pharmacy labeled as the following: <ul style="list-style-type: none"> -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. <p>Review on 8/30/22 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> -Hire date of 6/1/22. -She was hired as the Facility Manager. -Certificate of medication administration training 	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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 116	<p>Continued From page 5</p> <p>dated 6/24/22.</p> <p>-There was no documentation she was qualified to dispense medication.</p> <p>Review on 8/30/22 of Staff #2's record revealed:</p> <p>-Hire date of 6/8/22.</p> <p>-She was hired as the Facility Manager Relief.</p> <p>-Certificate of medication administration training dated 6/24/22.</p> <p>-There was no documentation she was qualified to dispense medication.</p> <p>Interview on 8/30/22 with Staff #5 revealed:</p> <p>-She received her training on medication administration via virtual.</p> <p>-She was also trained by the Facilities Director.</p> <p>-She would filled Clients #1, #2 and #3's small plastic containers with their medications daily.</p> <p>-Facilities Director had informed her that she could take out client's medications from the bottles and place them into a daily container.</p> <p>-She was not aware packaging Client's #1, #2 and #3's medications in this way was considered dispensing of medication.</p> <p>-She confirmed that Client's #1, #2 and #3's medications were placed into small plastic containers.</p> <p>Interview on 8/30/22 with the Facility Director revealed:</p> <p>-She had instructed her staff that it was OK to take client's medications out of their bottles and place them into a container to be given later during the day.</p> <p>-She was not aware packaging client's #1, #2 and #3's medications in this way was considered dispensing of medication.</p> <p>-She confirmed that Client's #1, #2 and #3's medications were placed into small plastic containers.</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		
	This Rule is not met as evidenced by:	V118	Regarding 10A NCAC 27G	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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	<p>Continued From page 7</p> <p>Based on observation, record reviews and interviews, the 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 audited clients (#1, #2 and #3) and 3. Have physician orders for administered medications affecting one of three audited clients (#2). The findings are:</p> <p>Review on 8/30/22 of Client #1's record revealed: -Date of admission was 8/8/22. -Diagnoses of Opioid Dependence; Cocaine Dependence; Cannabis Dependence.</p> <p>Review on 8/30/22 of Client #1's physician's order dated 8/8/22 revealed: -Hydroxyzine 25 mg, one tablet twice a day. -Olanzapine 5 mg. one tablet three times a day. -Gabapentin 300 mg. one tablet three times a day. -Mirtazapine 15 mg. one tablet at night. -Suboxone 8.2 mg, one tablet under the tongue nightly. -Trazodone 50 mg, 1/2 tablet at night.</p> <p>Observation on 8/30/22 of Client #1's medications bottles revealed: -Hydroxyzine 25 mg was available. -Olanzapine 5 mg was available. -Gabapentin 300 mg was available. -Mirtazapine 15 mg was available. -Suboxone 8.2 mg was available. -Trazodone 50 mg was available. -Three small clear plastic containers with a white lid labeled with Client #1's name initials and time of day for medication's dose. -Each plastic container was filled with Client #1's dispensed medications for the time of day that</p>	V 118	<p>• 0209(C) Medication Requirements the Recovery Connections of Durham will become compliant. RCD will ensure that all of it's clients have available all medications that have been prescribed for them by a physician. RCD will also ensure that all medications that are given to clients are given to clients according to the doctor's orders and that it is properly recorded in the client's MAR. RCD will also ensure that any client who is unable to get their prescribed medication will be discharged from RCD's program until that client is able to get their medication</p>	10/29/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III		STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713		
(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	<p>Continued From page 8</p> <p>was to be given.</p> <p>Review on 8/30/22 of Client #1's MAR for August 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -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. -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. <p>Review on 8/30/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission was 8/15/22. -Diagnoses of Cocaine Dependence; Alcohol Dependence. <p>Review on 8/30/22 of Client #2's physician's order dated 8/23/22 revealed:</p> <ul style="list-style-type: none"> -Vraylar 3mg, one capsule twice a day. -No orders for the following medications: <ul style="list-style-type: none"> -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. <p>Observation on 8/30/22 of Client #2's medications bottles revealed:</p>	V 118	<p><i>or until the prescribing doctor stops the order for that medication.</i></p> <p><i>RCD's facilities director will be responsible for ensuring this practice and RCD's program director will monitor this practice on a monthly basis.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III		STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713		
(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	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Remeron 30 mg was available. -Vistaril 50 mg was available. -Trazodone 50 mg was available. -Lexapro 10 mg was available. -Vraylar 3mg was available. -Prazosin 2 mg was available. -Hydroxyzine 25 mg was available. -Gabapentin 300 mg was available. -Nicotine 21 mg 24 Hr Patch was available. -Three small clear plastic containers with a white lid labeled with Client #2's name initials and time of day for medication's dose. -Each plastic container was filled with Client #2's dispensed medications for the time of day that was to be given. <p>Review on 8/30/22 of Client #2's MAR for the month of August 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Lexapro 10 mg was not shown at all on the MAR for August. -Prazosin 2 mg was not shown at all on the MAR for August. -Nicotine 21 mg 24 Hr Patch was not shown at all on the MAR for August. <p>Review on 8/30/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission was 8/23/22. -Diagnoses of Opioid Use Disorder, Severe, on Maintenance Therapy; Major Depressive Disorder; Hepatitis C; Tobacco Use Disorder; Transaminitis; Hyperlipidemia; Constipation; Recent history of Gonorrhea, treated with Ceftriaxone; Recent history of Dysuria. <p>Review on 8/30/22 of Client #1's physician's order dated 8/23/22 revealed:</p> <ul style="list-style-type: none"> -Seroquel 100 mg, one tablet at night. -Suboxone 8.2 mg, one film under the tongue two times a day. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 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**

(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	<p>Continued From page 10</p> <ul style="list-style-type: none"> -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. <p>Observation on 8/30/22 of Client #3's medications bottles revealed:</p> <ul style="list-style-type: none"> -Seroquel 100 mg was available. -Suboxone 8.2 mg was available. -Zoloft 50 mg was available. -Nicotine 21 mg/24 hr patch was available. -Nicotine polacrilex 2 mg gum was available. -Senna, was not available. -Ortho-Novum 1-35, was not available. -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. <p>Review on 8/30/22 of Client #3's MAR for the month of August 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Senna was not shown at all on the MAR for August. -Ortho-Novum 1-35 was not shown at all on the MAR for August. -Nicotine 21 mg/24 hr patch was not shown at all on the MAR for August. -Nicotine polacrilex 2 mg gum was not shown at all on the MAR for August. <p>Interview on 8/30/22 with Staff #5 revealed:</p> <ul style="list-style-type: none"> -She had just started working a couple of months 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III		STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713		
(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 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 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS OF DURHAM - III			STREET ADDRESS, CITY, STATE, ZIP CODE 2016 COOK ROAD DURHAM, NC 27713		
(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 131	<p>Continued From page 12</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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:</p> <p>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.</p> <p>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.</p>	V 131	<p><i>Regarding G.S. 131E-256 (D2) HCPR - Prior Employment Verification - Health Care Personnel Registry -</i></p> <p><i>The Recovery Connections will become compliant and will ensure that it shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files prior to hiring any and all employees. RCD's program director shall be responsible for ensuring that this practice takes place.</i></p>		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 2, 2022
Recovery Connections of Durham, Inc.
Recovery Connections of Durham-III

Send the original 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