Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	MHL032-586		B. WING		R 09/09/2022		
	PROVIDER OR SUPPLIER	2203 ELM	DDRESS, CITY, S' MWOOD AVEN 1, 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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on September 9, 20 This facility is licens category: 10A NCA	w-up survey was completed 022. A deficiency was cited. sed for the following service C 27G .5600E Supervised h Substance Dependency.					
		sed for 6 and currently has a urvey sample consisted of clients.					
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	od FACILITY DESIGN AND cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116					
	failed to maintain th	et as evidenced by: on and interview the facility e facility water temperature egrees Fahrenheit. The					
	Observation of the approximately 11:50 -The kitchen sink w degrees Fahrenheit	am revealed : ater temperature was 129					
	revealed:	with the Facility Manager on the water temperature was					

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:  MHL032-586				E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
			A. BUILDING:								
		MHL032-586	B. WING			09/09/2022					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
RECOVERY CONNECTIONS I 2203 ELMWOOD AVENUE DURHAM, NC 27707											
(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 DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE					
V 752	129 degreesClients were capal temperature in the -Maintenance personal house to check on had been cited at some do it before the sur-She confirmed the	ble of adjusting the hot water kitchen or bathroom area. on was supposed to visit the the water temperature since it sister facilities, but never got to	V 752								

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