

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-585	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/06/2022
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NAME OF PROVIDER OR SUPPLIER RECOVERY CONNECTIONS II	STREET ADDRESS, CITY, STATE, ZIP CODE 2913 WADSWORTH AVENUE DURHAM, NC 27707
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(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
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V 000 INITIAL COMMENTS

An annual and follow-up survey was completed on September 6, 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.

V 000

V 107 27G .0202 (A-E) Personnel Requirements

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

(a) All facilities shall have a written job description for the director and each staff position which:

- (1) specifies the minimum level of education, competency, work experience and other qualifications for the position;
- (2) specifies the duties and responsibilities of the position;
- (3) is signed by the staff member and the supervisor; and
- (4) is retained in the staff member's file.

(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:

- (1) is at least 18 years of age;
- (2) is able to read, write, understand and follow directions;
- (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and
- (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care

V 107

DHSR - Mental Health
SEP 19 2022
Lic. & Cert. Section

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

Thomas B. Bass, Jr.

TITLE
Program Director

(X6) DATE
9/17/22

Division of Health Service Regulation

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V 107 Continued From page 1
Personnel Registry.
(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.
(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.
(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.

V 107

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure one of three audited staff (#1) met the minimum level of education requirements and had complete personnel records. The findings are:

- Review on 9/6/22 of staff #2's personnel record revealed:
- Hire date of 4/7/15.
 - She was hired as the Facility Manager.
 - Job responsibilities were as a live in staff, grocery shopping, facilitating groups, administering medication, assisting clients with scheduling appointments and other administrative

V107

Regarding 10A NCAC 27G.0202 (A-E) Personnel Requirements the Recovery Connections of Durham will become compliant. RCD will ensure that all of it's employees meet the minimum level of education, competency, work experience, skills

11/5/22

Division of Health Service Regulation

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V 107	<p>Continued From page 2</p> <p>tasks.</p> <p>-There was no evidence of educational credentials.</p> <p>Interview on 9/6/22 with the Supervisor revealed:</p> <p>-She was aware that staff #2 had not completed her GED.</p> <p>-Staff #2 used to work at a sister facility last year and was transferred to this house this year.</p> <p>-She was aware that staff #2 was also cited last year at the other facility for not having her credentials.</p> <p>-She was under the impression that staff #2 was going to finish her GED sometime soon.</p> <p>-She confirmed staff #2 did not meet the minimum level of education required.</p>	V 107	<p><i>and other qualifications for the position. RCD's program director shall be responsible for ensuring and monitoring this process.</i></p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation of the facility on 9/6/22 between 11:35 AM and 11:50 AM revealed : -The kitchen's sink water temperature was 124</p>	V 752	<p><i>V752 Regarding 10A NCAC 27G. 0304(b)(4) Facility Design and equipment Hot Water Temperatures the Recovery Connections will become compliant. RCD</i></p>	<p><i>11/5/22</i></p>

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V 752	<p>Continued From page 3</p> <p>degrees Fahrenheit.</p> <ul style="list-style-type: none"> -The downstairs' 1/2 bathroom's sink water temperature was 120 degrees Fahrenheit. -The upstairs' hall bathroom's sink water temperature was 118 degrees Fahrenheit. -The Master's bedroom's bathroom's sink water temperature was 118 degrees Fahrenheit. <p>Interview on 9/6/22 with the Supervisor revealed:</p> <ul style="list-style-type: none"> -Residents were able to adjust the water temperature themselves. -She would contact maintenance staff to have the water temperature adjusted so it would fall within the required water temperature range of 100-116 degrees Fahrenheit. -She confirmed the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. 	V 752	<p><i>will ensure that it's water temperatures are maintained between 110-116 degrees Fahrenheit. RCD's program director shall be responsible for monitoring and ensuring this practice.</i></p>	
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 8, 2022

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

Re: Annual and Follow-up Survey completed September 6, 2022
Recovery Connections II, 2913 Wadsworth Avenue, Durham, NC 27707
MHL # 032-585
E-mail Address: savinglives1@aol.com

Dear Mr. Bass:

Thank you for the cooperation and courtesy extended during the Annual and Follow-up survey completed September 6, 2022.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 11/5/22.

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 8, 2022
Recovery Connections of Durham, Inc.
Recovery Connections II

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