Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	A Bolesine.			D 0		
		MHL032-614	B. WING		R-C 11/15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
		2016 CO	OK ROAD	_,		
RECOVER	RY CONNECTIONS OF DI	JRHAM - III	M, NC 27713			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		
V 000	A complaint and follow-up survey was completed on November 15, 2022. The complaints (intake #NC00194716 and #NC00194612) were unnsubstantiated. Deficiencies were cited.		V 000			
	category: 10A NCAC					
	Supervised Living for Substance Abuse Adults The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.					
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond (d) The plan shall incompose the projected date of achieved by provision projected date of achieved (2) strategies; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievements.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Blude: I that are anticipated to be a of the service and a devement; I wiew of the plan at least on with the client or legally both; on or assessment of				
	responsible party, or	a written statement by the such consent could not be				

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

TITLE (X6) DATE

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
7.1.12 . 2.1.1				A. BUILDING: _				
		MHL032-61	4	B. WING		R-C 11/15/2022	2	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
RECOVER	RY CONNECTIONS OF D	URHAM - III	2016 COOF					
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMF		
V 112	Continued From page 1			V 112				
	obtained.							
	This Rule is not met							
	Based on record review		•					
	failed to develop a tre three audited clients							
	findings are:	(# 1, #2 and #3).	THE					
	3							
	Review on 11/15/22 of	of Client #1's reco	rd					
	revealed: -Admission date of 10	0/10/22						
	-Diagnoses of Alcoho		d Cannabis					
	Dependence.							
	-There was no treatm	nent plan in the cli	ent's					
	record.							
	Review on 11/15/22 of	of Client #2's reco	rd					
	revealed:		-					
	-Admission date of 11							
	-Diagnoses of Cocair		Inspecified					
	and Alcohol Depende -There was no treatm		ent's					
	record.	ioni pian in the oil	one o					
	Review on 11/15/22 of revealed:	of Client #3's reco	rd					
	-Admission date of 10	0/21/22.						
	-Diagnoses of Opioid		Alcohol					
	Dependence.	•						
	-There was no treatm	nent plan in the cli	ent's					
	record.							

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STATE FORM 6899 X6GY11 If continuation sheet 2 of 17

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
						R-C
		MHL032-614	B. WING		11	/15/2022
NAME OF P	ROVIDER OR SUPPLIER	STI	REET ADDRESS, CITY, STAT	E, ZIP CODE		
RECOVER	RY CONNECTIONS OF D	JRHAM - III	16 COOK ROAD JRHAM, NC 27713			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page 2		V 112			
	-Going forward he wo	fessional revealed:	nt			
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons trepharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according to the companion of th	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse egally qualified person and and administer medications inistration Record (MAR) of to each client must be ke administered shall be or after administration. The following:	e, s. of pt			

Division of Health Service Regulation

STATE FORM 6899 X6GY11 If continuation sheet 3 of 17

Division of Health Service Regulation

	or realth Service Negu		()(0) MILITED E	CONOTRUCTION	(VO) DATE OUR!/EV
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
, , , , , , , , , , , , , , , , , , , ,	5. 55. u. 25. u. 1		A. BUILDING: _		00 22.25
					R-C
		MHL032-614	B. WING		11/15/2022
NAME OF D	ROVIDER OR SUPPLIER	STDEET VI	DDRESS, CITY, STA	TE ZID CODE	
INAME OF T	NOVIDEN ON SOLT LIEN			(IL, 211 CODE	
RECOVER	RY CONNECTIONS OF DI	JRHAM - III	OK ROAD		
	I		I, NC 27713	I	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
\/ 110	0 " 15	0	V/ 44.0		
V 118	Continued From page	e 3	V 118		
	file followed up by ap	pointment or consultation			
	with a physician.				
	This Rule is not met	•			
	Based on record review				
	interviews the facility				
		ation Record (MAR) was			
		for three of three audited			
	clients (#1, #2 and #3	3). The findings are:			
	D : 44/45/00	(0): 1/41			
	Review on 11/15/22 o	of Client #1's record			
	revealed:	2/40/22			
	-Admission date of 10				
	_	I Dependence and Cannabis			
	Dependence.				
	Poviou on 11/15/22 o	of Client #1's Physician			
	orders revealed:	or Chefft #15 Fflysician			
	-Order dated 10/16/22	9.			
		g - take one tablet by mouth			
	every as needed.	g - take one tablet by mouth			
	-Order dated 10/30/22	2.			
		00mg (Keppra) - take one			
	tablet by mouth 2 time				
	-Order dated 10/31/22				
		moate 50mg - take two			
	capsules by mouth 3				
		exapro) 10mg - Take ½ by			
	mouth every day. Dis				
		exapro) 5mg - Take one			
	tablet by mouth every				
	, 2				
	Observation on 11/15	5/22 at 9:30 a.m. of Client			
	#1's medication bottle				

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DIVISION OF Flearth Service Regulation			1		,
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		MHL032-614	B. WING		11/15/2022
		202 011	1		11/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		2016 COO	K ROAD		
RECOVER	RY CONNECTIONS OF DU	JRHAM - III			
		DURHAM	NC 27713		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
			1	DEFICIENCY)	
37.440			1///		
V 118	Continued From page	e 4	V 118		
	available				
	available.				
		te 50mg - take two capsules			
	by mouth 3 times a da	ay.			
	-Escitalopram (Lexap	ro) 5mg - Take one tablet by			
	mouth every night.	, 0			
		e tablet by mouth every as			
	=	e tablet by illoutil every as			
	needed.				
		g (Keppra) - take one tablet			
	by mouth 2 times dail	y for 30 days.			
	Review on 11/15/22 o	of Client #1's MARs for			
	October 2022 through	n November 2022 revealed			
	-				
	blanks on the followin	ig dates:			
	October 2022:				
	-Hydroxyzine Pamoat	te - 10/31/22.			
	-Escitalopram (Lexap	ro) - 10/31/22.			
	-Quetiapine - 10/23/2	2, 10/24/22, 10/25/22,			
	•	0/28/22, 10/29/22, 10/30/22			
	and 10/31/22.	0/20/22, 10/23/22, 10/30/22			
) 40/00/00			
	-Levetiracetam (Kepp	ora) - 10/30/22 and 10/31/22.			
	November 2022:				
	-Hydroxyzine Pamoat	te - 11/1/22, 11/2/22,			
	11/3/22, 11/4/22, 11/5				
		0/22, 11/12/22, 11/13/22,			
	11/14/22 and 11/15/22				
	-Escitalopram (Lexap	ro) - 11/1/22, 11/2/22,			
	11/3/22, 11/4/22, 11/5	5/22, 11/6/22, 11/7/22,			
	11/8/22, 11/9/22, 11/1	0/22, 11/12/22, 11/13/22,			
	11/14/22 and 11/15/22				
	-Quetiapine - 11/1/22, 11/2/22, 11/3/22, 11/4/22,				
	11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22,				
	11/10/22, 11/12/22, 1	1/13/22, 11/14/22 and			
	11/15/22.				
	-Levetiracetam (Kepp	ora) - 11/1/22, 11/2/22,			
	11/3/22, 11/4/22, 11/5	•			
		0/22, 11/12/22, 11/13/22,			
	11/14/22 and 11/15/22	∠.			
			1	l e e e e e e e e e e e e e e e e e e e	1

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Review on 11/15/22 of Client #2's record

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPLETED
			A. BOILDING		
			D 14//10		R-C
		MHL032-614	B. WING	11/15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		2016 CO	OK ROAD		
RECOVER	RY CONNECTIONS OF D	URHAM - III	I, NC 27713		
040.15	CHMMADV CT	TATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTIO	N OVE
(X4) ID PREFIX		CY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
V 118	Continued From page	e 5	V 118		
	revealed:				
	-Admission date of 1				
		ne Dependence, Unspecified			
	and Alcohol Depende	ence.			
	D : 44/45/00	(O):			
		of Client #2's Physician			
	orders revealed:	O maiore to coducionione.			
	-Order dated 10/11/2				
	1	amoate 50mg - take one			
		imes a day as needed.			
	-Order dated 11/2/22				
		Keppra) 500mg - take one			
	tablet by mouth twice				
		g - take one tablet by mouth			
	once daily.				
		mg - take one tablet by mouth			
	once daily.				
	-Order dated 11/9/22				
	1	n 300mg - take two capsules			
	by mouth three times	-			
	-	Fumarate 300mg - take one			
	tablet by mouth at be				
		ım (Lexapro) 10mg - take one			
	tablet by mouth once	•			
		mg - take one tablet by mouth			
	once a day.				
	Observation on 11/15	5/22 at 11:00 a.m. of Client			
	#2's medication bottle				
	available.	es revealed all were			
		ato 50mg - tako ena cancula			
	by mouth 3 times a d	ate 50mg - take one capsule			
	_	-			
	by mouth twice daily.	ora) 500mg - take one tablet			
		ke one tablet by mouth once			
		re one tablet by mouth once			
	daily.	taka ana tahlat bu mauth			
		take one tablet by mouth			
	once daily.	taka twa canaulaa hu mauth			
	three times a day.	- take two capsules by mouth			

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		R-C
		MHL032-614	B. WING		11/15/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
RECOVER	RY CONNECTIONS OF D	JRHAM - III	OK ROAD		
			I, NC 27713		T
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	e 6	V 118		
	-Quetiapine Fumarate 300mg - take one tablet by mouth at bedtimeEscitalopram (Lexapro) 10mg - take one tablet by mouth once a dayLatuda 40mg - take one tablet by mouth once a day. Review on 11/15/22 of Client #2's MARs for October 2022 through November 2022 revealed blanks on the following dates: October 2022: - Hydroxyzine Pamoate -10/23/22, 10/24/22, 10/25/22, 10/26/22, 10/27/22, 10/28/22, 10/29/22, 10/30/22 and 10/31/22.				
	-November 2022: - Hydroxyzine Pamoate - 11/1/22, 11/2/22, 11/3/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/12/22, 11/13/22, 11/14/22 and 11/15/22Levetiracetam (Keppra) - 11/2/22, 11/3/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/12/22, 11/13/22, 11/14/22 and 11/15/22Prasugrel - 11/2/22, 11/3/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/12/22, 11/13/22, 11/14/22 and 11/15/22Atorvastatin - 11/2/22, 11/3/22, 11/9/22, 11/10/22, 11/12/22, 11/13/22, 11/14/22 and 11/15/22Gabapentin - 11/9/22, 11/10/22, 11/10/22, 11/13/22, 11/14/22 and 11/15/22Quetiapine Fumarate - 11/9/22, 11/10/22, 11/10/22, 11/12/22, 11/13/22, 11/14/22 and 11/15/22.				
	11/12/22, 11/13/22, 1				

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S COMPLI	
AND PLAN C	OF CORRECTION	IDENTIFICATIO	IN NUMBER.	A. BUILDING: _		COMPLI	ובט
		MHL032-6	14	B. WING		R- 11/1	C 5/2022
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RECOVER	RY CONNECTIONS OF D	URHAM - III	2016 COOP DURHAM, I				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 118	Continued From page revealed: -Admission date of 10 -Diagnoses of Opioid Dependence. Review on 11/15/22 or orders revealed: -Order dated 10/24/2 -Gabapentin 600 mouth twice dailySertraline HCL smouth dailyBupren/nalox sutablet under tongue of Quetiapine Fum tablet by mouth at be Observation on 11/15 #3's medication bottle availableGabapentin 600mg -twice dailySertraline HCL 50mg dailySertraline HCL 50mg dailyQuetiapine Fumarate mouth at bedtime. Review on 11/15/22 of October 2022 through blanks on the following October 2022: -Gabapentin -10/24/2 10/27/22, 10/28/22, 11/31/22Sertraline HCL -10/2 10/27/22, 10/28/22, 11/31/22Bupren/nalox suboxo	D/21/22. Dependence an of Client #3's Phy 2: Img - take one take one alboxone 8-2mg - take one ality. District and time. District and time. District and time. District and time are revealed all we have take one tablet one 8-2mg - take one 8-2mg - take one 8-2mg - take one 8-2mg - take one for Client #3's MA in November 202: Ing dates: District and time are considered and the considered all we have a considered and the considere	vsician ablet by tablet by take one ake one according to the control of Client ere by mouth et by mouth et one tablet one tablet by Rs for 2 revealed 26/22, 22 and 10/26/22, 23 and	V 118			

Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	ilation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		MHL032-614	B. WING		11/15/2022
NAME OF D	ROVIDER OR SUPPLIER	ether	ET ADDRESS, CITY, STA	TE ZID CODE	•
NAIVIE OF F	NOVIDER OR SUPPLIER			TIE, ZIF CODE	
RECOVER	RY CONNECTIONS OF DI	URHAM - III	COOK ROAD IAM, NC 27713		
	CLIMMA DV CT			DDOVIDEDIS DI AN OF CODDECTIO	N
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
V 118	Continued From page	e 8	V 118		
	10/26/22, 10/27/22, 1	0/28/22, 10/29/22, 10/30/22			
	and 10/31/22.	,,			
	-Quetiapine Fumarate	e -10/24/22, 10/25/22,			
	10/26/22, 10/27/22, 1	0/28/22, 10/29/22, 10/30/22			
	and 10/31/22.				
	November 2022:				
		2, 11/2/22, 11/3/22, 11/4/22,			
	•	7/22, 11/8/22, 11/9/22,			
		1/13/22, 11/14/22 and			
	11/15/22.				
	-Sertraline HCL -11/1				
		8/22, 11/7/22, 11/8/22,			
		/12/22, 11/13/22, 11/14/22			
	and 11/15/22.	one 11/1/22 11/2/22			
	-	one - 11/1/22, 11/2/22, 5/22, 11/6/22, 11/7/22,			
		10/22, 11/12/22, 11/13/22,			
	11/14/22 and 11/15/2				
	-Quetiapine Fumarate	e -11/1/22, 11/2/22, 11/3/22,			
	11/4/22, 11/5/22, 11/6	6/22, 11/7/22, 11/8/22,			
	·	/12/22, 11/13/22, 11/14/22			
	and 11/15/22.				
	Interview on 11/15/22	with Client #1 revealed:			
	-She was not taking n				
	admission.	•			
	-She did know the me	edication names or			
	milligrams.				
	-Confirmed she was t	taking all her medication.			
	Interview on 11/15/22	with Client #2 revealed:			
	-She refused to talk to				
	encouraged others no				
		4445100 111 011 115			
		on 11/15/22 with Client #3;			
	Client #3 left for her p	orogram.			
	Interview on 11/15/22	with the Facility Manager			

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#1 revealed:

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C	
		MHL032-614	B. WING		11/15/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
RECOVER	Y CONNECTIONS OF D	JRHAM - III 2016 COO! DURHAM,				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	8 Continued From page 9		V 118			
	-She administered clidallyShe read the medical medication based who-Clients #1, #2 and #3 medication every day -She did not initial on 2022 MARThe November MAR -She was supervised Interview on 11/15/22 #2 revealed: -Confirmed facility mathe MARs dailyConfirmed the Nover in client's record.	ation administration training. ents' medication as ordered ation bottle and administered at was on the bottle. By were taking as needed the October and November was not available. by facility manager #2. with the Facility Manager anager #1 did not initial on mber MAR was not available g and working on client inpliance.				
	were available and co- The MARs would be compliance for the ne	offessional revealed: Ing forward that the MARs Ing forward that the MARs Ing forward daily. In the checked daily to ensure the checked daily the checked da				
V 131	and must be corrected G.S. 131E-256 (D2) H Verification	d within 30 days. HCPR - Prior Employment	V 131			
	G.S. §131E-256 HEA REGISTRY	LTH CARE PERSONNEL				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	
							-c
		MHL032-614		B. WING		l l	15/2022
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRI	ESS, CITY, STAT	TE, ZIP CODE		
RECOVER	RY CONNECTIONS OF DU	JRHAM - III	6 COOK				
	Г	DUI	RHAM, N	C 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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 131	Continued From page 10			V 131			
	health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.	a				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (Facility Manager #1). The findings are:						
	personnel record reversities and date: 10/20/22HCPR check was according to the control of the		d				
	prior to employmentHe thought it was sul until today.		t				
	This deficiency consti	tutes a re-cited deficiency d within 30 days.					

Division of Health Service Regulation

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Division of	Division of Health Service Regulation							
	OF DEFICIENCIES	(X1) PROVIDER/SUF		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION	N NUMBER:	A. BUILDING: _		COMPLETED		
						D C		
		MIII 000 C4	1.4	B. WING		R-C		
		MHL032-61	14			11/15/2022		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
			2016 COO	K ROAD				
RECOVER	RY CONNECTIONS OF D	JRHAM - III	DURHAM,	NC 27713				
0/10/15	STIMMADV ST	ATEMENT OF DEFICIE	<u>_</u>		PROVIDER'S PLAN OF CORRECTION	1 0/5)	—	
(X4) ID PREFIX		Y MUST BE PRECEDE		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /	Ξ	
TAG		SC IDENTIFYING INFO		TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE		
				1	DEFICIENCY)			
V 133	Continued From page 11			V 133				
* 100	Continued From page	, 11		1.00				
V 133	G.S. 122C-80 Criminal History Record Check		V 133					
	G.S. §122C-80 CRIM		RECORD					
	CHECK REQUIRED I							
	APPLICANTS FOR E							
	(a) Definition As use							
	"provider" applies to a							
	program and any prov		•					
	developmental disabi							
	services that is licens	able under Article	e 2 of this					
	Chapter.							
	(b) Requirement An		-					
	provider licensed und	•						
	applicant to fill a posit							
	applicant to have an o	•						
	conditioned on conse							
	criminal history record							
	the applicant has bee							
	less than five years, t							
	is conditioned on con-							
	criminal history record							
	national criminal histo	-						
	include a check of the		•					
	the applicant has bee							
	five years or more, the on consent to a State							
	check of the applicant	•						
	employ an applicant v	-						
	criminal history record							
	section. Except as oth	-	•					
	subsection, within five	•						
	the conditional offer o	•	-					
	shall submit a reques		•					
	Justice under G.S. 11	•						
	criminal history record							
	section or shall submi	-	•					
	entity to conduct a Sta							
	check required by this		•					
	GS 11/-10 10 the D		-					

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STATE FORM 6899 If continuation sheet 12 of 17 X6GY11

Division of	of Health Service Regu	llation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
MHL032-614		B. WING		11/15/2	2022	
		WITIE032-014			11/15/2	2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
		2016 C	OOK ROAD			
RECOVER	RY CONNECTIONS OF DI	URHAM - III DURHA	AM, NC 27713			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	SHOULD BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	e 12	V 133			
		ational criminal history				
		ployment positions not				
	covered by Public Lav					
	-	n and Human Services,				
	Criminal Records Che					
		eipt of the national criminal				
		the Department of Health				
	· ·	, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
	• •	case shall the results of the				
		ory record check be shared				
		viders shall make available				
		tion that a criminal history				
	-	oleted on any staff covered				
		inty that has adopted an				
		nance and has access to				
	_	al Information data bank				
	_	alf of a provider a State				
		d check required by this				
		ovider having to submit a				
	request to the Department of Justice. In such a case, the county shall commence with the State					
		d check required by this				
	section within five bus	-				
		nployment by the provider.				
	_	formation received by the				
	•	al and may not be disclosed,				
	except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a					
	` '	-				
		•				
	(c) of this section. For subsection, the term 'business regularly en criminal history record records obtained from (c) Action If an appl record check reveals a relevant offense, the	r purposes of this "private entity" means a gaged in conducting d checks utilizing public				

Division of Health Service Regulation

hire the applicant:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING: _		COMPLE		
		1				R-	c l	
MHL032-614		B. WING		I	5/2022			
NAME OF P	ROVIDER OR SUPPLIER	•	STREET AND	RESS, CITY, STA	TE ZIP CODE	•		
NAME OF T	NOVIDEN ON 3011 EIEN		2016 COO		II., ZII GODE			
RECOVER	RY CONNECTIONS OF D	URHAM - III	DURHAM,					
	CUMMA DV CT	ATEMENT OF DEEL			DDOV/DEDIC DLANLOE CODDECTI	ON		
(X4) ID PREFIX		ATEMENT OF DEFIC Y MUST BE PRECEI		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING IN	NFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE	
					DEFICIENCY)			
V 133	Continued From page	∋ 13		V 133				
			orino o					
	(1) The level and seri (2) The date of the cr		crime.					
	` '		of the					
	(3) The age of the pe conviction.	ison at the time	; or trie					
	(4) The circumstance	e eurroundina t	hα					
	commission of the cri		iic					
	(5) The nexus between	•	conduct of					
	the person and the jo							
	filled.							
	(6) The prison, jail, pr	obation, parole	,					
	rehabilitation, and employment records of the							
	person since the date	the crime was	committed.					
	(7) The subsequent of	commission by t	he person of					
	a relevant offense.							
	The fact of conviction	of a relevant o	ffense alone					
	shall not be a bar to e							
	listed factors shall be	-	•					
	If the provider disqua							
	consideration of the r							
	provider may disclose							
	the criminal history re							
	to the disqualification		• •					
	of the criminal history	record check to	o ine					
	applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in							
	compliance with this section.							
	(e) Relevant Offense	As used in th	is section,					
	"relevant offense" means a county, state, or							
	federal criminal history of conviction or pending							
	indictment of a crime	, whether a mis	demeanor or					
				1	1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NU		ON NUMBER:	A. BUILDING:		COMPLETED		
					R-C		
		B. WING		1			
		MHL032-6	014			11/1	5/2022
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2016 COOI	(ROAD			
RECOVER	RY CONNECTIONS OF DI	JRHAM - III	DURHAM,				
				110 27710			
(X4) ID		ATEMENT OF DEFICI Y MUST BE PRECEDI		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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					DEFICIENCY)		
V 400	0 " 15	4.4		V/ 400			
V 133	Continued From page	9 14		V 133			
	felony, that bears upo	n an individual's	s fitness to				
	have responsibility for						
	persons needing mer	•	-				
	disabilities, or substa		•				
	crimes include the cri						
	any of the following A						
	General Statutes: Arti						
	Issuing Monetary Sub		•				
	Endangering Executiv						
	Article 6, Homicide; A	•					
	Sex Offenses; Article						
	Kidnapping and Abdu		•				
	Injury or Damage by						
	Incendiary Device or	•					
	and Other Housebrea						
	Other Burnings; Articl	-					
	Robbery; Article 18, E						
	False Pretenses and						
	Obtaining Property or						
	Fraudulent Use of Cre						
	Article 19B, Financial	Transaction Ca	rd Crime				
	Act; Article 20, Fraud						
	26, Offenses Against						
	Decency; Article 26A,						
	Article 27, Prostitution						
	29, Bribery; Article 31		•				
	Office; Article 35, Offe						
	Peace; Article 36A, R	-					
	Article 39, Protection						
	Protection of the Family; Article 59, Public						
	Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter						
	90 of the General Sta						
	offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while						
		_					
impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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MHL032-614			B. WING		11/15/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RECOVER	Y CONNECTIONS OF D	URHAM - III			
040.45	CLIMMADV CT	ATEMENT OF DEFICIENCIES	, NC 27713	DDOVIDEDIS DI AN OF CORDECTIO	N ave
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 133	Continued From page	e 15	V 133		
	(f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)				
	failed to ensure the S was ordered within five the conditional offer of	as evidenced by: ew and interview the facility state criminal record check se business days of making of employment for one of acility Manager #1). The			
	Review on 11/15/22 of the Facility Manager #1's personnel record revealed: -Hired date: 10/20/22 -Criminal record check was ordered 11/15/22.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				R	R-C			
		MHL032-614		B. WING		I	15/2022	
NAME OF PROVID	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RECOVERY CO	ONNECTIONS OF DU	IRHAM - III	2016 COOK DURHAM, N					
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
-Th che mai emi Inte Dire -He reco day emi -He but	eck was ordered with king the conditional ployment. ployment erview on 11/15/22 ector/Qualified Profes was responsible to ord check was orders of making the coployment. Enthought he orderest did not realize it ur	ce the criminal record thin five business days I offer of with the Program ressional revealed: o ensure the State crimered within five busines and the criminal record of the criminal record of	ninal ss :heck	V 133				

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