

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-586</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2023</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RECOVERY CONNECTIONS I**

**2203 ELMWOOD AVENUE  
DURHAM, NC 27707**

(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 and follow-up survey was completed on November 30, 2023. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults  The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000	<b>DHSR - Mental Health</b>  <b>DEC 15 2023</b>  <b>Lic. &amp; Cert. Section</b>	
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are:  Observation on 11/29/23 at 11:00 a.m. revealed: -There were black spots on the ceiling and the top part of the shower wall in the joining bathroom. -There were dark stains on the carpet in the three bedrooms.  Interview on 11/30/23 with the Facility Manager revealed: -If the owner of the facility did not buy a new carpet, they would get it cleaned. -They cleaned the black spots on the bathroom	V 736	<i>Regarding 10A NCAC 27G .0303 location and exterior requirements RCD will become compliant and will have the carpets cleaned and will remove the black spots on the wall using an effective stain remover and/or painting if necessary. RCD's Program Director shall be responsible for ensuring that this repair is completed.</i>	<i>2/29/24</i>

Division of Health Service Regulation

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

*Thomas B. Barr, Jr.*

TITLE

*Program Director*

(X6) DATE

*12/13/23*

STATE FORM

6899

G0HU11

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>RECOVERY CONNECTIONS I</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2203 ELMWOOD AVENUE</b> <b>DURHAM, NC 27707</b>		
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V 736	Continued From page 1  ceiling and walls before, but it came back. -They would have the bathroom area assessed and fixed.	V 736			