Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: mhi059-035 B. WNG 05/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 904 DAVISTOWN ROAD RECOVERY VENTURES CORPORATION OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on 5/5/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.4300 Therapeutic Community. This facility is licensed for 62 and has a current census of 49. The survey sample consisted of audits of 5 current clients. V 256 27G .4303 Therapeutic Community - Staff V 256 We have updated our internal training policies 6.5.24 to include comprehensive annual trainings 10A NCAC 27G .4303 STAFF (a) A minimum of one staff member shall be present at all times when an adult or child is on Understanding the nature of addiction the premises, except when an adult client has Withdrawal syndrom Symptoms of secondary complications to been deemed capable of remaining in the facility substance abuse or drug addiction without supervision for a specified time by a Drug screening. qualified therapeutic community professional. (b) Staff-client ratios in the facilities shall be 1:30 Since this audit, our Facility Director, Mr. and a minimum of one qualified therapeutic has completed an additional 20 hours community professional shall be available for or continuing education to complete he PSS re-certification, those certificates are attached. each 100 clients in a facility. (c) Each direct care staff member shall receive In addition to the those continuing education training in the following areas within 90 days of hours, I vill complete an internal employment: training the 4 subjects above. That (1) the history, philosophy and operations will be included in his chart as well. of the therapeutic community; To prevent this from occurring again, staff (2)manipulative, anti-social and charts will be reviewed on a regular basis by self-defeating behaviors; to ensure all direct care staff (3)behavior modification techniques; and have appropriate trainings each year. (4) in programs which serve as alternatives to incarceration, training shall be received on: (A) personality traits of offenders and criminogenic behavior; and the criminal justice system. (d) Each direct care staff member shall receive continuing education which shall include Division of Health Service Regulation

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

Executive Director (CEO

(X6) DATE

STATE FORM

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Screening/Testing.

included Nature of Addiction and Drug

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING mhl059-035 05/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 904 DAVISTOWN ROAD RECOVERY VENTURES CORPORATION OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 256 Continued From page 2 V 256 -there was no documentation of more recent trainings of the continuing education requirements. Interview on 5/14/24 with the Facility Director revealed: -he was unsure of what trainings he received within the past year or so. -his most recent trainings would be in his employee file. Interview on 5/15/24 with the Executive Director/Chief Executive Officer revealed: -he was not aware the continuing education trainings needed to be completed annually. -he would ensure these trainings would be completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 We have cleaned and repaired all areas cited 6.5.2024 below: 10A NCAC 27G .0303 LOCATION AND · Room 1: The ceiling ha been repaired **EXTERIOR REQUIREMENTS** and re-painted. The black like substance (c) Each facility and its grounds shall be has been cleaned and removed. maintained in a safe, clean, attractive and orderly Room 2: The black like substance has manner and shall be kept free from offensive been removed from corners of the odor. ceiling in the tub area. Room 3: The black like substance has been removed from the corner of the tub This Rule is not met as evidenced by: area ceiling.

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Based on observation and interview, the facility was not maintained in a clean, attractive and

approximately 2:20 p.m. with Staff #1 revealed:

-Room #1 - client bathroom had paint peeling

from the ceiling above the shower/tub and a

orderly manner. The findings are:

Observation and interview on 5/14/24 at

To prevent this issue from occurring again, we have added an additional task to the room chore list to disinfect tub area ceiling weekly.

This will be checked by facility maintenance

staff weekly and the room chore list will be

turned in to the administrative office.

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