STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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				11/	11/07/2024	
TERS RECOVERY	3810 BL	AND ROAD				
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
INITIAL COMMENT	ſS	V 000				
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Detoxification-Indiv Abusers has a curr Residential Treatme Abuse Disorders ha survey sample cons clients in the 10A N Medical Detoxification	iduals who are Substance ent census of 11 and the ent-Individuals with Substance as a current census of 0. The sisted of audits of 3 current ICAC 27G .3100 Nonhospital ion for Individuals who are					
27G .0207 Emerge	ncy Plans and Supplies	V 114				
AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerge request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaster shall be held at lease repeated for each se Drills shall be condu- simulate the facility emergencies.	all develop a written fire plan and shall make a copy of ele gency services agencies upon shall include evacuation utes. be made available to all staff cedures and routes shall be er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that 's response to fire					
	OF CORRECTION PROVIDER OR SUPPLIER TERS RECOVERY SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual survey w 2024. Deficiencies The 10A NCAC 270 Detoxification-Indiv Abusers has a curr Residential Treatm Abuse Disorders has survey sample con- clients in the 10A N Medical Detoxificat Substance Abusers 27G .0207 Emerge 10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plans these plans availab to the county emerger request. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaster shall be held at lease repeated for each se Drills shall be cond simulate the facility sha amulate the facility sha	OF CORRECTION IDENTIFICATION NUMBER: MHL092-992 MHL092-992 PROVIDER OR SUPPLIER STREET AI TERS RECOVERY 3810 BL/ RALEIGH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on November 7 2024. Deficiencies were cited. The 10A NCAC 27G .3100 Nonhospital Medical Detoxification-Individuals who are Substance Abusers has a current census of 11 and the Residential Treatment-Individuals with Substance Abuse Disorders has a current census of 0. The survey sample consisted of audits of 3 current clients in the 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-992 B. WING 'ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TERS RECOVERY 3810 BLAND ROAD RALEIGH, NC 27609 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPIX (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPIX (EACH DEFICIENCY WIST BE PRECEDED BY FULL TAG INITIAL COMMENTS V 000 An annual survey was completed on November 7, 2024. Deficiencies were cited. V 000 The 10A NCAC 27G .3100 Nonhospital Medical Detoxification-Individuals who are Substance Abuse Disorders has a current census of 11 and the Residential Treatment-Individuals who are Substance Abusers. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans shall include evacuation procedures and routes. V 114 (b) The plans shall be nucle available to all staff and evacuation procedures and routes shall be posted in the facility. Is at facility's response to fire emergencies. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. <td>OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL092-992 B. WING 11// PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3810 BLAND ROAD RALEIGH, NC 27609 TERS RECOVERY 3810 BLAND ROAD RALEIGH, NC 27609 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY INITIAL COMMENTS V 000 V 000 CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY INITIAL COMMENTS V 000 An annual survey was completed on November 7, 2024. Deficiencies were cited. V 000 The 10A NCAC 27G 3100 Nonhospital Medical Detoxification-Individuals with automation of 0. The survey sample consisted of audits of 3 current cleints in the 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals with are Substance Abusers. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-992 NAME OF PROVIDER OR SUPPLIER STREE			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 11/07/2024	
		MHL092-992			11/		
		STREET A	DDRESS, CITY, ST	• • •			
IEW WA	TERS RECOVERY		AND ROAD H, NC 27609				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 114	Continued From pa	age 1	V 114				
	Based on record re failed to ensure fire	et as evidenced by: eview and interview the facility e and disaster drills were ly and repeated on each shift.					
	disaster drills revea - 2 fire drills con	of the facility's fire and aled: npleted this year (2024) Ils completed this year (2024)					
	Officer (CEO) repo - the staff's shift - the nurses wor and 8pm - 8am	s were as follows: ˈked 12 hour shifts: 8am - 8pm shifts: 8am - 4pm, 4pm -					
	have not practwould exit the	n 11/7/24 client #2 reported: iced a fire or tornado drill building for a fire n and away from windows for a	a				
	 he used to ensign completed he became CE oversaw the fire and the Director of 	Nursing and the Director of and Compliance will ensure					
V 118	27G .0209 (C) Me	dication Requirements	V 118				
	10A NCAC 27G .0	209 MEDICATION					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 11/07/2024	
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V 118	REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person a drugs. (2) Medications sha clients only when an client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				
	interview the facility	et as evidenced by: on, record review and rfailed to ensure medications on the written order of a				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 11/07/2024	
		MHL092-992			11/		
NAME OF	ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
	TERS RECOVERY		AND ROAD H, NC 27609				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From page 3		V 118				
	physician for 1 of 3 findings are:	audited clients (#3). The					
	 admitted 11/5/2 diagnosis: Seve a physician's or 	of client #3's record revealed: 24 ere Alcohol abuse rder dated 11/5/24: Lamictal edtime (depression)					
		7/24 at 4:53pm revealed: as not in client #3's medication	1				
	MAR revealed:	of client #3's November 2024 administered on 11/5/24 only	,				
	Nursing (DON) repo - client #3's Lam management - no issues with o	11/7/24 the Director of orted: ictal was for mood client #3's moods since					
	 the night shift n document the medi the dose was adminited on 11/6/24, the the Lamictal was ur 	night shift nurse documented navailable					
	will pick up the Lam (11/7/24)	er her (DON) or another staff nictal from the pharmacy today we the Lamictal prior to					

YHH111