Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
ANDILAN	SI CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _		COMIT LETED			
		mhl059-035	B. WING		R 07/29/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE				
RECOVER	RECOVERY VENTURES CORPORATION 904 DAVISTOWN ROAD							
	T	OLD FOR	Γ, NC 28762					
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	An annual and follow- on July 29, 2025. A d	-up survey was completed eficiency cited.						
	This facility is licensed for the following service category: 10A NCAC 27G.4300 Therapeutic Community.							
	-	d for 62 and has a current rvey sample consisted of ents.						
V 256	27G .4303 Therapeut	ic Community - Staff	V 256					
	present at all times we the premises, except been deemed capable without supervision for qualified therapeutic (b) Staff-client ratios and a minimum of one community profession each 100 clients in a (c) Each direct care straining in the following employment: (1) the history, of the therapeutic core (2) manipulative self-defeating behavior (3) behavior moderate (4) in programs to incarceration, train (A) personality for criminogenic behavior (B) the criminal	e staff member shall be hen an adult or child is on when an adult client has e of remaining in the facility or a specified time by a community professional. in the facilities shall be 1:30 e qualified therapeutic hal shall be available for facility. staff member shall receive hig areas within 90 days of philosophy and operations himunity; e, anti-social and ors; odification techniques; and s which serve as alternatives ing shall be received on: traits of offenders and						

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

TITLE (X6) DATE Division of Health Service Regulation

	or riealth Service Regu				1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
					R	
		mbi059-035	B. WING		I	V2025
		mhl059-035			1 07/29	/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			ISTOWN ROAD			
RECOVER	RY VENTURES CORPOR	ATION				
		OLD FOI	RT, NC 28762			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATURY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	DATE
				52.10.2.101,		
V 256	Continued From page	e 1	V 256			
	understanding the na					
	withdrawal syndrome	, symptoms of secondary				
	complications to subs	stance abuse or drug				
	addiction, HIV/AIDS,	sexually-transmitted				
	diseases, and drug so					
	(e) In a facility with c	•				
		care staff member shall				
	receive training in:	aro stan mombor shan				
		ntally-appropriate child				
	behavior managemer					
	, , ,	ymptoms of pre-term labor;				
	` '	ymptoms of post-partum				
	depression;					
		parenting skills;				
	(5) dynamics a	nd needs of children and				
	adults diagnosed as A	ADD/ADHD;				
	(6) domestic vi	olence, sexual abuse and				
	sexual assault;					
		delivery and well-child care;				
	and	,				
		ng, including breast feeding.				
	(o) intant locali	ng, molading breast recaing.				
	This Dale is not need					
	This Rule is not met					
		ew and interviews, the				
	facility failed to ensur	e each direct care staff				
		ntinuing education to include				
	understanding the na	ture of addiction, the				
		, symptoms of secondary				
	complications to subs					
	•	creening affecting 1 (Facility				
		dited. The findings are:				
	Director, or o stair au	anoa. The infamige are.				
	Povious on 7/20/25 of	the Facility Director's				
		the Facility Director's				
	employee file reveale	a:				
	-Date of hire 3/2/10.					
	-1/31/22 was the mos	st recent trainings that				
	included Nature of Ac	ldiction and Drug				
	Screening/Testing.	-				

Division of Health Service Regulation

STATE FORM 6899 EKNU11 If continuation sheet 2 of 3

Division of Health Service Regulation

DIVISION	n rieaitii Service Regu	iation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			_		
					R
		mhl059-035	B. WING		07/29/2025
			•		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		904 DAVIS	TOWN ROAD		
RECOVER	RY VENTURES CORPORA	ATION OLD FOR:	T, NC 28762		
		OED I OK	1,140 20702		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE
				22.16.2.16.1	
V 256	Continued From page	. 2	V 256		
. 200	Continued From page	, _	1200		
	-There was no docum	nentation of more recent			
	trainings of the contin	uing education			
	requirements.	ang cadcaton			
	requirements.				
	Internieur sie 7/00/05	with the Facility Discretes			
		with the Facility Director			
	revealed:				
	-The Women's Progra	am Director was responsible			
	for ensuring trainings	were kept current.			
	Interview on 7/29/25 v	with the Women's Program			
	Director revealed:	· ·			
		nistrative paperwork, kept			
	=				
	up with trainings, and record keeping for the				
	facility.				
	-Did not realize that training needed to be				
	completed annually. "It's my fault."				
	-Typically completed annual trainings every				
	January.	g,			
		sining is undeted as each as			
	-Would ensure this training is updated as soon as				
	possible and will add to the yearly January				
	modules.				
	Interview on 7/29/25 v	with the Executive			
	Director/Chief Execut	ive Officer revealed:			
	-The Women's Progra	am Director typically handled			
		sonnel files for ensuring			
	trainings were up to d				
		men's Program Director as			
	oversight for keeping	trainings up to date.			
	This deficiency has be	een cited 3 times since the			
	original cite on 1/31/2	2 and must be corrected			
	within 30 days.				
			1		

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