PRINTED: 07/30/2025

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		00m 22725			
					R		
		mhl059-035	B. WING		07/29/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		904 DAVI	STOWN ROAD				
RECOVER	Y VENTURES CORPOR	ATION	T, NC 28762				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS		V 000				
	on July 29, 2025. A d This facility is license category: 10A NCAC Community. This facility is license.	d for the following service 27G.4300 Therapeutic d for 62 and has a current					
	audits of 4 current clie		V 256				
V 250	present at all times we the premises, except been deemed capable without supervision for qualified therapeutic (b) Staff-client ratios and a minimum of on community profession each 100 clients in a (c) Each direct care straining in the following employment: (1) the history, of the therapeutic cordinative self-defeating behavior (a) behavior model (b) behavior model (c) in programs to incarceration, train (c) personality criminogenic behavior (d) the criminative self-defeating behavior model (e) the criminative criminogenic behavior (f) the criminative	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 hall shall be available for facility. It is staff member shall receive hig areas within 90 days of philosophy and operations mmunity; e, anti-social and ors; odification techniques; and is which serve as alternatives ing shall be received on: traits of offenders and r; and it justice system.	V 255				
	alth Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATURI		TITLE	(X6) DATE		

If continuation sheet 1 of 3

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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED		
					R		
		mhl059-035	B. WING		07/2	9/2025	
	DOLUBER OF OURDINED	STDEET A	DDRESS, CITY, ST.	ATE ZIP CODE		200	
NAME OF PE	ROVIDER OR SUPPLIER		STOWN ROAD	112, 211 0002			
RECOVER	Y VENTURES CORPOR	ATION	RT, NC 28762				
				PROVIDER'S PLAN OF CORRECTION	N	(X5)	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	DATE	
	4-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-						
V 256	Continued From page	e 1	V 256				
	understanding the na	ture of addiction, the					
		, symptoms of secondary	and the second s				
	complications to subs						
	addiction, HIV/AIDS,						
	diseases, and drug so						
	(e) In a facility with c	hildren and pregnant					
		are staff member shall					
	receive training in:						
		ntally-appropriate child					
	behavior managemer						
		ymptoms of pre-term labor; ymptoms of post-partum					
	(3) signs and s depression;	ymptoms of post-partum					
		parenting skills;		This deficiency has been immedia	tely	8.6.25	
		nd needs of children and		corrected and all direct care staff			
	adults diagnosed as			completed the required continuing			
		olence, sexual abuse and		education trainings covering the N			
	sexual assault;			addiction, the withdrawal syndrom			
	(7) pregnancy,	delivery and well-child care;		symptoms of secondary complication			
	and	to the transfer adian		substance abuse and drug screen			
	(8) infant feedi	ng, including breast feeding.		These training have been recorde	d in all		
				direct care employees' charts.			
	This Rule is not met	as evidenced by:		We will prevent this problem from			
Based on record review and interviews, the			occurring again by implementat				
	facility failed to ensur	e each direct care staff		following new training policy we h			
		ntinuing education to include		in place:			
	understanding the na			Our continuing education tra	aining		
		e, symptoms of secondary		manual includes separate chapte			
	complications to subs	screening affecting 1 (Facility		Nature of Addiction, Withdrawal			
	Director) of 3 staff at	idited. The findings are:		Syndrome, Symptoms of second			
	Directory or 5 stall at	The many are.		complications to substance abuse			
	Review on 7/29/25 or	f the Facility Director's		addiction and Drug screening.			
	employee file reveale			All direct care clinical staff a	re		
	-Date of hire 3/2/10.			required to review this manual of			
		st recent trainings that		year in January.	1100 a		
	included Nature of Ad	ddiction and Drug	1	year in candary.			

Screening/Testing.

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Division of Health Service Regulation (X3) DATE SURVEY							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COMPLETED		
		mhl059-035	B. WNG		R 07/29/2025		
NAME OF PR	OVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE			
		ATION	STOWN ROAD				
RECOVER	Y VENTURES CORPOR	OLD FOR	RT, NC 28762		. OVE		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 256	trainings of the contine requirements. Interview on 7/29/25 revealed: -The Women's Progression of rensuring trainings. Interview on 7/29/25 Director revealed: -She completed admup with trainings, and facilityDid not realize that completed annuallyTypically completed JanuaryWould ensure this topossible and will admodules. Interview on 7/29/25 Director/Chief Execution will admodules. Interview on 7/29/25 Director/Chief Execution will admodule trainings and petrainings were up to -Worked with the Woversight for keeping.	mentation of more recent nuing education with the Facility Director ram Director was responsible were kept current. with the Women's Program ministrative paperwork, kept d record keeping for the training needed to be "It's my fault." d annual trainings every training is updated as soon as d to the yearly January with the Executive utive Officer revealed: gram Director typically handled beconnel files for ensuring	V 256	3) Each direct care employee's of will have documentation that the continuing education training man been reviewed and completed ea and will be signed off by the empl and Program Director. 4) All employee charts will be reat least twice a year to ensure accreporting and documentation of a required continuing education.	ual has ch year oyee viewed curate		