

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2025
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NAME OF PROVIDER OR SUPPLIER FREEDOM HOUSE RECOVERY CENTER-ELMWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2203 ELMWOOD AVENUE DURHAM, NC 27707
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 24, 2025. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600E. Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">NOV 20 2025</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

S85E11

If continuation sheet 1 of 4

[Handwritten Signature]
[Handwritten Title: Senior Director Residential Services]
[Handwritten Date: 11/7/2025]

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NAME OF PROVIDER OR SUPPLIER FREEDOM HOUSE RECOVERY CENTER-ELMWOOD F	STREET ADDRESS, CITY, STATE, ZIP CODE 2203 ELMWOOD AVENUE DURHAM, NC 27707
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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to ensure the MAR was current for two of three audited clients (#2 and #3). The findings are:</p> <p>A. Review on 10/24/25 of client #2's record revealed: -Admission date of 9/22/25. -Diagnoses of Alcohol Use Disorder, Severe; Generalized Anxiety Disorder; Post Traumatic Stress Disorder.</p> <p>Review on 10/24/25 of client #2's physician's order dated 9/24/25 revealed: -Gabapentin 100mg - take one capsule by mouth twice a day (reduce pain).</p> <p>Review on 10/24/25 of client #2's MAR for October 2025 revealed blanks on the following dates: -Gabapentin 100mg - 10/10, 10/11, 10/13, 10/15, 10/18, 10/22 and 10/24 at 6:30 a.m., and 10/10, 10/15, 10/17 and 10/22 at 9:00 p.m.</p> <p>Observation on 10/24/25 at 10:15 a.m. of client #2's medications revealed: -Medication mentioned was available.</p>	V 118	<p>The Program Manager will provide a review of appropriate MAR documentation procedures training with all staff with in the next 30 days.</p>	12/1/2025

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NAME OF PROVIDER OR SUPPLIER FREEDOM HOUSE RECOVERY CENTER-ELMWOOD F		STREET ADDRESS, CITY, STATE, ZIP CODE 2203 ELMWOOD AVENUE DURHAM, NC 27707		
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V 118	Continued From page 2 Interview on 10/24/25 with client #2 revealed: -She took her medication every day. -Staff administered her medication. B. Review on 10/24/25 of client #3's record revealed: -Admission date of 9/12/25. -Diagnoses of Cocaine Use Disorder, Severe; Tobacco Use Disorder, Severe; Unspecified Trauma and Stressor Related Disorder. Review on 10/24/25 of client #3's physician's order dated 9/2/25 and 9/5/25 revealed: -Bupropion HCL 150mg - take one tablet once daily (antidepressant). -Buprenorphine 8mg - place one tablet under tongue twice a day (treat opioid use disorder). Review on 10/24/25 of client #3's MAR for October 2025 revealed blanks on the following dates: -Bupropion HCL 150mg - 10/4, 10/5 and 10/6 at 6:30 a.m. -Buprenorphine 8mg - 10/6 at 6:30 a.m., 10/5, 10/12, 10/13 at 3:00 p.m. and 10/5 at 9:00 p.m. Observation on 10/24/25 at 10:15 a.m. of client #3's medications revealed: -All medications mentioned were available. Interview on 10/24/25 with client #3 revealed: -She took her medication every day. -Staff administered her medication. Interview on 10/24/25 with the Interim House Manager revealed: -First shift staff reviewed the MAR and identified errors by placing a post it on the MAR and notified her.	V 118	The Program Manager will conduct an internal audit of the Mar books weekly to ensure the documentation is accurate for the next 90 days. The results of the internal audit will be recorded and sent to the Residential supervisor and Senior Director weekly, if inaccuracies are found the staff person responsible will be notified immediately and a plan to correct it will be carried out. The Residential Supervisor will check in with the Program Manager monthly for the next 3 months to monitor progress and to help address any implementation issues.	4/1/2026

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V 118	<p>Continued From page 3</p> <p>-She reviewed the MAR on Mondays and Fridays.</p> <p>Interview on 10/24/25 with the Senior Director of Residential Services revealed:</p> <p>-Staff were new and recently completed medication administration training.</p> <p>-Staff would be retrained in medication administration as soon as possible.</p>	V 118		

Timeka Harper-Purcell
Timeka Harper-Purcell, LCSW, LCASA

Senior Director Residential Services
Freedom House Recovery Center

11/7/2025