

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
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NAME OF PROVIDER OR SUPPLIER MAGGIE ALVIS WOMEN'S HALFWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 114 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516
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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 9, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27 G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (staff #2). The findings are:</p> <p>a. Review of the facility's personnel records on 10/9/18 revealed: -Staff #2 had a hire date of 7/27/16 with a first day of work date of 8/28/16. -Staff #2 was hired as a Healthcare Counselor/Halfway House. -Documentation of Cardiopulmonary Resuscitation and First Aid training on file for staff #2 expired on July, 2018.</p> <p>Interview on 10/9/18 with the Director of Human Resources revealed: -She was responsible for making sure staff training were up to date. -She was responsible for registering staff for training. -She thought staff #2 had completed her training in Cardiopulmonary Resuscitation and First Aid. -Staff #2 worked alone at the home. -Staff #2 was registered and scheduled for training in Cardiopulmonary Resuscitation and First Aid on 10/23/18. -She confirmed staff #2's training in Cardiopulmonary Resuscitation and First Aid had expired.</p>	V 108		