PRINTED: 10/11/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i i i		(X3) DATE SURVEY COMPLETED					
MHL068-117		B. WING		10/09/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 NEW STATESIDE DRIVE										
MAGGIE ALVIS WOMEN'S HALFWAY HOUSE CHAPEL HILL, NC 27516										
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI						
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)						
V 000 INITIAL COMMENTS			V 000	RECEIVED						
	An annual survey w 2018. A deficiency	vas completed on October 9, was cited.		By DHSR at 9:21 pm, C	Oct 16, 2018					
	category 10A NCAC	sed for the following service C 27 G .5600E Supervised th Substance Abuse								
V 108 27G .0202 (F-I) Personnel Requirements			V 108							
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious									

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DA			SURVEY					
AND PLAN OF CORRECTION		DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED						
		MHL068-117	B. WING		10/0	9/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADD				DRESS, CITY, STATE, ZIP CODE							
MAGGIE ALVIS WOMEN'S HALFWAY HOUSE											
CHAPEL HILL, NC 27516											
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE					
V 108 Continued From page 1		V 108									
	and communicable diseases of personnel and clients.										
	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: a. Review of the facility's personnel records on 10/9/18 revealed:			The agency's Human Recourses Director contacted Staff # 2 to obtain a a copy of the completed CPR/AED certificate. It is the policy of HR to obtain a copy of the completed training and file in the HR folder. Continued oversight from the HR Dept will ensure all current certificates are Maintained in the HR file		10/11/18					
	-Staff #2 had a hire date of 7/27/16 with a first day of work date of 8/28/16Staff #2 was hired as a Healthcare Counselor/Halfway HouseDocumentation of Cardiopulmonary Resuscitation and First Aid training on file for staff #2 expired on July, 2018. Interview on 10/9/18 with the Director of Human Resources revealed: -She was responsible for making sure staff training were up to dateShe was responsible for registering staff for trainingShe thought staff #2 had completed her training in Cardiopulmonary Resuscitation and First AidStaff #2 worked alone at the homeStaff #2 was registered and scheduled for training in Cardiopulmonary Resuscitation and First Aid on 10/23/18She confirmed staff #2's training in Cardiopulmonary Resuscitation and First Aid had expired.			The HR Director will monitor timely Submission of completed trainings the monthly notification system.							
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