



Freedom House Recovery Center

Integrated behavioral health care for children and adults

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By DHSR - Mental Health Lic. & Cert. Section at 4:24 pm, Nov 20, 2018

November 20, 2018

**Durham Men's Halfway House
529 Holloway Street
Durham, NC 27701**

MHL 032-367

This Plan of Correction is in response to the annual and follow up survey completed November 7, 2018

V. 108 – 27G.0202 – Personnel Requirements

Findings: The facility failed to ensure staff had training in CPR and First Aid for one of five audited staff (staff #1).

Measures to Correct: Freedom House has a protocol that ensures that staff are scheduled for needed trainings approximately two months in advance of the training due date. Human Resources (HR) maintains a spreadsheet that tracks all staff training dates and dates when the next training is due. Training is then offered prior to the expiration date of the last training. In this case, the staff member, when hired, told the HR director that he had the training previously with another provider and would provide the copy and this led to an oversight in getting the staff member's training dates onto the training calendar. This staff member's training dates have now been added to the training calendar so that Freedom House can track when the trainings are due. Additionally, HR has been asked to ensure that new staff, who bring in training certificates from outside sources, are added to the spreadsheet immediately. Staff #1 is scheduled to attend training on November 27, 2018.

Measures to prevent: Program Manager has reminded staff to stay current on their CPR/FA training. Additionally, HR has been asked to ensure that new staff, who bring in training certificates from outside sources, are added to the spreadsheet immediately, until such time they can provide the completed certificate.

Who will monitor and frequency: Program Manager and HR Director will ensure that all staff are current on initial and annual training certificates. On a monthly basis, the HR Director/staff will monitor the attendance following each class to ensure staff compliance with notification to Regional Clinical Operations Director, Program Director, and Quality Management director

Complete date: 11-27-2018



United Way
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V 131 G.S. 131 E 256 (D2) HCPR - Health Care Personnel Registry

Finding: The facility failed to access the health Care personnel Registry (HCPR) prior to employment for one of five audited staff (staff #1).

Measures to correct: HR Director does have on file a completed HCPR record that was not done prior to hire but was completed after hire on August 23, 2018

Measure to prevent: HR Director will ensure compliance of the HCPR check prior to making a conditional offer. Human Resources staff was made aware of the details of this requirement immediately after our review and will ensure that all offers of employment are made within 5 days of the appropriate background checks.

Who will monitor and how often: Human Resources Assistant will complete the HCPR check and the Human Resources Director will monitor to ensure compliance prior to making conditional offer.

Complete Date: 11-12-2018

V 133 G.S. 122C-80 Criminal History Record Check

Finding: The facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting one of five audited staff (staff #1).

Measures to correct: HR Director does have on file a completed criminal history record check that was completed on November 9, 2018.

Measure to prevent: HR Director will ensure will ensure that criminal record check is completed and on file within five business days of making a conditional offer.

How to prevent future occurrence: Human Resources staff was made aware of the details of this requirement immediately after our review and will ensure that all offers of employment are made within 5 days of the appropriate background checks.

Who will monitor and how often: Human Resources Director will monitor that staff requesting background checks and creating letters offering employment are in compliance for all new staff hired and will have them request a re-check if they are not.

Complete Date: November 8, 2018

V 290 27G.5601 Supervised Living – Staff

Finding: The facility failed to ensure at least one staff member on duty had training on alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol to alcohol and other drug addictions affecting one of five audited staff (staff # 1)

Measures to Correct: Staff # 1 had in fact completed the required training on July 1,2018. (see attached). Due to staffing shortage in the HR department, the certificate had not been filed in the HR file

Measures to prevent: HR Director will ensure that all new hire training requirements are filed in a timely fashion.

Who will monitor and frequency: HR Director will ensure compliance with all training requirements.

Complete date: 11-08-2018

