STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-335	A. BUILDING: _____ B. WING _____	07/08/2021

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DURHAM WOMEN'S HALFWAY HOUSE	407 SALEM STREET DURHAM, NC 27703

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on July 8, 2021. The complaint (intake #NC00177564) was unsubstantiated. Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal	V 107		

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V 107	Continued From page 1 conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each staff employed personnel record included educational credentials for one of two audited staff (#2). The findings are: Review on 7/8/21 of Staff #2's personnel record revealed: -Hired date: 4/12/19. -Title: Health Care Counselor. -There was no evidence staff met the minimum level of education. -There was no credentials in the record. Interview on 7/8/21 with the Quality Management Director revealed: -Staff #2 had difficulties obtaining a copy of her credentials or diploma.	V 107		

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V 107	Continued From page 2 -She was working with Human Resources to speed up the process.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 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 and communicable diseases of personnel and clients.	V 108		

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V 108	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Program Manager/Qualified Professional, Staff #1 and Staff #2 had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are: Review on 7/7/21 of the Program Manager/QP personnel record revealed: -Hired date: 5/5/16. -First Aid and CPR expired 2/26/21. -There was no evidence of a current First Aid and CPR training in the record. Review on 7/7/21 of Staff #1's personnel record revealed: -Hired date: 4/12/19. -First Aid and CPR expired 3/26/21. -There was no evidence of a current First Aid and CPR training in the record. Review on 7/7/21 of Staff #2's personnel record revealed: -Hired date: 4/12/19. -There was no evidence of First Aid and CPR training in the record. Interview on 7/8/21 with the Quality Assurance Manager revealed: -Due to Covid all in person training was cancelled. -They will be scheduling First Aid/CPR for the entire agency.	V 108		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 4 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior;	V 536		

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V 536	Continued From page 5 (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.	V 536		

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V 536	Continued From page 6 (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time.	V 536		

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V 536	Continued From page 7 (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Program Manager/Qualified Professional and Staff #1 had current training on the use of alternatives to restrictive interventions. The findings are: Review on 7/7/21 of the Program Manager/QP personnel record revealed: - Hired date of 5/5/16. - Alternative restrictive Intervention expired 7/25/20. - There was no evidence of current training on the use of alternatives to restrictive interventions. Review on 7/7/21 of Staff #1's personnel record revealed: - Hired date of 4/2/19. - Alternative restrictive Intervention expired 3/29/21. - There was no evidence of current training on the use of alternatives to restrictive interventions.	V 536		

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V 536	Continued From page 8 Interview on 7/8/21 with the Quality Management Director revealed: -Staff with the company did the training for the entire agency. -Confirmed training had expired. -They had been trained on Mindset virtually and would have to investigate reason staff training expired. - It was an in-house training and happened routinely.	V 536		