

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/08/2021
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NAME OF PROVIDER OR SUPPLIER DURHAM WOMEN'S HALFWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 407 SALEM STREET DURHAM, NC 27703
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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
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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	DHSR - Mental Health JUL 23 2021 Lic. & Cert. Section	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 107	<p>Continued From page 1</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>Interview on 7/8/21 with the Quality Management Director revealed: -Staff #2 had difficulties obtaining a copy of her credentials or diploma.</p>	V 107	<p>Measures to Correct: Staff was re-contacted to submit evidence of her educational level. Staff was able to obtain and forward to HR.</p> <p>Measure to Prevent: HR staff have been reminded that all new hires must present evidence of their education for the HR file.</p> <p>Who will monitor and frequency: Program Managers and HR will ensure that all new hires present evidence of educational level at the time of hire.</p>	7/15/21
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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	<p>Continued From page 3</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	V 108	<p>Measures to correct: Due to COVID-19, cpr and first aid trainings have not been scheduled on a regular basis. Our HR position was vacant for a few months which also affected timely scheduling of staff needing certifications. CPR / First Aid training has been scheduled for July 27, 2021. All three staff will be in attendance.</p> <p>Measures to Prevent: HR staff and program manager will monitor staff certifications to ensure timely renewal. Also regular trainings are now being re-scheduled due to COVID-19 lapse.</p> <p>WHO will monitor and frequency: HR and Program Managers will ensure that all initial and annual certifications are scheduled on a regular basis.</p>	7/27/21
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 4</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p>	V 536		
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V 536	<p>Continued From page 5</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at anytime.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p>	V 536		
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V 536	<p>Continued From page 7</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>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.</p>	V 536	<p>Measures to correct: Trainings for Alternatives to restrictive interventions had been completed on 11-20-2020 and 4-2-2021. All are current. Certificates had not been saved to HR folder due to staff vacancy.</p> <p>Measures to Prevent: Since the HR position has been filled, training certificates will be filed in the HR folder in a timely manner.</p> <p>Who will monitor and frequency: The in-house mindset trainer will forward the certificate to HR for filing.</p>	7/15/21
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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		
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JUL 23 2021



Lic. & Cert. Section

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER: [REDACTED]

FAX: 910.343.9731

Company Name: Freedom House Recovery Center

CAC:FR18

Freedom House Recovery Center ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing "the Company" to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, another outside organization acting on behalf of "the Company", and/or "the Company" itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name HARRIS First Juanita Middle Deane

Other Names/Maiden/Alias Juanita Deane

Social Security* [REDACTED] Date of Birth* [REDACTED] (mo/day/year)

Driver's License# [REDACTED] State NC Phone# 919.308.383 Email jharris1402@gmail

Present Address [REDACTED] County Sherburn

City/State/Zip Durham NC 27701

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: Juanita Harris Date: 5/4/16



Juanita Harris

NORTH CAROLINA

Nurse Aide I Registry

Medication Aide Registry

Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 05/02/2016.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)



MindSet Certification

This certification is provisional and the result of online training. It requires attendance at the face-to-face training at the earliest opportunity post-COVID-19 social distancing restrictions.

Juanita Harris

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

Presented on 19 November, 2020

A handwritten signature in black ink, appearing to read 'Carol McClelland', written over a horizontal line.

Carol McClelland, MindSet Trainer

EDWARDS & ASSOCIATES LLC

P.O. BOX 805

MOUNT AIRY, N.C. 27030

PHONE: 336-786-1962

FAX: 336-789-6779

Email: allen@eabackground.com

Full Name (including maiden)

Carolyn McDAVID HARRIS

Address:

[REDACTED]

27703

Social Security Number

[REDACTED]

Date of Birth:

[REDACTED]

Driving License: State: NC

Number:

[REDACTED]

Please check one of the following:

I have **not been charged or convicted** of a misdemeanor or felony within the past 20 years

I have **been charged or convicted** of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature:

Carolyn M. Harris

I hereby authorize Edwards & Associates LLC for FREEDOM HOUSE RECOVERY to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Operation Outreach. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES LLC, for FREEDOM HOUSE RECOVERY and its agents.

I hereby release Edwards & Associates LLC, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Signature:

Carolyn M. Harris

Date:

3/26/19

EDWARDS & ASSOCIATES LLC
P.O. BOX 805
MOUNT AIRY, NORTH CAROLINA 27030
PHONE: 336-786-1962
FAX: 336-789-6779
allen@eabackground.com

Please complete the information on this form and fax or email to Edwards & Associates to have each order filled.

Associate Name: ALLEN EDWARDS

Phone: 336-786-1962

Fax: 888-722-9221

Cell: 336-401-6222

Information Requested On:

FULL NAME: Carolyn McDavid Harris

ADDRESS: [REDACTED]

CITY: Durham STATE: NC ZIP CODE: 27703

COUNTY: Durham DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED] DL#: [REDACTED] ST: NC

REPORTS TO BE COMPLETED:

 SOCIAL SECURITY TRAC

 X STATE CRIMINAL (Indicate State)

 X DRIVERS LICENSE (Indicate State & D.L. Number)

 FEDERAL CRIMINAL

 NATIONAL CRIMINAL

 OTHER

Order Approved By: J. L. Wilkins, MSW Date: 3-26-19

Name of Company: Freedom House Recovery Center

Phone Number: (919) 942-2803 Fax Number: (919) 442-1838



Carolyn Harris

NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

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Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 04/29/2019.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)



MindSet Certification

This certification is provisional and the result of online training. It requires attendance at the face-to-face training at the earliest opportunity post-COVID-19 social distancing restrictions.

Carolyn Harris

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

Presented on 19 November, 2020

A handwritten signature in black ink, appearing to read "Carol McClelland", written over a horizontal line.

Carol McClelland, MindSet Trainer

EDWARDS & ASSOCIATES LLC
P.O. BOX 805
MOUNT AIRY, N.C. 27030
PHONE: 336-786-1962
FAX: 336-789-6779
Email: allen@eabackground.com

Full Name (including maiden) Mia Torres

Address: [REDACTED]

City: Louisburg County: NC Zip code: 27549

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Email: mianoni24@gmail.com

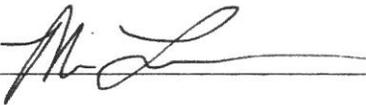
Driving License: State: NC Number: [REDACTED]

Please check one of the following:

I **have not** been charged or convicted of a misdemeanor or felony within the past 20 years

I **have** been charged or convicted of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges, and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature: 

I hereby authorize Edwards & Associates LLC for FREEDOM HOUSE RECOVERY to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Operation Outreach. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES LLC, for FREEDOM HOUSE RECOVERY and its agents.

I hereby release Edwards & Associates LLC, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Signature:  Date: 4-1-2021

North Carolina Central University

DURHAM, NORTH CAROLINA

A MEMBER OF THE UNIVERSITY OF NORTH CAROLINA SYSTEM

TO ALL TO WHOM THESE PRESENTS MAY COME, GREETINGS

The Board of Trustees of the University upon recommendation of the Faculty
has conferred upon

Mia Noni Torres

the degree of

**Bachelor of Science
Psychology**



with all the rights, honors and privileges thereto appertaining

In Testimony Whereof, we have hereunto subscribed our names and
caused the Seal of the University to be affixed at Durham, North Carolina, this
the fifth day of December, 2020.

Peter Hans

PRESIDENT THE UNIVERSITY OF NORTH CAROLINA SYSTEM



James K. Shepard, Founder

J. J. [Signature]

MANAGER, NORTH CAROLINA CENTRAL UNIVERSITY

[Signature]

CHAIRMAN, THE UNIVERSITY OF NORTH CAROLINA BOARD OF TRUSTEES

[Signature]

CHAIRMAN, NORTH CAROLINA CENTRAL UNIVERSITY BOARD OF TRUSTEES



MindSet Certification

Mia Torres

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

****Special Note:** This training was provided online via Teams. It did not provide training in Avoidance Techniques. **

Presented on 2 April, 2021

A handwritten signature in black ink, appearing to read 'Carol McClelland', is written over a horizontal line.

Carol McClelland, MindSet Trainer



Freedom House Recovery Center

Integrated behavioral health care for children and adults

July 19, 2021

Mental Health Licensure and Certification Section
NC Division of Health Service Regulations
2718 Mail Service Center
Raleigh, N.C. 27699-2718

RE: MHL – 032 – 225
Intake # NC00177564

To Whom It May Concern:

Attached you will find the plan of correction for deficiencies cited during July 8, 2021 onsite survey. This information was also sent to you via email.

Sincerely,

Melanie Thomas, RHIT
Director of Quality Management

DHSR - Mental Health

JUL 23 2021

Lic. & Cert. Section

Important Disclosure Information for SA Consumers: Substance Abuse Regulations (42CFR2.32) require each disclosure made with the patient's written consent must be accompanied by the following written statement. This information has been disclosed to you from records protected by federal confidentiality rules (42CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



355 C South Madison Blvd, Roxboro, NC 27573 Phone: 336-599-8366 Fax: 336-322-6168

www.freedomhouserecovery.org



Melanie Thomas

From: Hicks, Caitlin V <caitlin.hicks@dhhs.nc.gov>
Sent: Friday, July 9, 2021 8:24 AM
To: Melanie Thomas
Cc: Alliance Behavioral Health; Pridgen, Pam
Subject: DHSR-Mental Health survey results for Durham Women's Halfway House 032-335 FID 180068
Attachments: 032-335_2567_7-8-21.pdf; 032-335_2567L_7-8-21.pdf

Please find attached the results of the survey completed on 7/8/2021 by the MHL&C Section.

The Mental Health Licensure and Certification section is offering a 3-hour session for providers who currently hold a Mental Health License (MHL) for a mental health, developmental disability or substance abuse service. The purpose of this training is to help providers gain knowledge and understanding regarding North Carolina rules & General Statutes, the MHL&C survey process, administrative sanctions and appeal opportunities, and how these rules and processes fit together. The class is free but spaces are limited and registration is required. If you are interested in finding out more, please visit the web page: <https://info.ncdhhs.gov/dhsr/mhlcs/newproviders.html#connectdots>

Thank you,

Caitlin Hicks

Administrative Specialist I
Division of Health Service Regulation, Mental Health Licensure & Certification Section
NC Department of Health and Human Services

Help protect your family and neighbors from COVID-19.

Know the 3 Ws. Wear. Wait. Wash.

#StayStrongNC and get the latest at nc.gov/covid19.

Office: 919-855-3963
Fax: 919-715-8078
caitlin.hicks@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

DHSR - Mental Health

JUL 23 2021

Lic. & Cert. Section

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2021
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NAME OF PROVIDER OR SUPPLIER DURHAM WOMEN'S HALFWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 407 SALEM STREET DURHAM, NC 27703
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on July 8, 2021. The complaint (intake #NC00177564) was unsubstantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (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. <p>(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:</p> <ul style="list-style-type: none"> (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. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal</p>	V 107		

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2021
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V 107	<p>Continued From page 1</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>Interview on 7/8/21 with the Quality Management Director revealed: -Staff #2 had difficulties obtaining a copy of her credentials diploma.</p>	V 107	<p>Measures to Correct: Staff was re-contacted to submit evidence of her educational level. Staff was able to obtain and forward to HR.</p> <p>Measure to Prevent: HR staff have been reminded that all new hires must present evidence of their education for the HR file.</p> <p>Who will monitor and frequency: Program Managers and HR will ensure that all new hires present evidence of educational level at the time of hire.</p>	7/15/21
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Division of Health Service Regulation

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

Division of Health Service Regulation

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V 108	<p>Continued From page 3</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	V 108	<p>Measures to correct: Due to COVID-19, cpr and first aid trainings have not been scheduled on a regular basis. Our HR position was vacant for a few months which also affected timely scheduling of staff needing certifications. CPR / First Aid training has been scheduled for July 27, 2021. All three staff will be in attendance.</p> <p>Measures to Prevent: HR staff and program manager will monitor staff certifications to ensure timely renewal. Also regular trainings are now being re-scheduled due to COVID-19 lapse.</p> <p>WHO will monitor and frequency: HR and Program Managers will ensure that all initial and annual certifications are scheduled on a regular basis.</p>	7/27/21
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 4</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p>	V 536		

Division of Health Service Regulation

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

Division of Health Service Regulation

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V 536	<p>Continued From page 6</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 7</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>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:</p> <p>Review on 7/7/21 of the Program Manager/QP personnel record revealed:</p> <ul style="list-style-type: none"> - 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. <p>Review on 7/7/21 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - 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	<p>Measures to correct: Trainings for Alternatives to restrictive interventions had been completed on 11-20-2020 and 4-2-2021. All are current. Certificates had not been saved to HR folder due to staff vacancy.</p> <p>Measures to Prevent: Since the HR position has been filled, training certificates will be filed in the HR folder in a timely manner.</p> <p>Who will monitor and frequency: The in-house mindset trainer will forward the certificate to HR for filing.</p>	7/15/21
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Division of Health Service Regulation

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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		



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER: [REDACTED]
FAX: 910.343.9731

Company Name: **Freedom House Recovery Center**

CAC:FR18

Freedom House Recovery Center ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing "the Company" to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, another outside organization acting on behalf of "the Company", and/or "the Company" itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name HARRIS First Juanita Middle Deane

Other Names/Maiden/Alias Juanita Deane

Social Security*# [REDACTED] Date of Birth* [REDACTED] (mo/day/year)

Driver's License# [REDACTED] State NC Phone# 919.308.3853 Email jharris1402@gmail

Present Address [REDACTED] County Serham

City/State/Zip Serham NC 27701

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: Juanita Harris Date: 5/4/14



Juanita Harris

NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

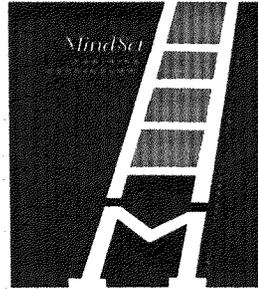
The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 05/02/2016.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)



MindSet Certification

This certification is provisional and the result of online training. It requires attendance at the face-to-face training at the earliest opportunity post-COVID-19 social distancing restrictions.

Juanita Harris

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

Presented on 19 November, 2020

A handwritten signature in black ink, appearing to read "Carol McClelland". The signature is written in a cursive style with large, looping letters.

Carol McClelland, MindSet Trainer

EDWARDS & ASSOCIATES LLC

P.O. BOX 805

MOUNT AIRY, N.C. 27030

PHONE: 336-786-1962

FAX: 336-789-6779

Email: allen@eabackground.com

Full Name (including maiden)

Carolyn McDAVID HARRIS

Address:

[REDACTED]

27703

Social Security Number:

[REDACTED]

Date of Birth:

3/28/1958

Driving License: State:

NC

Number:

[REDACTED]

Please check one of the following:

I have **not been charged or convicted** of a misdemeanor or felony within the past 20 years

I have **been charged or convicted** of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature:

Carolyn M. Harris

I hereby authorize Edwards & Associates LLC for FREEDOM HOUSE RECOVERY to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Operation Outreach. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES LLC, for FREEDOM HOUSE RECOVERY and its agents.

I hereby release Edwards & Associates LLC, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Signature:

Carolyn M. Harris

Date:

3/26/19

EDWARDS & ASSOCIATES LLC
P.O. BOX 805
MOUNT AIRY, NORTH CAROLINA 27030
PHONE: 336-786-1962
FAX: 336-789-6779
allen@eabackground.com

Please complete the information on this form and fax or email to Edwards & Associates to have each order filled.

Associate Name: ALLEN EDWARDS

Phone: 336-786-1962

Fax: 888-722-9221

Cell: 336-401-6222

Information Requested On:

FULL NAME: Carolyn McDavid Harris

ADDRESS: [REDACTED]

CITY: Durham STATE: NC ZIP CODE: 27703

COUNTY: Durham DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DL#: [REDACTED] ST: NC

REPORTS TO BE COMPLETED:

 SOCIAL SECURITY TRAC

 X STATE CRIMINAL (Indicate State)

 X DRIVERS LICENSE (Indicate State & D.L. Number)

 FEDERAL CRIMINAL

 NATIONAL CRIMINAL

 OTHER

Order Approved By: J. H. Wilton, MSW Date: 3-26-19

Name of Company: Freedom House Recovery Center

Phone Number: (919) 942-2803 Fax Number: (919) 442-1838



Carolyn Harris

NORTH CAROLINA

Nurse Aide I Registry

Medication Aide Registry

Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

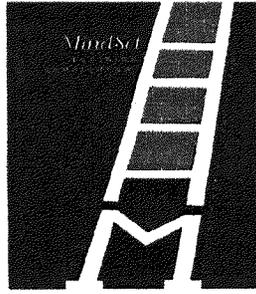
The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 04/29/2019.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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[Verify More Listings](#)



MindSet Certification

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Carolyn Harris

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

Presented on 19 November, 2020

A handwritten signature in black ink, appearing to read "Carol McClelland", written over a horizontal line.

Carol McClelland, MindSet Trainer

EDWARDS & ASSOCIATES LLC
P.O. BOX 805
MOUNT AIRY, N.C. 27030
PHONE: 336-786-1962
FAX: 336-789-6779
Email: allen@eabackground.com

Full Name (including maiden) Mia Torres

Address: [REDACTED]

City: Louisburg County: NC Zip code: 27549

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Email: mianoni24@gmail.com

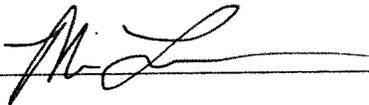
Driving License: State: NC Number: [REDACTED]

Please check one of the following:

I have not been charged or convicted of a misdemeanor or felony within the past 20 years

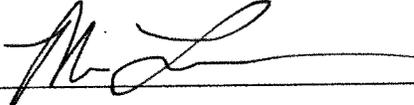
I have been charged or convicted of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges, and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature: 

I hereby authorize Edwards & Associates LLC for FREEDOM HOUSE RECOVERY to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Operation Outreach. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES LLC, for FREEDOM HOUSE RECOVERY and its agents.

I hereby release Edwards & Associates LLC, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Signature:  Date: 4-1-2021

North Carolina Central University

DURHAM, NORTH CAROLINA

A MEMBER OF THE UNIVERSITY OF NORTH CAROLINA SYSTEM

TO ALL TO WHOM THESE PRESENTS MAY COME, GREETINGS

The Board of Trustees of the University upon recommendation of the Faculty
has conferred upon

Mia Noni Torres

the degree of

Bachelor of Science Psychology

with all the rights, honors and privileges thereto appertaining

In Testimony Whereof, we have herewith subscribed our names and
caused the Seal of the University to be affixed at Durham, North Carolina, this
the fifth day of December, 2020.

Peter Hans

PRESIDENT THE UNIVERSITY OF NORTH CAROLINA
SYSTEM



John P. ...

DEAN, COLLEGE OF NORTH CAROLINA CENTRAL
UNIVERSITY

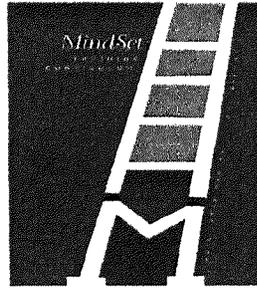
Ad ...

CHAIRMAN THE UNIVERSITY OF NORTH CAROLINA
BOARD OF TRUSTEES

James E. Shepard, Founder

Spencer ...

CHAIRMAN NORTH CAROLINA CENTRAL UNIVERSITY
BOARD OF TRUSTEES



MindSet Certification

Mia Torres

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set Foundations; De-escalation, Crisis Communication, and Avoidance. This certification is good for one calendar year.

****Special Note:** This training was provided online via Teams. It did not provide training in Avoidance Techniques. ******

Presented on 2 April, 2021

A handwritten signature in black ink, appearing to read 'Carol McClelland'. The signature is written in a cursive style with large, sweeping loops.

Carol McClelland, MindSet Trainer