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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
			A. BUILDING									
		MHL068-116	B. WING		01/21/20	022						
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CHAPEL I	HILL MEN'S HALFWAY H	OUSE	ITATESIDE DRIVE ILL, NC 27516									
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) OMPLETE DATE						
V 000	0 INITIAL COMMENTS		V 000									
	An annual survey was 2022. Deficiency wer	s completed on January 21, re cited.										
	The facility is licensed for the following service: 10A NCAC 27 G .5600E Supervised Living for Adults with Substance Abuse Dependency.											
	The survey sample co former clients, 0 dece	onsisted of 1 current client, 2 eased clients.										
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131									
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.										
	failed to access the H	ew and interview the facility lealth Care Personnel r to employment for one of										
	Review on 1/19/22 of revealed: -Hire date: 7/23/21Job title: Healthcare	Staff #4 personnel record										
	-The HCPR was acce											

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
74151 2741	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _		JOHN LETES						
		MHL068-116	B. WING		01/21/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CHAPEL I	CHAPEL HILL MEN'S HALFWAY HOUSE 106 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE						
V 131	Continued From page accessed prior to employed accessed prior to expensive accessed prior	ployment. with the Clinical Director s in the Human Resources es were misplaced.	V 131								

Division of Health Service Regulation

STATE FORM 6899 YWPE11 If continuation sheet 2 of 2