Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		MHL068-117	B. WING		01/21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
MAGGIE A	ALVIS WOMEN'S HALFW	AY HOUSE	W STATESIDE DR L HILL, NC 27516		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	TION (X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual survey was 2022. Deficiencies ci	s completed on January 21, ted.			
	category: 10A NCAC	d for the following service 27G. 5600E Substance Abuse Adults			
	Supervised Living for	Substance Abuse Adults			
	The survey sample co current clients, 0 form clients.	onsisted of audits of 3 ner clients, 0 deceased			
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108		
	10A NCAC 27G .0202	2 PERSONNEL			
	REQUIREMENTS	tion shall be desumented			
	(g) Employee training	tion shall be documented.			
	provided and, at a mil	nimum, shall consist of the			
	following: (1) general organiza	tional orientation:			
		rights and confidentiality as			
	delineated in 10A NC	AC 27C, 27D, 27E, 27F and			
	10A NCAC 26B;				
		he mh/dd/sa needs of the he treatment/habilitation			
	plan; and	ne treatment/habilitation			
	(4) training in infection	ous diseases and			
	bloodborne pathogen				
	. ,	ed under 10a NCAC 27G			
	` ,	napter, at least one staff lable in the facility at all			
	times when a client is				
	member shall be train	- -			
		nagement, currently trained			
	-	onary resuscitation and			
	trained in the Heimlich	h maneuver or other first aid			
	-	nose provided by Red Cross,			
	the American Heart A				
	equivalence for reliev	ing airway obstruction.			

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:		ED.				SURVEY LETED	
		MHL068-117	В.	WING		01	/21/2022
	ROVIDER OR SUPPLIER ALVIS WOMEN'S HALFW	/AY HOUSE	STREET ADDRESS 114 NEW STAT CHAPEL HILL,	ESIDE DRI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 108	(i) The governing bo implement policies ar reporting, investigatir		fying, ious	108			
	failed to ensure the F two Health Care Cou current training in Fire Resuscitation (CPR). Review on 1/21/22 of personnel record revi- Hired date: 12/1/21.	ew and interview the factorisms of the factorisms (#1 and #2) had stand and Cardiopulmon The findings are: If the Program Manager ealed: Ince of a current First Aid	wo of d nary				
	record revealed: -Hired date: 8/28/20First Aid and CPR exThere was no evider CPR training certificate Review on 1/21/22 of	nce of a current First Aid	d and				
	Interview on 1/21/22 revealed:	nce of a First Aid and Cl the record. with the Clinical Directo	or				

Division of Health Service Regulation

STATE FORM 5899 JW4R11 If continuation sheet 2 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		152111110711101111011152111	A. BUILDING: _		"" ==		
		MHL068-117	B. WING		01/21	1/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
MAGGIE A	ALVIS WOMEN'S HALFW	AY HOUSE	STATESIDE DR 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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
V 108	Continued From page	2	V 108				
	Department some files were misplacedConfirmed staff were scheduled for First Aid/CPR training on 1/21/22Trainings were scheduled monthly.						
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131				
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.						
	failed to access the H Registry (HCPR) prio	ew and interview the facility lealth Care Personnel r to employment for two of ealth Care Counselor #1					
	record revealed: -Hire date: 8/28/20.	the HCC #1's personnel nce the HCPR check was ployment.					
	record revealed: -Hire date: 6/11/21.	the HCC#2's personnel					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL068-117	B. WING		04	/21/2022	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	01	12112022	
NAME OF F	ROVIDER OR SUFFLIER		STATESIDE DR	•			
MAGGIE A	ALVIS WOMEN'S HALFW	AY HOUSE	HILL, NC 27516				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page	e 3	V 131				
	accessed prior to employmentHCPR check was accessed 1/20/22.						
	revealed: -Due to staff changes Department some file -The Human Resource	•					
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabit services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a positi applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, t is conditioned on con criminal history record national criminal history include a check of the the applicant has bee five years or more, th	imployment. an area authority/county wider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a er this Chapter to an tion that does not require the occupational license is nt to a State and national d check of the applicant. If n a resident of this State for hen the offer of employment sent to a State and national d check of the applicant. The ory record check shall e applicant's fingerprints. If n a resident of this State for en the offer is conditioned criminal history record	V 133				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 13 JW4R11

Division of	of Health Service Regu	ılation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co		(X3) DATE	SURVEY LETED
	or contraction.					
	MHL068-117		B. WING		01/	21/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MAGGIE A	ALVIS WOMEN'S HALFW	VAY HOUSE	V STATESIDE DRIV	E		
			L HILL, NC 27516			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 4	V 133			
	criminal history record check required by this					
	_	herwise provided in this				
		e business days of making				
	the conditional offer of	of employment, a provider				
	shall submit a reques	st to the Department of				
	Justice under G.S. 1	14-19.10 to conduct a				
	criminal history recor	d check required by this				
	section or shall subm	nit a request to a private				
	entity to conduct a St	tate criminal history record				
	•	s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La					
	•	n and Human Services,				
	Criminal Records Ch					
	•	eipt of the national criminal				
		, the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		case shall the results of the				
		ory record check be shared				
	•	oviders shall make available				
		tion that a criminal history				
		pleted on any staff covered				
	•	unty that has adopted an				
	appropriate local ordi	inance and has access to				

Division of Health Service Regulation

the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the

conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed,

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			5 14/11/0		
		MHL068-117	B. WING		01/21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MACOIE	LLVIO MOMENIO LIALEM	114 NEW	STATESIDE DR	IVE	
MAGGIE ALVIS WOMEN'S HALFWAY HOUSE CHAPEL I			HILL, NC 27516	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	Continued From page 5		V 133		
V 133	except to the applicar (c) of this section. For subsection, the term business regularly encriminal history record records obtained from (c) Action If an application of the following factor hire the applicant: (1) The level and seri (2) The date of the criminal history recording the peconviction. (4) The circumstance commission of the criminal history reto the disqualification of the reprovider may disclose the criminal history reto the criminal history applicant. (d) Limited Immunity.	nt as provided in subsection repurposes of this "private entity" means a gaged in conducting dechecks utilizing public in a State agency. Ilicant's criminal history one or more convictions of e provider shall consider all is in determining whether to ousness of the crime. If the criminal conduct of the duties of the position to be obation, parole, apployment records of the employment records of the employment; however, the considered by the provider. If the crime the considered by the provider. If the crime the employment; however, the considered by the provider. If the crime the employment is applicant after the elevant factors, then the employment contained in the cord check that is relevant, but may not provide a copy	V 133		
	applicant. (d) Limited Immunity. or employee of a prov	- A provider and an officer			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING				
		MHL068-117	B. WING		01/21/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE			
		114 NEW S	STATESIDE DR	IVE			
MAGGIE A	ALVIS WOMEN'S HALFW	/AY HOUSE CHAPEL F	IILL, NC 27516	3			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	D BE COMPLET	TE	
V 133	Continued From page	e 6	V 133				
	(1) The failure of the individual on the basi the criminal history re (2) Failure to check a criminal offenses if the history record check is compliance with this (e) Relevant Offense "relevant offense" me federal criminal histori indictment of a crime felony, that bears upon have responsibility for persons needing mer disabilities, or substactimes include the criminal historical statutes: Art Issuing Monetary Substactimes include the criminal historical forms in the following A General Statutes: Art Issuing Monetary Substactimes include the criminal forms in the following A General Statutes: Art Issuing Monetary Substactimes include the criminal forms in the following A General Statutes: Art Issuing Monetary Substactimes include the criminal forms in the following A General Statutes: Art Issuing Monetary Substantial Factorial forms in the following A General Statutes: Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdulnjury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article 18, False Pretenses and Obtaining Property of Fraudulent Use of Crarticle 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution	provider to employ an s of information provided in cord check of the individual. In employee's history of e employee's criminal is requested and received in section. - As used in this section, cans a county, state, or ry of conviction or pending, whether a misdemeanor or on an individual's fitness to r the safety and well-being of ntal health, developmental naticles of Chapter 14 of the icle 5, Counterfeiting and postitutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, action; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, r Services by False or edit Device or Other Means; I Transaction Card Crime s; Article 21, Forgery; Article Public Morality and , Adult Establishments; n; Article 28, Perjury; Article					
	Office; Article 35, Offi	I, Misconduct in Public enses Against the Public tiots and Civil Disorders;					

Division of Health Service Regulation

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Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE		SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				LETED
			71. 201221110.			
		MUU 000 447	B. WING			04/0000
		MHL068-117			01/	21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
MACCIE	VIVIE MOMENIE HAI EM	/AV HOUSE 114 NEW	STATESIDE DR	IVE		
WAGGIE	ALVIS WOMEN'S HALFW	CHAPEL	HILL, NC 27516	3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO		COMPLETE DATE
TAG	REGULATORTORT	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE.
		_	1,400			
V 133	Continued From page	e 7	V 133			
	Article 39, Protection	of Minors; Article 40,				
	Protection of the Fam	nily; Article 59, Public				
	Intoxication; and Artic	cle 60, Computer-Related				
	Crime. These crimes	also include possession or				
	sale of drugs in violat	ion of the North Carolina				
		es Act, Article 5 of Chapter				
		itutes, and alcohol-related				
		e to underage persons in				
	violation of G.S. 18B-	•				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	ning Calco Information Any				
		ning False Information Any nent who willfully furnishes,				
		e gives false information on				
		cation that is the basis for a				
		d check under this section				
	_	ass A1 misdemeanor.				
		pyment A provider may				
	employ an applicant					
		of a criminal history record				
	check regarding the a	applicant if both of the				
	following requirement	ts are met:				
	(1) The provider shall	l not employ an applicant				
	prior to obtaining the	applicant's consent for				
	_	d check as required in				
	` ,	section or the completed				
		equired in G.S. 114-19.10.				
		submit the request for a				
		d check not later than five				
	business days after the conditional employment					
	' '	-124, ss. 10.19D(c), (h);				
		5(a); 2007-444, s. 3.)				
		σ(α), 2001 τττ, σ. σ.)				
	This Rule is not met	as evidenced by:				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL068-117	B. WING		01/21/2022
	ROVIDER OR SUPPLIER	AY HOUSE 114 NEV	ADDRESS, CITY, STAT V STATESIDE DRIV		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	failed to ensure the standard was ordered within fix the conditional offer of three audited staff (Horne audited staff (Horne audited staff (Horne audited staff (Horne audited staff)). The findings are: Review on 1/21/22 of revealed: -Hire date: 8/28/20There was no evider check was ordered procedured the condition of the co	ew and interview, the facility ate criminal record check to business days of making of employment for one of ealth Care Counselor #1). HCC#1's personnel record to the criminal record ior to employment. It was ordered 10/15/20. With the Clinical Director in the Human Resources is were misplaced.	V 133		
V 536	Int. 10A NCAC 27E .0107 ALTERNATIVES TO I INTERVENTIONS (a) Facilities shall impractices that emphasto restrictive intervent (b) Prior to providing disabilities, staff incluemployees, students demonstrate compete completing training in other strategies for cruhich the likelihood of	Dement policies and size the use of alternatives ions. services to people with ding service providers, or volunteers, shall	V 536		

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Division of Health Service Regulation

DIVISION	n Health Service Negu	iiation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
		NUL 000 447	B. WING		04/0	4/0000	
		MHL068-117			<u> </u> U1/2	1/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		114 NFW	STATESIDE DR	IVF			
MAGGIE ALVIS WOMEN'S HALFWAY HOUSE			HILL, NC 27516				
			TILL, NC 27516				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE	
iAO		,	IAG	DEFICIENCY)			
V 536	Continued From page	9 9	V 536				
	property damage is p	rovented					
		s shall establish training					
		etencies, monitor for internal					
		onstrate they acted on data					
	gathered.						
	` ,	be competency-based,					
	include measurable le						
		written and by observation of					
	•	ojectives and measurable					
	methods to determine	e passing or failing the					
	course.						
	(e) Formal refresher	training must be completed					
	by each service provi	der periodically (minimum					
	annually).						
	(f) Content of the trai	ining that the service					
	provider wishes to en	nploy must be approved by					
	the Division of MH/DI						
	Paragraph (g) of this	Rule.					
		strate competence in the					
	following core areas:	•					
	•	and understanding of the					
	people being served;						
		and interpreting human					
	behavior;						
	•	the effect of internal and					
	` '	at may affect people with					
	disabilities;	at may amost pooplo with					
	,	or building positive					
	relationships with per						
		cultural, environmental and					
		s that may affect people with					
	disabilities;	the importance of and					
	` ,	the importance of and					
		n's involvement in making					
	decisions about their	-					
		essing individual risk for					
	escalating behavior;						
		tion strategies for defusing					
	and de-escalating pot	tentially dangerous behavior;					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL068-117	B. WING		01/2	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MAGGIE /	ALVIS WOMEN'S HALFW	/AY HOUSE	STATESIDE DR			
			IILL, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	Continued From page	e 10	V 536			
	and (9) positive belimeans for people with activities which direct behaviors which are (h) Service providers documentation of initiat least three years. (1) Documentation (A) who participoutcomes (pass/fail); (B) when and vice (C) instructor's (2) The Division review/request this divide (i) Instructor Qualific Requirements: (1) Trainers ship yscoring 100% on the aimed at preventing, need for restrictive in (2) Trainers ship yscoring a passing instructor training profession of the provider plantation of	navioral supports (providing h disabilities to choose thy oppose or replace unsafe). It is shall maintain ial and refresher training for attion shall include: to the training and the where they attended; and name; In of MH/DD/SAS may ocumentation at any time. It is attions and Training all demonstrate competence testing in a training program reducing and eliminating the terventions. In all demonstrate competence grade on testing in an another on testing in an another on the testing (written and by it is it is of the instructor training the sto employ shall be sion of MH/DD/SAS pursuant				

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Division of Health Service Regulation

DIVISION C	of Health Service Regu	ialion			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		
			P WING		
		MHL068-117	B. WING		01/21/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
			/ STATESIDE DR		
MAGGIE A	LVIS WOMEN'S HALFW	AY HOUSE			
		CHAPEL	. HILL, NC 27510		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ · · /
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
TAG	REGULATORT OR I	LOC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MATE
				,	
V 536	Continued From page	e 11	V 536		
	, ,	r evaluating trainee			
	performance; and				
	, ,	ion procedures.			
	` '	all have coached experience			
		ogram aimed at preventing,			
	reducing and eliminat	ting the need for restrictive			
	interventions at least	one time, with positive			
	review by the coach.				
	(7) Trainers sha	all teach a training program			
		reducing and eliminating the			
	-	terventions at least once			
	annually.				
		all complete a refresher			
	instructor training at le				
	(j) Service providers				
	•	al and refresher instructor			
	training for at least th				
	-				
	` '	entation shall include:			
		ated in the training and the			
	outcomes (pass/fail);				
	` '	vhere attended; and			
	(C) instructor's				
		n of MH/DD/SAS may			
		nis documentation any time.			
	(k) Qualifications of 0				
		nall meet all preparation			
	requirements as a tra	iner.			
	(2) Coaches sh	nall teach at least three times			
	the course which is b	eing coached.			
	(3) Coaches sh	nall demonstrate			
	competence by comp				
	train-the-trainer instru				
		all be the same preparation			
	as for trainers.	L L			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL068-117	B. WING		01/21/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
MAGGIE ALVIS WOMEN'S HALFWAY HOUSE 114 NEW STATESIDE DRIVE 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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
V 536			V 536		
	failed to ensure one of Care Counselor #1) h	as evidenced by: ew and interview, the facility of three audited staff (Health ad current training on the restrictive interventions. The			
	record revealed: - Hired date of 8/28/20 - Mindset Certification				
	revealed:	duled monthly.			

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