

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL068-116</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/21/2022</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHAPEL HILL MEN'S HALFWAY HOUSE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>106 NEW STATESIDE DRIVE<br/>CHAPEL HILL, NC 27516</b> |
|--|---|

| (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 |
|--------------------|---|---------------|--|--------------------|
| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 21, 2022. Deficiency were cited.</p> <p>The facility is licensed for the following service: 10A NCAC 27 G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The survey sample consisted of 1 current client, 2 former clients, 0 deceased clients.</p>  | V 000         |  |                    |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#4). The findings are:</p> <p>Review on 1/19/22 of Staff #4 personnel record revealed:<br/>-Hire date: 7/23/21.<br/>-Job title: Healthcare Counselor<br/>-The HCPR was accessed on 1/18/22.<br/>-There was no evidence the HCPR check was</p> | V 131         | <p><b>Measures to Correct:</b><br/>HR staff has accessed the health care personnel registry for the missing staff hired 7/23/21. (see attached). Due to staffing changes in the department, this was not completed at the time of hire.</p> <p><b>Measure to Prevent:</b><br/>HR staff have been re-educated on the requirement for all new hires to be verified in the health care registry prior to hire. HR staff will ensure that each new hire has been checked in the state health care registry and evidence of that check will be documented in the HR folder</p> <p><b>Who will monitor and frequency:</b><br/>Program Managers and HR will ensure that all new hires have a completed health care personnel registry verification at the time of hire and filed in the HR folder</p> | 1/27/2022          |

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:<br><br><b>MHL068-116</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/21/2022</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHAPEL HILL MEN'S HALFWAY HOUSE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>106 NEW STATESIDE DRIVE<br/>CHAPEL HILL, NC 27516</b> |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
| V 131              | Continued From page 1<br><br>accessed prior to employment.<br><br>Interview on 1/21/22 with the Clinical Director revealed:<br>-Due to staff changes in the Human Resources Department some files were misplaced.<br>-The Human Resource Department was responsible for accessing HCPR prior to staff #4's employment. | V 131         |   |                    |



## 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.ncdhhs.gov/>.**

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 01/27/2022.

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](#)

---