	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-367	B. WING		02	/09/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE	E, ZIP CODE		
URHAMI	MEN'S HALFWAY HOUS	529 HOL	LOWAY STREET			
			M, NC 27701			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa 2022. Deficiencies ci	s completed on February 9, ted.				
	category: 10A NCAC	d for the following service 27G. 5600E Substance Abuse Adults				
	The survey sample c current clients.	onsisted of audits of 3				
V 108	27G .0202 (F-I) Pers	onnel Requirements	V 108			
	(g) Employee trainin	tion shall be documented.				
	delineated in 10A NC 10A NCAC 26B;	t rights and confidentiality as CAC 27C, 27D, 27E, 27F and				
		the mh/dd/sa needs of the the treatment/habilitation				
	bloodborne pathoger (h) Except as permitt					
		ilable in the facility at all s present.  That staff				
	including seizure ma to provide cardiopuln trained in the Heimlic	nagement, currently trained nonary resuscitation and h maneuver or other first aid				
	the American Heart A equivalence for reliev	ving airway obstruction.				
	(i) The governing bo	dy shall develop and				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CO	TE SURVEY
			A. BUILDING	<u> </u>	
		MHL032-367	B. WING	0	2/09/2022
AME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE	
IRHAM	MEN'S HALFWAY HOUS	SE 529 HOLI	OWAY STRE	ET	
			I, NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
V 108	Continued From pag	e 1	V 108		
	reporting, investigatin	nd procedures for identifying, ng and controlling infectious iseases of personnel and			
V 131	failed to ensure one of (Healthcare Counsel First Aid and Cardiop (CPR). The findings Review on 2/9/22 of #1's personnel record -Hired date: 2/3/21. -Worked weekend sh -There was no evided CPR training certificat Interview on 2/9/22 w revealed: -There were changes Department. -The changes in the employee trainings b	iew and interview the facility of three audited staff or #1) had current training in oulmonary Resuscitation are: the Healthcare Counselor d revealed: hift. nce of a current First Aid and ate in the record. with the Clinical Director s in the Human Resource department resulted in	V 131	<ul> <li>Measures to Correct:</li> <li>Staff #1 (Micheal) is scheduled to comple CPR / first aide training on 2-28-22.</li> <li>Measure to Prevent:</li> <li>HR and Program Managers have been re- educated on the policy to schedule new hires for training. HR staff will ensure the each new hire is scheduled to attend the monthly first aide / cpr training. Evidence of attendance shall be maintained in the H folder.</li> <li>Who will monitor and frequency:</li> <li>Program Manager and HR will ensure that all new hires have a completed first aide/ CPR training at the monthly training session. Most trainings will be monitored by Relias, a system recently implemented ensure trainings are completed on time. W are adding CPR to the online training line</li> </ul>	at e IR t to Ve
	Verification G.S. §131E-256 HEA REGISTRY (d2) Before hiring he health care facility or	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		MUI 022 267	B. WING		02/09/2022
		MHL032-367			02/09/2022
ME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, S		
JRHAM I	MEN'S HALFWAY HOUS	SE	AM, NC 27701		
(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 E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPL
V 131	Continued From page	e 2	V 131		
		nd shall note each incident opriate business files.			
	failed to access the H Registry (HCPR) price Program Manager/Qu	as evidenced by: ew and interview the facility Health Care Personnel or to employment for the ualified Professional and one ounselor's (#1). The findings		<b>Measures to Correct:</b> HR staff has accessed the health car personnel registry for the missing st hired 11/20/20 and 2/3/21 Due to changes in the department, this was completed at the time of hire.	aff staffing
	personnel record rev -Hired date: 11/20/20	). nce the HCPR check was ployment.		Measure to Prevent: HR staff will ensure that each new h been checked in the state health card registry and evidence of that check documented in the HR folder	e
	#1's personnel record -Hired date: 2/3/21.	nce the HCPR check was ployment.		Who will monitor and frequency: Program Manager and HR will ensu all new hires have a completed hea personnel registry verification at the hire and filed in the HR folder	are that alth care
	revealed: -The Human Resourc	vith the Clinical Director ce Department was ssing HCPR prior to staff 's			
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133		
on of Heal	th Service Regulation				

	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL032-367	B. WING		02	02/09/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
		529 HOL	LOWAY STREET				
JURHAM	MEN'S HALFWAY HOUS		M, NC 27701				
(X4) ID		FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From page	e 3	V 133				
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to program and any pro- developmental disab- services that is licens Chapter. (b) Requirement An provider licensed und applicant to fill a posi applicant to fill a posi applicant to fill a posi applicant to have an conditioned on conse criminal history recor the applicant has bee less than five years, is conditioned on cor criminal history recor national criminal histor include a check of the the applicant has bee five years or more, th on consent to a State check of the applicant criminal history recor section. Except as of subsection, within fiv the conditional offer of shall submit a reques Justice under G.S. 1 criminal history recor section or shall subm entity to conduct a St check required by thi	EMPLOYMENT. sed in this section, the term an area authority/county ovider of mental health, ility, and substance abuse sable under Article 2 of this in offer of employment by a der this Chapter to an tion that does not require the occupational license is ent to a State and national rd check of the applicant. If en a resident of this State for then the offer of employment asent to a State and national d check of the applicant. The ory record check shall e applicant's fingerprints. If en a resident of this State for then the offer is conditioned e criminal history record at. A provider shall not who refuses to consent to a rd check required by this therwise provided in this e business days of making of employment, a provider st to the Department of 14-19.10 to conduct a rd check required by this hit a request to a private tate criminal history record is section. Notwithstanding Department of Justice shall					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL032-367	B. WING		02	2/09/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
URHAM	MEN'S HALFWAY HOUS	SE 529 HOL	LOWAY STREET			
••••		DURHA	M, NC 27701			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 133	Continued From pag	e 4	V 133			
	covered by Public La	w 105-277 to the				
	-	h and Human Services,				
	Criminal Records Ch	-				
		eipt of the national criminal				
		, the Department of Health				
	· · ·	, Criminal Records Check				
	Unit, shall notify the	provider as to whether the				
		may affect the employability				
	of the applicant. In no	case shall the results of the				
	national criminal hist	ory record check be shared				
	with the provider. Pro	oviders shall make available				
	upon request verifica	ition that a criminal history				
	check has been com	pleted on any staff covered				
		unty that has adopted an				
	appropriate local ord	inance and has access to				
		nal Information data bank				
	-	alf of a provider a State				
	-	d check required by this				
		rovider having to submit a				
		tment of Justice. In such a				
		Il commence with the State				
	-	d check required by this				
	section within five bu	-				
		mployment by the provider .				
	-	formation received by the				
	-	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
		"private entity" means a ngaged in conducting				
	• •	d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
		ne provider shall consider all				
		rs in determining whether to				
	hire the applicant:	ie in determining whether to				
		iousness of the crime.				
	(2) The date of the ci					
		111184	1			1

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		MHL032-367	B. WING		02	02/09/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
		529 HOL	LOWAY STREET				
URHAM	MEN'S HALFWAY HOU		M, NC 27701				
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From pag	e 5	V 133				
	conviction.	erson at the time of the					
	(4) The circumstance commission of the cr	ime, if known.					
	the person and the jo	en the criminal conduct of bb duties of the position to be					
	filled. (6) The prison, jail, p						
		nployment records of the					
	•	e the crime wascommitted. commission by the personof					
	a relevant offense.	commission by the personol					
		n of a relevant offense alone					
		employment; however, the					
		considered by the provider.					
		alifies an applicant after					
		relevant factors, then the					
	provider may disclos	e information contained in					
	the criminal history re	ecord check that is relevant					
	to the disqualification	n, but may not provide a copy					
	of the criminal histor	y record check to the					
	applicant.						
		A provider and an officer					
	complies with this se	vider that, in good faith, ction shall be immunefrom					
	civil liability for:	provider to employ on					
		provider to employ an is of information provided in					
		ecord check of the individual.					
	-	an employee's history of					
		ne employee's criminal					
		is requested and received in					
	compliance with this	-					
		e As used in this section,					
		eans a county, state, or					
		ry of conviction or pending					
		, whether a misdemeanor or					
		on an individual's fitness to					
	have responsibility for						

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MHL032-367	B. WING	B. WING		02/09/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
		529 HOL	LOWAY STREET				
URHAM	MEN'S HALFWAY HOUS		M, NC 27701				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET	
V 133	Continued From page	e 6	V 133				
	persons needing me	ntal health, developmental					
		ince abuse services. These					
	,	iminal offenses set forth in					
		Articles of Chapter 14 of the					
		ticle 5, Counterfeiting and					
	Issuing Monetary Su						
		ve and Legislative Officers;					
	0 0	Article 7A, Rape and Other					
		8, Assaults; Article 10,					
		uction; Article 13, Malicious					
	Injury or Damage by						
		Material; Article 14, Burglary					
	and Other Housebrea	akings; Article 15, Arson and					
	Other Burnings; Artic	le 16, Larceny; Article 17,					
	Robbery; Article 18,	Embezzlement; Article 19,					
	False Pretenses and	Cheats; Article 19A,					
	Obtaining Property o	r Services by False or					
		edit Device or Other Means;					
		I Transaction Card Crime					
		ls; Article 21, Forgery; Article					
	26, Offenses Against	-					
		, Adult Establishments;					
		n; Article 28, Perjury; Article					
		1, Misconduct in Public					
		enses Against the Public					
		Riots and Civil Disorders;					
		of Minors; Article 40,					
		nily; Article 59, Public					
		cle 60, Computer-Related					
		also include possession or					
	-	tion of the North Carolina					
		es Act, Article 5 of Chapter atutes, 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.	or G.S. 20-150.1 through					
		hing Falsa Information Any					
		hing False Information Any ment who willfully furnishes,					
	applicant for employi	nent who williully lumishes.				1	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLE		
		MUU 000 007	B. WING		00/0	2/09/2022	
	ROVIDER OR SUPPLIER	MHL032-367	ADDRESS, CITY, S		02/0	9/2022	
	ROVIDER OR SOFFLIER		LOWAY STREE				
URHAM	MEN'S HALFWAY HOUS	SE DURHA	M, NC 27701				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 APPROP DEFICIENCY)	BE	(X5) COMPLE DATE	
V 133	Continued From page	e 7	V 133				
	an employment appli criminal history recor shall be guilty of a Cl (g) Conditional Emplo employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employm 2001-155, s. 1; 2004	of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later thanfive he individual begins		<b>Measures to Correct:</b> Due to staff changes in the HR Dep the criminal background check fail completed within the required time staff have been re-educated on the requirement to order the state crimi record check within five business of making the conditional offer of em	ed to be . HR inal lays of		
	failed to ensure the s was ordered within fi the conditional offer of	as evidenced by: lew and interview, the facility state criminal record check ve business days of making of employment for one of lealthcare Counselor #1).		Measure to Prevent: HR staff has been re-educated on the to order the state criminal backgrout check within five business days of conditional employment offer. He will verify request of background co prior to employment.	und the R staff		
	#1's personnel record -Hired date: 2/3/21. -There was no evided check was ordered p	nce the criminal record		Who will monitor and frequency Program Manager and HR will ens all new hires have requested crimi background check within five busin of the conditional offer of employn Evidence of the request shall be ma in the HR folder.	ure that nal ness days nent.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		MHL032-367	B. WING		02	02/09/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
	MEN'S HALFWAY HOUS	529 HOI	LOWAY STREET				
	MEN SHALFWAT HOUS		M, NC 27701				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG	1	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From page	e 8	V 133				
	Interview on 2/0/22 v	vith the Clinical Director					
	revealed:	with the Clinical Director					
	-The Human Resource	ce Department was					
		ing the state criminal record					
	check.						
	-Confirmed the crimin	nal record check was not					
	ordered within five bu	usiness day of making the					
	conditional offer of er	mployment.					
V 536	•	hts - Training on Alt to Rest.	V 536				
	Int.						
	10A NCAC 27E .010	7 TRAINING ON					
	ALTERNATIVES TO						
	INTERVENTIONS						
	(a) Facilities shall im						
		size the use of alternatives					
	to restrictive interven						
		services to people with					
	employees, students	iding service providers,					
	demonstrate compete						
		n communication skills and					
		reating an environment in					
	-	of imminent danger of abuse					
		with disabilities or others or					
	property damage is p						
		s shall establish training					
		etencies, monitor for internal					
		onstrate they acted on data					
	gathered.	be competency-based,					
	include measurable l						
		written and by observation of					
		bjectives and measurable					
		e passing or failing the					
	course.						
	(e) Formal refresher	training must be completed					

Division of Health Service Regulation STATE FORM

6899

QSQ311

If continuation sheet 10 of 13

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
	A. BUILDING:			
MHL032-367	B. WING		02	2/09/2022
STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
529 HOI	LOWAY STREET			
DURHA	M, NC 27701			
FATEMENT OF DEFICIENCIES	ID			(X5)
Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLETI DATE
e 9	V 536			
ider periodically (minimum ining that the service nploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the g and interpreting human g the effect of internal and at may affect people with for building positive rsons with disabilities; g cultural, environmental and is that may affect people with g the importance of and on's involvement in making life; sessing individual risk for ation strategies for defusing tentially dangerous behavior; thavioral supports (providing th disabilities to choose tly oppose or replace unsafe). a shall maintain tial and refresher training for ation shall include: bated in the training and the				
	MHL032-367 STREET SE STREET SE STREET TS29 HOL DURHA TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  e 9 ider periodically (minimum ining that the service inploy must be approved by D/SAS pursuant to Rule. instrate competence in the and understanding of the fig and interpreting human g the effect of internal and at may affect people with or building positive sons with disabilities; g cultural, environmental and at may affect people with or building positive sons with disabilities; g cultural, environmental and at may affect people with or building positive sons with disabilities; g cultural, environmental and at may affect people with at that may affect people with a the importance of and in's involvement in making life; sessing individual risk for ation strategies for defusing tentially dangerous behavior; havioral supports (providing th disabilities to choose ty oppose or replace unsafe). shall maintain ial and refresher training for	MHL032-367       B. WING         B. WING       STREET ADDRESS, CITY, STATE         SE       529 HOLLOWAY STREET DURHAM, NC 27701         TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         e 9       V 536         ider periodically (minimum ining that the service nploy must be approved by D/SAS pursuant to Rule. nstrate competence in the and understanding of the g and interpreting human g the effect of internal and at may affect people with or building positive rsons with disabilities; g cultural, environmental and at may affect people with or building positive rsons with disabilities; g cultural, environmental and s that may affect people with g the importance of and n's involvement in making life; sessing individual risk for ation strategies for defusing tentially dangerous behavior; havioral supports (providing h disabilities to choose tly oppose or replace unsafe). shall maintain ial and refresher training for ation shall include: pated in the training and the	MHL032-367       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         SE S29 HOLLOWAY STREET DURHAM, NC 27701         PROVIDERS PLAN OF VMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)         PREFIX VMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)       PREFIX TAG         PREFIX VMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)       PREFIX TAG         PREFIX REFERENCED TO T DEFICIENC       PREFIX CROSS-REFERENCED TO T DEFICIENC         e 9       V 536         ider periodically (minimum ining that the service nploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the g and interpreting human g the effect of internal and at may affect people with or building positive sons with disabilities; g outfural, environmental and s that may affect people with or building positive sons with disabilities; g outfural, environmental and s that may affect people with or building positive sons with disabilities; g outfural, environmental and s that may affect people with or building positive sons with disabilities; g outfural, environmental and s that may affect people with or building positive sons with disabilities; g outfural, environmental and s that may affect people with or building positive sons with disabilities to choose thy oppose or replace unsafe), shall maintain ial and refresher training for thion shall include: pated in the training and the	MHL032-367       B. WING

Division of Health Service Regulation

STATE FORM

(EACH DEFICIENC REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh	529 HOL DURHA       ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)       = 10       name;       n of MH/DD/SAS may pocumentation at anytime.		E, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	02/09/2022 (X5) COMPLET DATE
SUMMARY ST (EACH DEFICIENC' REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh by scoring 100% on t inmed at preventing,	STREET A 529 HOL DURHA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) = 10 name; n of MH/DD/SAS may ocumentation at anytime. ations and Training	ADDRESS, CITY, STATE LOWAY STREET M, NC 27701 ID PREFIX TAG	E, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	(X5) COMPLET
SUMMARY ST (EACH DEFICIENC' REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh by scoring 100% on t inmed at preventing,	529 HOL DURHA       ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)       = 10       name; n of MH/DD/SAS may ocumentation at anytime. ations and Training	LOWAY STREET M, NC 27701 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh by scoring 100% on t imed at preventing,	DURHA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 10 name; n of MH/DD/SAS may ocumentation at anytime. ations and Training	M, NC 27701 ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
(EACH DEFICIENC REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh by scoring 100% on t inmed at preventing,	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 10 name; n of MH/DD/SAS may ocumentation at anytime. ations and Training	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
(EACH DEFICIENC REGULATORY OR Continued From page C) instructor's 2) The Divisio eview/request this de i) Instructor Qualifica Requirements: 1) Trainers sh by scoring 100% on t inmed at preventing,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) a 10 name; n of MH/DD/SAS may ocumentation at anytime. ations and Training	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
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1) Trainers sh by scoring 100% on t imed at preventing,	all demonstrate competence			
y scoring 100% on t imed at preventing,	all demonstrate competence			
imed at preventing,				
	esting in a training program			
leed for restrictive in	<b>U</b>			
(2) Trainers shall demonstrate competence				
	grade on testing in an			
nstructor training pro				
3) The training				
competency-based, include measurable learning				
	le testing (written and by			
bservation of behav	ior) on those objectives and			
	to determine passing or			
ailing the course.	t of the instruction training the			
<ol> <li>The conten ervice provider plan</li> </ol>	t of the instructor training the			
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ipo 5 hAB Coe 6 e e 1 e 7	pproved by the Divis Subparagraph (i)(5 ) Acceptable all include but are r ) understandi ) methods fo purse; ) methods fo erformance; and ) documentat ) Trainers sh aching a training pr ducing and eliminaterventions at least view by the coach. ) Trainers sh med at preventing,	<ul> <li>pproved by the Division of MH/DD/SAS pursuant Subparagraph (i)(5) of this Rule.</li> <li>Acceptable instructor training programs all include but are not limited to presentation of: <ul> <li>understanding the adult learner;</li> <li>methods for teaching content of the nurse;</li> <li>methods for evaluating trainee</li> </ul> </li> <li>erformance; and <ul> <li>documentation procedures.</li> <li>Trainers shall have coached experience</li> <li>aching a training program aimed at preventing, ducing and eliminating the need for restrictive</li> <li>terventions at least one time, with positive</li> <li>trainers shall teach a training program med at preventing, reducing and eliminating the ped for restrictive interventions at least once</li> </ul> </li> </ul>	<ul> <li>pproved by the Division of MH/DD/SAS pursuant</li> <li>Subparagraph (i)(5) of this Rule.</li> <li>Acceptable instructor training programs</li> <li>all include but are not limited to presentation of: <ul> <li>understanding the adult learner;</li> <li>methods for teaching content of the</li> </ul> </li> <li>methods for evaluating trainee</li> <li>erformance; and <ul> <li>documentation procedures.</li> <li>Trainers shall have coached experience</li> <li>aching a training program aimed at preventing,</li> <li>ducing and eliminating the need for restrictive</li> <li>view by the coach.</li> <li>Trainers shall teach a training program</li> <li>med at preventing, reducing and eliminating the</li> </ul> </li> </ul>	<ul> <li>proved by the Division of MH/DD/SAS pursuant</li> <li>Subparagraph (i)(5) of this Rule.</li> <li>Acceptable instructor training programs</li> <li>all include but are not limited to presentation of:</li> <li>understanding the adult learner;</li> <li>methods for teaching content of the</li> <li>murse;</li> <li>methods for evaluating trainee</li> <li>erformance; and</li> <li>documentation procedures.</li> <li>Trainers shall have coached experience</li> <li>aching a training program aimed at preventing,</li> <li>ducing and eliminating the need for restrictive</li> <li>view by the coach.</li> <li>Trainers shall teach a training program</li> <li>med at preventing, reducing and eliminating the</li> <li>teed for restrictive interventions at least once</li> </ul>

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL032-367	B. WING		02	/09/2022
	ROVIDER OR SUPPLIER	529 HOL	ADDRESS, CITY, STATE	E, ZIP CODE		
	MEN S HALFWAT HOUS	DURHA	M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 536	<ul> <li>V 536 Continued From page 11</li> <li>(8) Trainers shall complete arefresher instructor training at least every two years.</li> <li>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</li> </ul>		V 536			
	<ul> <li>(1) Docum</li> <li>(A) who particip outcomes (pass/fail);</li> <li>(B) when and (C) instructor's</li> <li>(2) The Division</li> </ul>	entation shall include: pated in the training and the ; where attended; and				
	<ul> <li>(k) Qualifications of 0</li> <li>(1) Coaches sl requirements as a tra</li> <li>(2) Coaches sl the course which is b</li> <li>(3) Coaches sl competence by comp</li> </ul>	Coaches: hall meet all preparation ainer. hall teach at least three times being coached. hall demonstrate pletion of coaching or				
	train-the-trainer instru (I) Documentation sh as for trainers.	uction. Iall be the same preparation				
	failed to ensure the F Professional had cur	as evidenced by: iew and interview, the facility Program Manager/Qualified rent training on the use of tive interventions. The				
	Review on 2/9/22 of personnel record rev -Hired date: 11/20/20					

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-367			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		02/09/2022		
	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S		02/03/2	022
			M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPL HE APPROPRIATE DAT	
V 536	-Mindset Certification -There was no evided Interview on 2/9/22 w revealed: -Mindset trainings we -There were changes Department.	n expired 11/19/21. nce of current training. with the Clinical Director ere scheduled monthly. s in the Human Resource department resulted in	V 536	Measures to Correct: Program Manager attended the las alternatives to restrictive intervent Mindset training on 2-18-22 (see Measure to Prevent: The Progra Director will ensure that all staff I required restrictive intervention tr hire and annually thereafter. The trainer will forward certificate for completion to the Program Manag HR for inclusion in the staff perso folder. Program Director and HR have been re-educated on the imp ensuing staff have all required training trainings are completed a evidence of compliance is document the HR file at the time of hire and thereafter. Most of the trainings will be monin Relias, a system recently implement ensure trainings are completed on	st tions, attached) m have the aining at Mindset ger and onnel staff ortance of ining. y: nsure that annually tored by ented, to	-2022



# MindSet Certification

# Melvin Baldwin

Let it be known, the above named has successfully completed the course requirements for certification in Mind Set <u>Foundations</u>; 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 <u>18 February, 2022</u> 1-Carol McClelland, MindSet