STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-367	A. BUILDING: _____ B. WING _____	R 06/30/2023

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DURHAM MEN'S HALFWAY HOUSE	529 HOLLOWAY STREET DURHAM, NC 27701

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on June 30, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 11 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.	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	V 107		

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V 107	Continued From page 1 Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal 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. (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. (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. This Rule is not met as evidenced by: Based on records review and interview the facility failed to ensure one of three audited staff (Staff #4) met the minimum level of education requirements. The findings are: Review on 6/30/23 of Staff #4's personnel record revealed: -Hire date of 8/10/22. -Staff #4 was hired as a Residential Recovery Coordinator. -There was no documentation Staff #6 met the minimum level of education required. Interview on 6/29/23 with the Clinical Director	V 107		

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V 107	Continued From page 2 revealed: -Staff #4 had completed his high school equivalency program while in prison. -Staff #4 was trying to get certificate from the community college that offered the course. -She confirmed Staff #4 had no documentation that he met the minimum level of education required.	V 107		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Review on 6/30/23 of the facility's fire drills logbook revealed: -There were no fire drills conducted on the 1st	V 114		

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V 114	Continued From page 3 and 3rd shift for the fourth quarter of 2022. -There were no fire drills conducted for the 2nd shift for the first quarter of 2023. -There were no fire drills conducted for 1st, 2nd or 3rd shift for the second quarter of 2023. Review on 6/30/23 of the facility's disaster drills logbook revealed: -There were no disaster drills conducted on the 3rd shift for the third quarter of 2022. -There were no disaster drills conducted on the 3rd shift for the fourth quarter of 2022. -There were no disaster drills conducted on the 2nd shift for the first quarter of 2023. -There were no disaster drills conducted for 1st, 2nd or 3rd shift for the second quarter of 2023. Interview on 6/30/23 with the Clinical Director revealed: -She thought more drills had been completed, but were not logged at the house. -Facility was moving into placing everything online. -Some of the drills may had been recorded online, but no paperwork was made at the home. -She confirmed the facility failed to conduct fir and disaster drills at least quarterly and for every shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by	V 118		

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V 118	Continued From page 4 clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current for 1 of 3 clients (Client #2). The findings are: Review on 6/30/23 of Client #2's record revealed: -Admission date of 6/6/23. -Diagnoses of Alcohol Use Disorder, moderate to severe; Cannabis Use Disorder, moderate to	V 118		

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V 118	Continued From page 5 severe; Cocaine Use Disorder, moderate to severe; Opioid Use Disorder, moderate to severe; Depressive Disorder, unspecified Review on 6/30/23 of Client #2's physician's orders dated 6/6/23 revealed: -Buprenorphine-Naloxone 8-2 milligram (mg) - Place one tablet under the tongue and let it dissolve twice a day. Observation on 6/30/23 at 11:00 am of Client 21's medications revealed: -Medication was available. One pill was left. Review on 6/30/23 of Client #2's MAR for the month of June revealed blanks for the following medications with no staff initials circled or charting codes and no notes that explained the blanks: June 2023: -Buprenorphine-Naloxone 8-2 mg- Blanks 6/7-6/9 @ 9:30pm; 6/12-6/17 @ 9:30pn; 6/19-6/23 @ 9:30pm; 5/25-6/29 @ 9:30 pm. Marked as refused on all other dates PM. -Client #2 was only taking Buprenorphine-Naloxone once in the mornings. Review on 6/30/23 of www revealed: -Buprenorphine-Naloxone 8-2 mg- was used to treat narcotic dependence. Interview on 6/30/23 with the Program Manager revealed: -Clients were responsible for obtaining their medications. -Agency facilitated client's medications with community partnerships and resources. -Agency also took clients to their appointments and to get medications, but clients were responsible for obtaining their medications.	V 118		

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V 118	Continued From page 6 -He was unsure on why Client #2 was not taking his medications as prescribed. -Client #2's prescribing physician had only written for 2 weeks. -He believed that Client #2 was trying to extend the days of his medication by just taking it once in the morning. -He did not know if Client #2 took the evening dose of the Buprenorphine-Naloxone.	V 118		