Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-335	A. BUILDING: _____ B. WING _____	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM WOMEN'S HALFWAY HOUSE	407 SALEM STREET DURHAM, NC 27703

(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	INITIAL COMMENTS An annual survey was completed on August 12, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are: Observation on 8/9/24 at 9:30 a.m. revealed: -Missing front part of a kitchen drawer was missing. -The bottom drawer of the stove was off track or broken. -The residential recovery coordinator was using the stove at the time. Interview on 8/12/24 with the Residential Director revealed: -Clients used the stove and prepared their own food.	V 736	Effective 8/16/24 kitchen drawer is repaired. The bottom of stove is on track and in working order. See pictures added. RECEIVED BY MHL & C 8/19/24	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Robin Henry TITLE Director of Operations (X6) DATE 8/16/24

Division of Health Service Regulation

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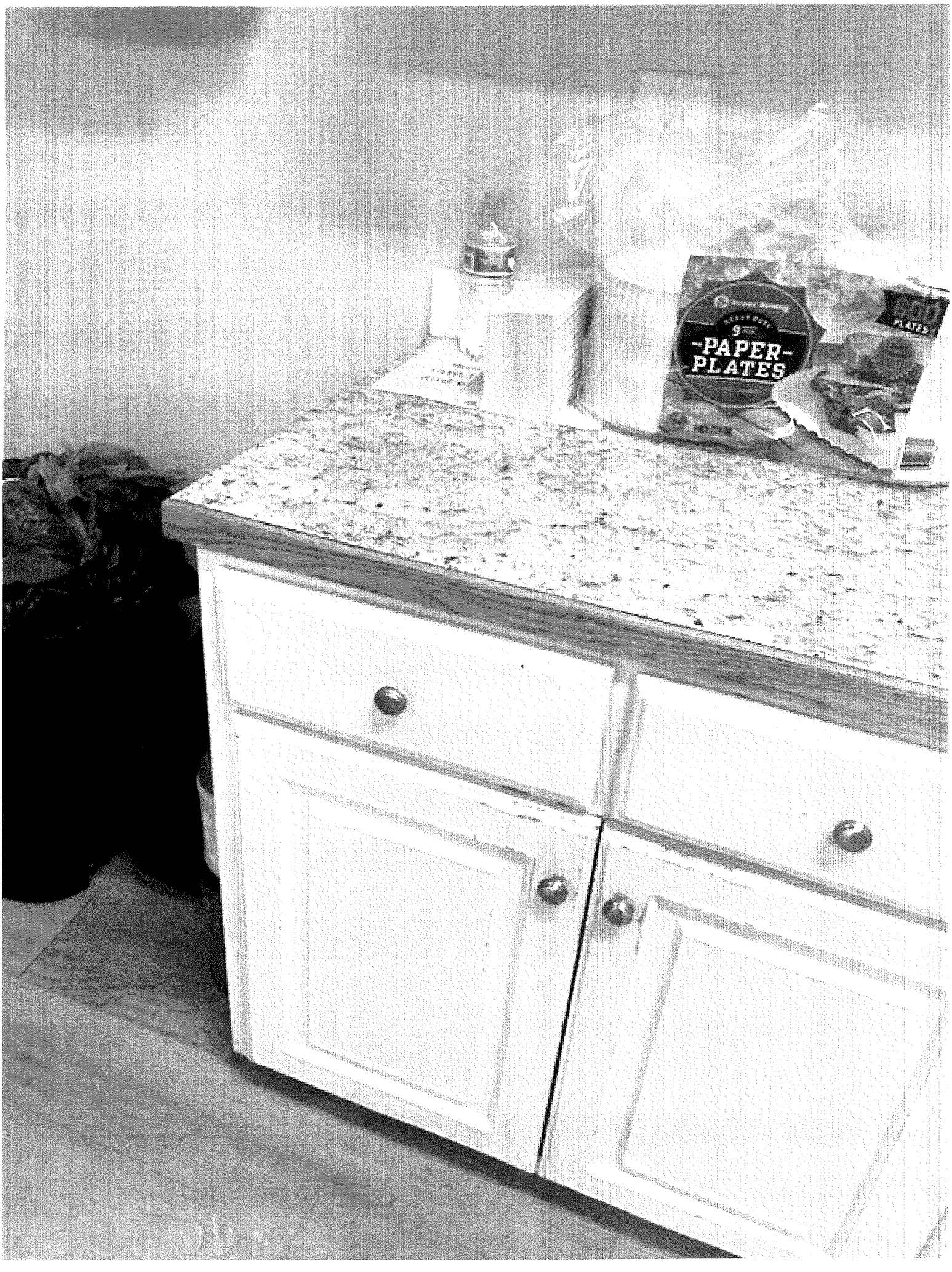
V 736	Continued From page 1 -Clients were responsible for reporting anything broken or not working. -The house manager would then submit a work order. -The facility had their own maintenance staff. -She would follow-up and ensure the items were fixed.	V 736		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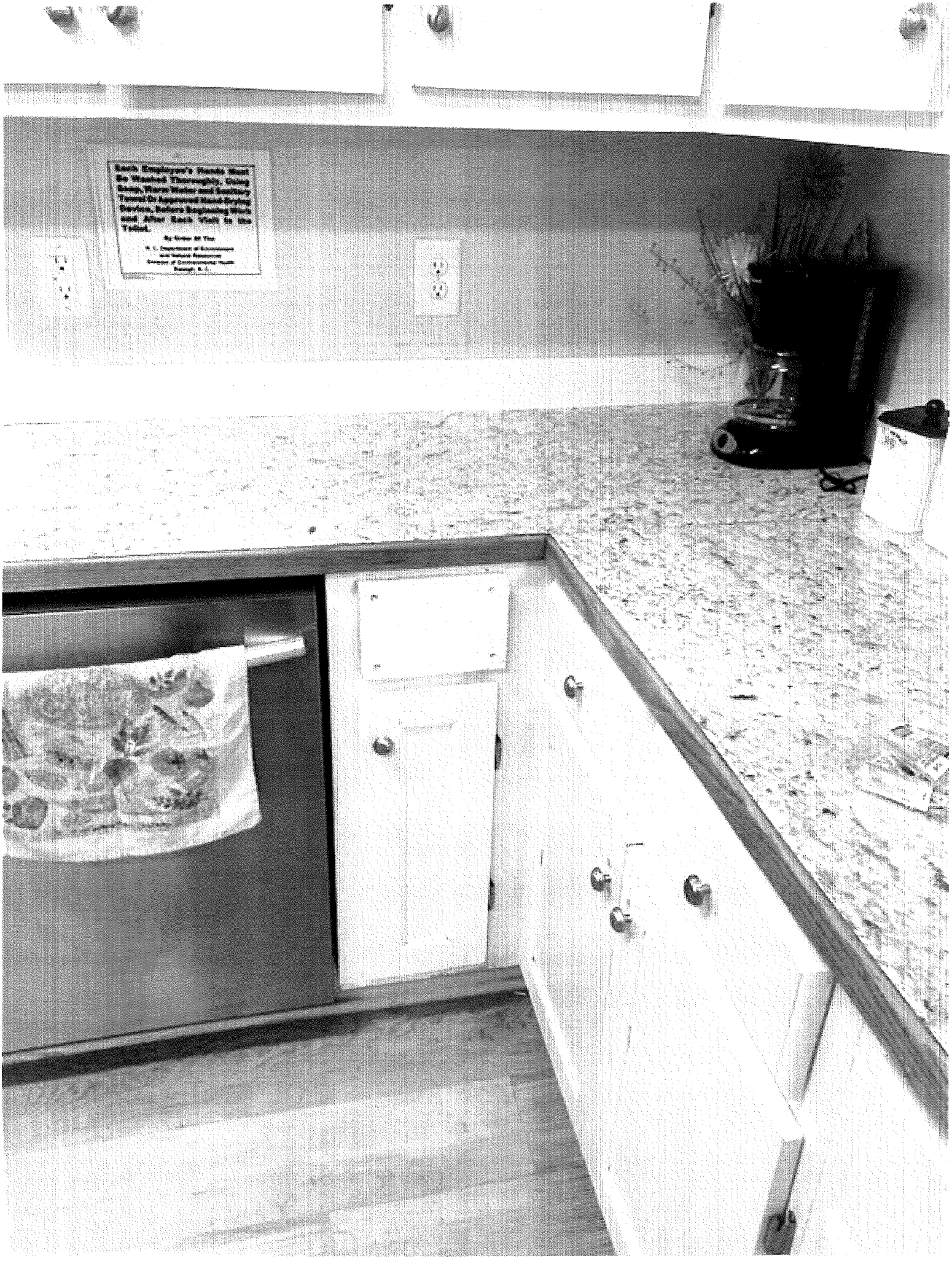
Each Employee's Hands Must
Be Washed Thoroughly, Using
Soap, Warm Water and Sanitary
Towel Or Approved Hand-Drying
Device, Before Beginning Work
and After Each Visit to the
Toilet.


Coffee