		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.				
		MHL032-367	B. WING		05/15/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DURHAN	MEN'S HALFWAY H	OUSE	LOWAY STRE I, NC 27701	EET			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	≣	
V 000	INITIAL COMMENT	TS	V 000				
	An annual survey was completed on May 15, 2025. A deficiency was cited.						
	This facility is licensed for the following service category/categories: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 11 and has a current census of 8. The survey sample consisted of audits of 3 current clients.						
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	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 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						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
MHL032-367		B. WING		05/1	5/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	MEN'S HALFWAY H	OUSE	.OWAY STRI , NC 27701	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	This Rule is not me Based on record re facility failed to kee three of three audit findings are: Reviews on 5/14/25 record revealed: -Admission date of -Diagnoses of Alcol Disorder, and Ampl DisorderPhysician's order of milligrams (mg) (All -Physician's order of the milligrams order of the milligrams of the milli	for medication changes or corded and kept with the MAR appointment or consultation et as evidenced by: views and interviews, the p the MAR current affecting ed clients (#1, #2 and #3). The 5 and 5/15/25 of client #1's 2/18/25. hol Use Disorder, Opioid Use netamine Type Substance Use dated 4/3/25 for Loratadine 10 lergies), one tablet daily. dated 3/4/25 for Clonidine 0.1 it Hyperactivity Disorder), one dated 2/12/25 for exone 8/2 mg (Opioid Use et under tongue three times 00 mg (Bipolar Disorder), one	V 118	BEHOLING!)		
	May 2025-					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
MHL032-367	B. WING		05/15/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY	STATE, ZIP CODE		
DURHAM MEN'S HALEWAY HOUSE	529 HOLLOWAY STF DURHAM, NC 27701			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F TAG REGULATORY OR LSC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
V 118 Continued From page 2	V 118			
-No staff initials to indicate the medication administered for the following: Loratadine 10 mg on 5/13. Buprenorphine/Naloxone 8/2 mg on 5/12 dose. Pantoprazole 40 mg on 5/12. April 2025No staff initials to indicate the medication administered for the following: Loratadine 10 mg on 4/13, 4/27 and 4/28 Clonidine 0.1 mg on 4/14, 4/27 and 4/28 doses; 4/1, 4/2, 4/13, 4/15, 4/16, 4/25 and pm doses. Buprenorphine/Naloxone 8/2 mg on 4/27 4/28 am doses; 4/8 and 4/28 3pm doses. Quetiapine 100 mg on 4/14, 4/27 and 4/25 are Pantoprazole 40 mg on 4/14, 4/27 and 4/25 in Pantoprazole 40 mg on 4/14, 4/27 and 4/25 in Pantoprazole 40 mg on 4/14, 4/27 and 4/25 are Pantoprazole 40 mg on 4/14, 4/27 and 4/25 and March 2025No staff initials to indicate the medication administered for the following: Clonidine 0.1 mg on 3/2 and 3/17 am dosthru 3/5, 3/21 and 3/31 pm doses. Buprenorphine/Naloxone 8/2 mg on 3/2, 3/31 3pm doses; 3/1, 3/2, 3/3, 3/9, 3/15, 3/21 and 3/31 9pm doses. Quetiapine 100 mg on 3/2, 3/3, 3/15, 3/21 3/31. Pantoprazole 40 mg on 3/1, 3/2, 3/10 and Lisinopril 10 mg on 3/2, 3/9 and 3/16. Reviews on 5/14/25 and 5/15/25 of client record revealed: -Admission date of 2/25/25Diagnoses of Alcohol Use Disorder, Tob. Use Disorder and Major Depressive Diso	n was 3pm n was . am d 4/27 and . nd 4/27. 28. 4/28. n was ses; 3/1 3/4 and 3/16, 1 and d 3/17. #2's acco			

mg (High Cholesterol), one tablet daily and Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL032-367		B. WING		05/15/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	MEN'S HALFWAY H	OUSF	OWAY STRE	EET		
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	(X5) COMPLETE DATE	
V 118	tablet dailyPhysician's order of mg (Major Depression or Capsule three times (Major Depressive bedtimePhysician's order of mg (Alcohol Use Didaily and Trazodone tablet at bedtime. Review on 5/15/25 May 2025No staff initials to itadministered for the Gabapentin 300 mg Aripiprazole 5 mg on Naltrexone 50 mg of and 5/10 pm doses. April 2025No staff initials to itadministered for the Atorvastatin 40 mg Amlodipine 5 mg of Sertraline 50 mg of Gabapentin 300 mg doses; 4/1, 4/24 and 4/25 and 4/27 9pm Aripiprazole 5 mg of Naltrexone 50 mg of Altrexone 50 mg of Altrexone 50 mg of Naltrexone 50 mg of Altrexone 50 mg of Altrexone 100 mg March 2025-	digh Blood Pressure), one dated 3/25/25 for Sertraline 50 ive Disorder), one tablet in the in 300 mg (Nerve Pain), one daily and Aripiprazole 5 mg Disorder), one tablet at dated 3/3/25 for Naltrexone 50 for Sorder), one tablet two times in 100 mg (Depression), one disorder	V 118			
	-No staff initials to i administered for the	ndicate the medication was e following:				

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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		
DURHAM MEN'S HALFWAY HOUSE 529 HOLLOWAY STREET DURHAM, NC 27701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET			MHL032-367	B. WING		05/1	5/2025
DURHAM, NC 27701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉT	DURHA	M MEN'S HALFWAY H	OUSE		EET		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
V 118 Nattrexone 50 mg on 3/3, 3/4, 3/10 and 3/26 am doses; 3/9, 3/18, 3/21, 3/30 and 3/31 pm doses. Review on 5/14/25 and 5/15/25 of client #3's record revealed: -Admission date of 3/10/25. -Diagnoses of Cocaine Use Disorder, Alcohol Use Disorder and Cannabis Use DisorderPhysician's order dated 3/11/25 for Nattrexone 50 mg (Alcohol Use Disorder), one tablet daily; Sertraline 25 mg, 2 tablets daily (Major Depressive Disorder), and Quetiapine 25 mg (Bipolar Disorder), one tablet at bedtime. Review on 5/15/25 of client #3's March 2025 MAR revealed: -No staff initials to indicate the medication was administered for the following: Nattrexone 50 mg Sertraline 25 mg and Quetiapine 25 mg on 3/17. Interview on 5/15/25 with the House Manager revealed: -The clients got their medication daily. -"It can be busy here and staff possibly forgot to sign the MARs." -He didn't administer the morning medication to clientsHe confirmed the MARs were not kept current for clients #1, #2 and #3. Interview on 5/15/25 with the Residential Director confirmed: -The MARs were not kept current for clients #1, #2 and #3.	V 118	Naltrexone 50 mg of doses; 3/9, 3/18, 3/8 Review on 5/14/25 record revealed: -Admission date of -Diagnoses of Cocause Disorder and Complete of the Physician's order of 50 mg (Alcohol Use Sertraline 25 mg, 2 Depressive Disorder), of Review on 5/15/25 MAR revealed: -No staff initials to in administered for the Naltrexone 50 mg of Quetiapine 25 mg of Interview on 5/15/12 revealed: -The clients got the sign the MARs." -He didn't administer clientsHe confirmed the Information of the Interview on 5/15/12 confirmed: -The MARs were not some sign the MARs were not some sign the Interview on 5/15/12 confirmed: -The MARs were not some sign the MARs were not some sign the Interview on 5/15/12 confirmed: -The MARs were not some sign the MARs were not some sign that the some sign the MARs were not some sign that the some sign	on 3/3, 3/4,3/10 and 3/26 am 21, 3/30 and 3/31 pm doses. and 5/15/25 of client #3's 3/10/25. aine Use Disorder, Alcohol Cannabis Use Disorder. dated 3/11/25 for Naltrexone en Disorder), one tablet daily; tablets daily (Major er) and Quetiapine 25 mg one tablet at bedtime. of client #3's March 2025 Indicate the medication was enfollowing: Sertraline 25 mg and on 3/17. 25 with the House Manager ir medication daily, the and staff possibly forgot to the er the morning medication to MARs were not kept current and #3. 5 with the Residential Director	V 118			

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