

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER DURHAM MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 529 HOLLOWAY STREET DURHAM, NC 27701		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on May 15, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category/categories: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 11 and has a current census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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: MHL032-367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER DURHAM MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 529 HOLLOWAY STREET DURHAM, NC 27701		
(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 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Reviews on 5/14/25 and 5/15/25 of client #1's record revealed: -Admission date of 2/18/25. -Diagnoses of Alcohol Use Disorder, Opioid Use Disorder, and Amphetamine Type Substance Use Disorder. -Physician's order dated 4/3/25 for Loratadine 10 milligrams (mg) (Allergies), one tablet daily. -Physician's order dated 3/4/25 for Clonidine 0.1 mg (Attention Deficit Hyperactivity Disorder), one tablet twice daily. -Physician's order dated 2/12/25 for Buprenorphine/Naloxone 8/2 mg (Opioid Use Disorder), one tablet under tongue three times daily; Quetiapine 100 mg (Bipolar Disorder), one tablet at bedtime; Pantoprazole 40 mg (Heartburn), one tablet daily and Lisinopril 10 mg (High Blood Pressure), one tablet daily.</p> <p>Review on 5/15/25 of client #1's MARs revealed:</p> <p>May 2025-</p>	V 118		

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER DURHAM MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 529 HOLLOWAY STREET DURHAM, NC 27701		
(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 118	<p>Continued From page 2</p> <p>-No staff initials to indicate the medication was administered for the following: Loratadine 10 mg on 5/13. Buprenorphine/Naloxone 8/2 mg on 5/12 3pm dose. Pantoprazole 40 mg on 5/12.</p> <p>April 2025- -No staff initials to indicate the medication was 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 am doses; 4/1, 4/2, 4/13, 4/15, 4/16, 4/25 and 4/27 pm doses. Buprenorphine/Naloxone 8/2 mg on 4/27 and 4/28 am doses; 4/8 and 4/28 3pm doses. Quetiapine 100 mg on 4/13, 4/16, 4/25 and 4/27. Pantoprazole 40 mg on 4/14, 4/27 and 4/28. Lisinopril 10 mg on 4/14, 4/21, 4/27 and 4/28.</p> <p>March 2025- -No staff initials to indicate the medication was administered for the following: Clonidine 0.1 mg on 3/2 and 3/17 am doses; 3/1 thru 3/5, 3/21 and 3/31 pm doses. Buprenorphine/Naloxone 8/2 mg on 3/2, 3/4 and 3/31 3pm doses; 3/1, 3/2, 3/3, 3/9, 3/15, 3/16, 3/21 and 3/31 9pm doses. Quetiapine 100 mg on 3/2, 3/3, 3/15, 3/21 and 3/31. Pantoprazole 40 mg on 3/1, 3/2, 3/10 and 3/17. Lisinopril 10 mg on 3/2, 3/9 and 3/16.</p> <p>Reviews on 5/14/25 and 5/15/25 of client #2's record revealed: -Admission date of 2/25/25. -Diagnoses of Alcohol Use Disorder, Tobacco Use Disorder and Major Depressive Disorder. -Physician's order dated 4/2/25 for Atorvastatin 40 mg (High Cholesterol), one tablet daily and</p>	V 118		

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER DURHAM MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 529 HOLLOWAY STREET DURHAM, NC 27701		
(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 118	<p>Continued From page 3</p> <p>Amlodipine 5 mg (High Blood Pressure), one tablet daily.</p> <p>-Physician's order dated 3/25/25 for Sertraline 50 mg (Major Depressive Disorder), one tablet in the morning; Gabapentin 300 mg (Nerve Pain), one capsule three times daily and Aripiprazole 5 mg (Major Depressive Disorder), one tablet at bedtime.</p> <p>-Physician's order dated 3/3/25 for Naltrexone 50 mg (Alcohol Use Disorder), one tablet two times daily and Trazodone 100 mg (Depression), one tablet at bedtime.</p> <p>Review on 5/15/25 of client #2's MARs revealed:</p> <p>May 2025-</p> <p>-No staff initials to indicate the medication was administered for the following: Gabapentin 300 mg on 5/13 3pm dose. Aripiprazole 5 mg on 5/4. Naltrexone 50 mg on 5/12 and 5/13 am dose; 5/3 and 5/10 pm doses.</p> <p>April 2025-</p> <p>-No staff initials to indicate the medication was administered for the following: Atorvastatin 40 mg on 4/5 and 4/13. Amlodipine 5 mg on 4/5 and 4/13. Sertraline 50 mg on 4/5 and 4/14. Gabapentin 300 mg on 4/1, 4/24 and 4/28 am doses; 4/1, 4/24 and 4/28 3pm doses; 4/13, 4/24, 4/25 and 4/27 9pm doses. Aripiprazole 5 mg on 4/5, 4/14 and 4/21. Naltrexone 50 mg on 4/6 am dose; 4/1 thru 4/4, 4/13, 4/24 and 4/25 pm doses. Trazodone 100 mg on 4/24 and 4/25.</p> <p>March 2025-</p> <p>-No staff initials to indicate the medication was administered for the following:</p>	V 118		

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER DURHAM MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 529 HOLLOWAY STREET DURHAM, NC 27701		
(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 118	<p>Continued From page 4</p> <p>Naltrexone 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.</p> <p>Review on 5/14/25 and 5/15/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 3/10/25. -Diagnoses of Cocaine Use Disorder, Alcohol Use Disorder and Cannabis Use Disorder. -Physician's order dated 3/11/25 for Naltrexone 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. <p>Review on 5/15/25 of client #3's March 2025 MAR revealed:</p> <ul style="list-style-type: none"> -No staff initials to indicate the medication was administered for the following: Naltrexone 50 mg Sertraline 25 mg and Quetiapine 25 mg on 3/17. <p>Interview on 5/15//25 with the House Manager revealed:</p> <ul style="list-style-type: none"> -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 clients. -He confirmed the MARs were not kept current for clients #1, #2 and #3. <p>Interview on 5/15/25 with the Residential Director confirmed:</p> <ul style="list-style-type: none"> -The MARs were not kept current for clients #1, #2 and #3. 	V 118		