

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>661 NORTH SPRING STREET WINSTON SALEM, NC 27101</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/8/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Disorders.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 3 staff (the Assistant House Manager (AHM)). The findings are:</p> <p>Review on 11/6/2009 of the AHM's employee file revealed: - Hire date: 9/13/2019 - The HCPR was not checked for the AHM until 9/19/2019.</p> <p>Interview on 11/6/2019 with the Director revealed: - The AHM was transitioned into his position on</p>	V 131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 131	Continued From page 1  September 13 after the former AHM left; - The Director was aware of the required time frame for accessing the HCPR, but had checked the HCPR 6 days late.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to	V 536		

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V 536	<p>Continued From page 2</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>(1) Documentation shall include:            (A) who participated in the training and the outcomes (pass/fail);            (B) when and where attended; and            (C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:            (1) Coaches shall meet all preparation requirements as a trainer.            (2) Coaches shall teach at least three times the course which is being coached.            (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:            Based on record review and interviews, the facility failed to ensure staff completed training on alternatives to restrictive interventions prior to providing services affecting 1 of 3 staff (the Assistant House Manager (AHM)); and failed to ensure formal refresher training was completed at least annually affecting 1 of 3 staff (the Director).            The findings are:</p> <p>Review on 11/6/2009 of the AHM's employee file revealed:            - Hire date: 9/13/2019            - Documentation that training in NCI+ (the curriculum used by the facility for training on alternatives to restrictive interventions) was not</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>completed until 10/9/2019.</p> <p>Review on 11/6/2019 of the Director's employee record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 9/20/2013</li> <li>- Documentation of NCI+ training on 4/2/2018;</li> <li>- The Director's NCI+ had lapsed on 4/2/2019;</li> <li>- The Director completed NCI+ refresher training on 6/18/2019.</li> </ul> <p>Interview on 11/6/2019 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- The AHM was transitioned into his position on September 13 after the former AHM left;</li> <li>- Because of the abruptness of the former AHM leaving, there was not much time to have the AHM complete all of his training before he assumed the duties of the position;</li> <li>- The facility's staff attended NCI+ trainings at another large substance use treatment agency in the area;</li> <li>- The other agency's scheduled trainings were not always available at the time the facility needed them.</li> </ul>	V 536		