Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: MHL034-005 B. WING 11/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET THE FELLOWSHIP HOME WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/8/2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Disorders. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification 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. V131 The Director is responsible for This Rule is not met as evidenced by: 11/20/2019 Based on record reviews and interviews, the compliance with G.S. 131E-256 (d2); facility failed to access the Health Care Personnel and accordingly, maintains a list of Registry (HCPR) prior to hire affecting 1 of 3 staff hiring/training rules that includes the (the Assistant House Manager (AHM)). The registry-check rule in question. As of findings are: today, that list has been revised to reflect that the "before hiring" timing Review on 11/6/2009 of the AHM's employee file revealed: component of the rule is strictly and - Hire date: 9/13/2019 literally construed and permits no - The HCPR was not checked for the AHM until deviation under any circumstances. 9/19/2019. The Director will review the list before hiring anyone. Interview on 11/6/2019 with the Director revealed: - The AHM was transitioned into his position on Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. MNG MHL034-005 11/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET THE FELLOWSHIP HOME WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 131 Continued From page 1 V 131 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. 11/20/2019 V 536 27E .0107 Client Rights - Training on Alt to Rest. The Director is responsible for V 536 compliance with 10A NCAC 27E.0107; and accordingly, maintains a list of 10A NCAC 27E .0107 TRAINING ON hiring/training rules that includes the ALTERNATIVES TO RESTRICTIVE rules in question. As of today that list INTERVENTIONS has been revised to reflect that 1) the rule (a) Facilities shall implement policies and that no one may be hired before practices that emphasize the use of alternatives completing intervention training is to restrictive interventions. (b) Prior to providing services to people with strictly and literally construed and disabilities, staff including service providers, permits no deviation under any employees, students or volunteers, shall circumstances, and 2) the rule requiring demonstrate competence by successfully "annual" refresher intervention training completing training in communication skills and means refresher training must be other strategies for creating an environment in which the likelihood of imminent danger of abuse completed before the expiration date on or injury to a person with disabilities or others or the prior certificate of refresher training. property damage is prevented. In addition, as of today, the Director has (c) Provider agencies shall establish training instituted a calendar/reminder system based on state competencies, monitor for internal for monthly monitoring of training compliance and demonstrate they acted on data deadlines, which will insure timely gathered. training. (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

Division of Health Service Regulation

provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL034-005 11/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET THE FELLOWSHIP HOME WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 2 V 536 Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: knowledge and understanding of the people being served; (2)recognizing and interpreting human behavior; recognizing the effect of internal and external stressors that may affect people with disabilities: (4) strategies for building positive relationships with persons with disabilities: recognizing cultural, environmental and organizational factors that may affect people with disabilities; recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; communication strategies for defusing and de-escalating potentially dangerous behavior; and positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2)The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements:

Division of Health Service Regulation

PRINTED: 11/14/2019

V 536 Continued From page 3 (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience		of Health Service Regu	ulation			FOR	RM APPROVED
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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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.	() () () () () () () () () () () () ()	(1) Trainers shall by scoring 100% on tealined at preventing, reneed for restrictive interventions at least one eview by the coach. (2) Trainers shall by scoring a passing grantructor training programmers are competency-based, incobjectives, measurable observation of behavior measurable methods to failing the course. (4) The content of service provider plans to approved by the Division to Subparagraph (i)(5) of the course of the c	all demonstrate competence esting in a training program educing and eliminating the erventions. Il demonstrate competence rade on testing in an ram. Ishall be clude measurable learning testing (written and by r) on those objectives and to determine passing or of the instructor training the of employ shall be of MH/DD/SAS pursuant of this Rule. Istructor training programs to the adult learner; eaching content of the valuating trainee I procedures. In a procedures. In a procedures and the need for restrictive testime, with positive time, with positive the each a training program under a procedure are fresher to every two years. Il maintain and refresher instructor	V 536			

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	(k) Qualifications of Co	paches:				
	 Coaches sha 	Il meet all preparation				
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fac	cility failed to ensure st	aff completed training on				
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AS	sistant House Manage	(AHMill) and failed to				
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The	e findings are:	of 3 staff (the Director).				
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	completed until 10/9/2	2019.				
	- Hire date: 9/20/2013 - Documentation of NC - The Director's NCI+ H - The Director complete on 6/18/2019. Interview on 11/6/2019 - The AHM was transitic September 13 after the - Because of the abrupt leaving, there was not r AHM complete all of his assumed the duties of the The facility's staff atter another large substance the area;	CI+ training on 4/2/2018; nad lapsed on 4/2/2019; ed NCI+ refresher training with the Director revealed: oned into his position on former AHM left; tness of the former AHM much time to have the straining before he he position; nded NCI+ trainings at e use treatment agency in meduled trainings were not the strainings were not to the strainings were not the strainings were not to the strainings were not the straining trainings were not the straining training the straining training t				

Ken Bower

From:

Ken Bower

Sent:

Thursday, November 21, 2019 12:11 PM

To:

pam.pridgen@dhhs.nc.gov

Subject:

The Fellowship Home's 2019 DHHS Plan of Correction

Attachments:

2019 DHHS Plan of Correction.pdf

Dear Ms. Pridgen:

Please find attached The Fellowship Home's 2019 DHHS Plan of Correction. I am also sending it by regular mail today to the Mental Health Licensure & Certification Section. Thanks for your help.

Respectfully,

Ken Bower, Executive Director The Fellowship Home 661 N. Spring St. Winston-Salem, NC 27101 Phone: 336-727-1084

Fax: 336-724-2251

Email: kbower@thefellowshiphome.org

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