



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/08/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  THE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET WINSTON SALEM, NC 27101
---	---

(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 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 All 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	The Director is responsible for compliance with 10A NCAC 27E.0107; and accordingly, maintains a list of hiring/training rules that includes the rules in question. As of today that list has been revised to reflect that 1) the rule that no one may be hired before completing intervention training is strictly and literally construed and permits no deviation under any circumstances, and 2) the rule requiring "annual" refresher intervention training means refresher training must be completed before the expiration date on the prior certificate of refresher training. In addition, as of today, the Director has instituted a calendar/reminder system for monthly monitoring of training deadlines, which will insure timely training.	11/20/2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/08/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  THE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET WINSTON SALEM, NC 27101
---	---

(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 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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/08/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  THE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET WINSTON SALEM, NC 27101
---	---

(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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/08/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  THE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET WINSTON SALEM, NC 27101
---	---

(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 536	<p>Continued From page 4</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 attended; and</p> <p>(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:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(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:</p> <ul style="list-style-type: none"> <li>- Hire date: 9/13/2019</li> <li>- Documentation that training in NCI+ (the curriculum used by the facility for training on alternatives to restrictive interventions) was not</li> </ul>	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WNG _____	(X3) DATE SURVEY COMPLETED  11/08/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  THE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 661 NORTH SPRING STREET WINSTON SALEM, NC 27101
---	---

(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 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		

**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

**RECEIVED**

**NOV 26 2019**

**DHSR-MH Licensure Sect**