	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
	MHL034-005		B. WING		R 03/10/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE FEL	LOWSHIP HOME		RTH SPRING S N SALEM, NC			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual and follo on 3/10/22. Deficie	ow up survey was completed encies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600E Supervised th Substance Abuse				
	The survey sample current clients.	consisted of audits of three				
V 108	27G .0202 (F-I) Pe	rsonnel Requirements	V 108			
	 (g) Employee train provided and, at a following: (1) general organiz (2) training on cliered delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathog (h) Except as permin.5602(b) of this Sub member shall be an times when a client 	cation shall be documented. ing programs shall be minimum, shall consist of the zational orientation; nt rights and confidentiality as NCAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the in the treatment/habilitation				
	to provide cardiopu trained in the Heim techniques such as the American Hear	nanagement, currently trained ilmonary resuscitation and lich maneuver or other first aid s those provided by Red Cross t Association or their eving airway obstruction.				

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

TITLE

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL034-005	B. WING			R 10/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE		10/2022
	LOWSHIP HOME	661 NOR	TH SPRING S	TREET		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 108	Continued From pa	age 1	V 108			
	implement policies reporting, investiga	body shall develop and and procedures for identifying ting and controlling infectious diseases of personnel and	,			
	Based on record re failed to ensure 2 o Manager and the A received training to	et as evidenced by: eview and interview, the facility of 4 audited staff (The House assistant House Manager) had b meet the mh/dd/sa needs of ied in the treatment/habilitation are:				
	 (HM's) record revea A hire date of 1 No evidence th meet the mh/dd/sa 					
	Manager's (AHM's) - A hire date of 1 - No evidence th to meet the mh/dd/					
vision of II	 Although there HM or the AHM's remet regularly with t himself to discuss t 	2 with the Director revealed: was no documentation in the ecords, the HM and the AHM he facility's clinical staff and the clients' various diagnoses d how they could be supported				

Division of Health Service Regulation STATE FORM

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STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	MHL034-005		B. WING		R 03/10/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
TUE	LOWSHIP HOME	661 NOR	TH SPRING S ⁻	TREET		
		WINSTO	N SALEM, NC	27101		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 108	Continued From pa	ge 2	V 108			
	how to document in and the AHM receiv	on developing a training and a their records when the HM ved instruction on the the clients being served by				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any pi developmental disa services that is lice Chapter. (b) Requirement , provider licensed un applicant to fill a po applicant to fill a po applicant to have an conditioned on con- criminal history reco- the applicant has bo less than five years is conditioned on co- criminal history reco- national criminal his include a check of the applicant has bo five years or more, on consent to a Sta check of the applican- criminal history reco- section. Except as subsection, within f the conditional offer					

Division	of Health Service Re	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL034-005	B. WING		R 03/10/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		661 NOR	TH SPRING S	TREET		
THE FEL	LOWSHIP HOME	WINSTO	N SALEM, NC	27101		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	Justice under G.S.	114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private				
	entity to conduct a S	State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		mployment positions not				
	covered by Public L					
	Department of Health and Human Services, Criminal Records Check Unit. Within five					
	business days of receipt of the national criminal					
	history of the person, the Department of Health					
	and Human Services, Criminal Records Check					
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available ation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
	may conduct on be	half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
	section within five b	ord check required by this				
		employment by the provider.				
		nformation received by the				
		tial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
	subsection, the terr	n "private entity" means a				
	business regularly e	engaged in conducting				
	criminal history reco	ord checks utilizing public				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 03/10/2022	
		MHL034-005	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
THE FEL	LOWSHIP HOME		TH SPRING ST N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 4	V 133			
	records obtained fro	om a State agency.				
		plicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
	of the following fact	ors in determining whether to				
	hire the applicant:					
	(1) The level and seriousness of the crime.					
	(2) The date of the crime.					
	(3) The age of the person at the time of the					
	conviction.					
	(4) The circumstances surrounding the commission of the crime, if known.					
	(5) The nexus between the criminal conduct of					
	the person and the job duties of the position to be filled.		·			
	(6) The prison, jail, probation, parole,					
	rehabilitation, and employment records of the					
		te the crime was committed.				
	(7) The subsequent	commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
	shall not be a bar to employment; however, the					
		be considered by the provider.				
		alifies an applicant after				
		e relevant factors, then the				
		provider may disclose information contained in				
		the criminal history record check that is relevant to the disqualification, but may not provide a copy				
	of the criminal history record check to the applicant.					
		y A provider and an officer				
	or employee of a provider that, in good faith,					
	complies with this section shall be immune from					
	civil liability for:					
		e provider to employ an				
		sis of information provided in				
		record check of the individual.				
		an employee's history of				
	criminal offenses if	the employee's criminal				

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
	MHL034-005		B. WING	B. WING		R 10/2022
AME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
			TH SPRING S			
THE FEL	LOWSHIP HOME		N SALEM, NC			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	,	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	history record chec	k is requested and received in				
	compliance with this					
		e As used in this section,				
		neans a county, state, or				
		ory of conviction or pending				
	indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental					
			e l			
			I			
	disabilities, or substance abuse services. These					
	crimes include the criminal offenses set forth in					
	any of the following Articles of Chapter 14 of the					
	General Statutes: Article 5, Counterfeiting and					
	Issuing Monetary Substitutes; Article 5A,					
	Endangering Executive and Legislative Officers;					
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or Autorial: Article 14, Burglony	,			
		or Material; Article 14, Burglary eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Fraudulent Use of Credit Device or Other Means;				
	Article 19B, Financi	Article 19B, Financial Transaction Card Crime				
		ids; Article 21, Forgery; Article				
		st Public Morality and				
		Decency; Article 26A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		ffenses Against the Public Riots and Civil Disorders;				
		n of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
	J=					

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R 03/10/2022	
		MHL034-005	B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
THE FEL	LOWSHIP HOME		TH SPRING ST SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET DATE
V 133	Continued From pa	ige 6	V 133			
	90 of the General S offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applican obtaining the results check regarding the following requireme (1) The provider sh prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sh criminal history reco business days after conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not me Based on record re failed to submit a re conduct a State crin 2 of 4 audited staff	all not employ an applicant le applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

Division	Division of Health Service Regulation								
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COMP	SURVEY LETED			
		MHL034-005	B. WING		٦ 03/1	₹ 0/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
	LOWSHIP HOME	661 NORT	H SPRING S	STREET					
INCIC		WINSTON	SALEM, NO	27101					
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE			
V 133	Continued From pa	ge 7	V 133						
Division of H	 (HM's) record revea A hire date of 1 A "North Carolin Public Information" The "North Car Public Information" been obtained from No evidence of history record chec record Review on 3/10/22 Manager's (AHM's) A hire date of 1 An "Offender In 10/5/21 with no indi information was ob- No evidence of history record chec record Interview on 3/10/2. The documenta records were retrievinternet He was not awa the HM and the AH as he had always 	0/4/21 na Public Safety Offender printout dated 9/28/21 olina Public Safety Offender printout appeared to have a online website any other type of criminal k was present in the HM's of the Assistant House record revealed: 0/6/21 formation" printout dated ication as to what entity the							