STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R MHL034-005 B. WING 03/10/2022 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3/10/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. The survey sample consisted of audits of three current clients. V 108 27G .0202 (F-I) Personnel Requirements Per Fellowship Home policy: The house manager (HM) V 108 03/23/2022 and assistant house manager (AHM) received NCI training before they were hired and will renew that 10A NCAC 27G .0202 PERSONNEL training annually. Certificates of completed NCI training REQUIREMENTS were in their employment files. Upon hiring, the (f) Continuing education shall be documented. executive director provided the HM and AHM with (g) Employee training programs shall be orientation and training that addressed job duties, client rights, confidentiality and client mh/dd/sa needs. Written provided and, at a minimum, shall consist of the job descriptions and statements of client rights signed by following: the HM and AHM were in their employment files. (1) general organizational orientation; During employment, the HM and AHM regularly (2) training on client rights and confidentiality as received training and instruction from the executive delineated in 10A NCAC 27C, 27D, 27E, 27F and director and/or one or more counselors on how best to 10A NCAC 26B: meet client mh/dd/sa needs (3) training to meet the mh/dd/sa needs of the In the future, the executive director will document the client as specified in the treatment/habilitation initial orientation and training provided to the HM and plan; and AHM upon their hiring. He will also document regular (4) training in infectious diseases and training that he and/or our counselors provide to the bloodborne pathogens. HM and AHM during their employment. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE **Executive Director** 03/24/2022 STATE FORM DHSR - Mental Health 6JH711

Division of Health Service Regulation

APR-0 1 2022

PRINTED: 03/14/2022

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:** A. BUILDING: _ COMPLETED R MHL034-005 B. WING 03/10/2022 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 PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 108 Continued From page 1 V 108 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 4 audited staff (The House Manager and the Assistant House Manager) had received training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. The findings are: Review on 3/10/22 of the House Manager's (HM's) record revealed: A hire date of 10/4/21 No evidence the HM had received training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan Review on 3/10/22 of the Assistant House Manager's (AHM's) record revealed: A hire date of 10/6/21 No evidence the AHM had received training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan Interview on 3/10/22 with the Director revealed: Although there was no documentation in the HM or the AHM's records, the HM and the AHM met regularly with the facility's clinical staff and

best by staff

himself to discuss the clients' various diagnoses and their needs and how they could be supported

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:		SURVEY
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		MHL034-005	D. WING		03/	10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From page	ge 2	V 108			
	how to document in and the AHM receive	on developing a training and their records when the HM ed instruction on the he clients being served by				
	G.S. §122C-80 CRII CHECK REQUIRED APPLICANTS FOR (a) Definition As us "provider" applies to program and any prodevelopmental disabservices that is licen Chapter. (b) Requirement A provider licensed unapplicant to fill a pos applicant to fill a pos applicant to have an conditioned on consecriminal history recor the applicant has bee less than five years, is conditioned on cor criminal history recor national criminal hist include a check of th the applicant has bee five years or more, th on consent to a State check of the applicant employ an applicant criminal history recor section. Except as ot subsection, within five the conditional offer of		V 133	Per Fellowship Home policy: The executive dirconducted a timely criminal record check on the AHM by accessing the North Carolina Department Public Safety website and printing out the result Offender Search. Those results were in the HM employment files. Prior DHHS auditors have not to this practice. In the future, the executive director will use a prentity to conduct criminal record searches for premployees. Indeed, we have already opened an awith a private entity called "GoodHire" and will for future record searches.	ne HM and nent of ts of their and AHM ot objected rivate otential account	03/23/2022

Division of Health Service Regulation STATE FORM

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DIVISION	of Health Service Re	egulation				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-005	B. WING		1	R 10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AF	INDESS CITY	STATE, ZIP CODE	1 00/	10/2022
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THE FEL	LOWSHIP HOME		SALEM, N			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From page 3 Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the 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		V 133				
	information received of the applicant. In n national criminal hist with the provider. Prupon request verificatheck has been comby this section. A compropriate local ord the Division of Criminal provider is conducted to the Division of Criminal history reconsection without the prequest to the Departase, the county shad criminal history reconsection within five but conditional offer of each all criminal history in provider is confidenticed to the application of this section. For	mployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection or purposes of this				
	business regularly er	"private entity" means a agaged in conducting d checks utilizing public				

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STATE FORM

Division of Health Service Regulation

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:		E SURVEY PLETED
		MHL034-005	B. WING		1	R 10/2022
	PROVIDER OR SUPPLIER	661 NOR	DRESS, CITY TH SPRING N SALEM, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
	records obtained from (c) Action If an apprecord check reveal a relevant offense, the of the following factor hire the applicant: (1) The level and see (2) The date of the proviction. (4) The circumstance commission of the proviction. (5) The nexus between the person and the provider of the person since the data (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall be listed factors shall be listed factors shall be listed factors of the provider may disclose the criminal history reto the disqualification of the growing of the criminal history of the criminal history reto the disqualification of the criminal history reto the disqualification of the criminal history reto the disquality for: (1) The failure of the individual on the basithe criminal history reto the criminal history reto the criminal history reto the disquality for: (1) The failure of the individual on the basithe criminal history reto the criminal history reto.	om a State agency. plicant's criminal history s one or more convictions of he provider shall consider all ors in determining whether to riousness of the crime. crime. erson at the time of the es surrounding the rime, if known. een the criminal conduct of ob duties of the position to be probation, parole, mployment records of the ee the crime was committed. commission by the person of a relevant offense alone employment; however, the ee considered by the provider. alifies an applicant after relevant factors, then the e information contained in ecord check that is relevant n, but may not provide a copy	V 133			

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AND PLAN OF C	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		SURVEY PLETED
			A. BUILDING	G:	COM	FLETED
		MHL034-005	B. WING			R 10/2022
NAME OF PROVI	DER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
THE FELLOW	SHIP HOME	661 NORT	TH SPRING	STREET		
			SALEM, N	IC 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
histocom (e) f "rele fede indic felor have pers disa crim any Gen Issu Enda Artic Sex Kidn Injur Ince and Othe Robl Fals Obta Frau Artic Act; 26, C Dece Artic 29, E Offic Peac Artic Prote Intox Crim	apliance with this Relevant Offense aral criminal hist common of a criminal hist common of the following of the f	k is requested and received in	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROV

	N OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
		MHL034-005	B. WING			R 10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
			TH SPRING			
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(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 APPROFIDENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	Controlled Substander 90 of the General Soffenses such as saviolation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furnical applicant for employment apporting in the supplies, or otherwiden an employment apporting in the substantial be guilty of a Complete of Golden in the substantial in the sub	ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on dication that is the basis for a provider this section class A1 misdemeanor. Shoyment A provider may a conditionally prior to so of a criminal history record applicant if both of the ents are met: all not employ an applicant applicant applicant's consent for ord check as required in G.S. 114-19.10. all submit the request for a product of the end of t				
	2 of 4 audited staff (ninal history record check for The House Manager and the nager). The findings are:				

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03/10/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

R

MHL034-005

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE FELLOWSHIP HOME

661 NORTH SPRING STREET WINSTON SALEM, NC 27101

B. WING _

	WINSTON SALEM, NC 2/101						
(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			
	Review on 3/10/22 of the House Manager's (HM's) record revealed: A hire date of 10/4/21 A "North Carolina Public Safety Offender Public Information" printout dated 9/28/21 The "North Carolina Public Safety Offender Public Information" printout appeared to have been obtained from a online website No evidence of any other type of criminal history record check was present in the HM's record Review on 3/10/22 of the Assistant House Manager's (AHM's) record revealed: A hire date of 10/6/21 An "Offender Information" printout dated 10/5/21 with no indication as to what entity the information was obtained from No evidence of any other type of criminal history record check was present in the AHM's record Interview on 3/10/22 with the Director revealed: The documentation in the HM and the AHM's records were retrieved from "free" sites on the internet He was not aware that the documentation in the HM and the AHM's records was insufficient; as he had always used "free" sites to obtain criminal history record checks on those he employed.	V 133					

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