STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.		R	
		MHL034-005	B. WING		1	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE FEL	LOWSHIP HOME		TH SPRING S			
WINSTOI			SALEM, NO			
(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	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
		w up survey was completed 24. Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 10 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.					
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position;					
	the position; (3) is signed by the staff member and the supervisor; and					
	(b) All facilities sha each staff member provides care or se the facility:	in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of				
	(2) is able to refollow directions;	8 years of age; ead, write, understand and minimum level of education,				
	competency, work of qualifications for the (4) has no sub	experience, skills and other				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL034-005	B. WING R 02/14/202			
	NAME OF PROVIDER OR SUPPLIER THE FELLOWSHIP HOME STREET AD 661 NOR WINSTON					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 107	applicants for emploration. The implementation applicant decision regarding upon the offense in which the applicant (d) Staff of a facility currently licensed, raccordance with apservices provided. (e) A file shall be memployed indicating	dervices shall require that all coyment disclose any criminal coact of this information on a semployment shall be based relationship to the job for is applying. Yor a service shall be registered or certified in plicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107			
	facility failed to ensiprovides care or selevel of education a (Assistant House Mare: The review on 2/14 revealed: -Date of Hire: 12/4/2-No evidence subm	view and interviews, the ure each staff member who rvices meets the minimum ffecting 1 of 3 audited staff lanager (AHM)). The findings				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	TE SURVEY MPLETED	
					F	
		MHL034-005	B. WING		02/1	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
THE FEL	LOWSHIP HOME		H SPRING S SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	General Educational 1994 while in prisor -The Director had for times about getting unsure of the exact Interview on 2/14/24 revealed: -He had a check lisk new about it (not held).	bollowed up with him several a copy of his GED. He was dates. 4 with the Executive Director t in each employee file, "I naving the proof of education);" AHM for his high school es, unsure of when, but he				
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 prodevelopmental disaservices that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a position applicant to have a conditioned on conscriminal history reconstitution applicant has beliess than five years is conditioned on conscriminal history reconstitutional criminal history reconstitutional c					

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PRINTED: 02/29/2024 FORM APPROVED

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R 02/14/2024	
		MIII 024 005	B. WING			
		MHL034-005	D. WING		02/1	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			TH SPRING S			
THE FEL	LOWSHIP HOME					
			I SALEM, NO	27101		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	NEGOL WORL ON E	oo Berrii Tiiro ii ii Oraw (11014)	IAG	DEFICIENCY)		
V 133	Continued From pa	ge 3	V 133			
	fi	than the offer is sounditioned				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
	section or shall sub	mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e 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				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
	case, the county sh	all commence with the State				
	criminal history reco	ord check required by this				

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Bittioloni	Division of Health Service Regulation							
	IT 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		02/14/2024			
		1411 12034-003			1 04/1	T: 4V44		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
TUE EEL	LOWELIB HOME	661 NOR	TH SPRING S	STREET				
INC FEL	LOWSHIP HOME	WINSTON	I 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE		
				DEFICIENCY)				
V 133	Continued From pa	ge 4	V 133					
	All criminal history i provider is confident except to the application. For subsection, the term business regularly excriminal history records obtained from the following fact hire the applicant: (1) The level and set (2) The date of the provider may discloss the provider disquents (5) The nexus between the present and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions the fact of convictions are levant offense. The fact of convictions the provider may discloss the disqualification of the provider may discloss the disqualification.	employment by the provider. Information received by the Itial and may not be disclosed, ant as provided in subsection For purposes of this In "private entity" means a lengaged in conducting ord checks utilizing public om a State agency. It is one or more convictions of the provider shall consider all ors in determining whether to receive surrounding the crime, if known. It is not to be the position to be the position to be						

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UKKD11 If continuation sheet 5 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	
			A. DOILDING.			,
	MHL034-005		B. WING		F 02/1	4/2024
NAME OF PROV	/IDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
THE FELLOV	WSHIP HOME		H SPRING S			
		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 SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Co	ntinued From pa	ge 5	V 133			
(d) or conciv (1) ind the (2) crii his con (e) "re fed ind feld have peldis crii any Ge Iss En Art Se Kic Inju Incand Ott Ro Fa Art Ac	Limited Immunitemployee of a propose of a pr	y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BOILDING.		 R	,
		MHL034-005	B. WING		1	4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE FEL	LOWSHIP HOME		H SPRING S SALEM, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 DN	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	Article 27, Prostituti 29, Bribery; Article 35, Office; Article 35, Office; Article 36A, Article 39, Protection of the Fallntoxication; and Article 39, Protection of Grand Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwian employment approximal history reconstant be guilty of a Office of Conditional Employ an applicant obtaining the results check regarding the following requirement (1) The provider shapping to obtaining the criminal history reconsults as (2) The provider shapping the provider	on; Article 28, Perjury; Article 31, Misconduct in Public offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter attautes, 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 olication that is the basis for a pord check under this section class A1 misdemeanor. Soloyment A provider may the conditionally prior to so of a criminal history record applicant if both of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHL034-005		B. WING		F 02/4	
					02/1	4/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S T H SPRING S	STATE, ZIP CODE		
THE FEL	LOWSHIP HOME		SALEM, NO			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	failed to submit a crecheck within 5 busing conditional offer of audited staff (Assist The findings are: The review on 2/14 revealed: -Date of Hire: 12/4/2 -No evidence of a conditional background was unsure of where the company was busing them could get for free."	view and interview, the facility riminal history background ness days of making the employment affecting 1 of 3 tant House Manager (AHM)). //24 of the AHM's record 23; riminal history record check tted. 4 with the Executive Director le company to complete the d checks on employees. He in he hired the company but ought out several times; in (company) for something, I				

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