Division of Health Service Regulation  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING:					
MHL034-005		B. WING		04/24/2025			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE FELLOWSHIP HOME WINSTON SALEM, NC 27101							
THE FELL				PROVIDER'S PLAN OF CORRECTION	(X5)		
(X4) ID PREFIX TAG	/EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS	o up survey was completed	V 000				
	on April 24, 2025. No	o deficiencies were cited.  ed for the following service  2 27G .5600E Supervised	W 000  RECEIVED  THE RANK Licensure Seed				
	This facility is licens census of 9. The sul audits of 3 current c	ed for 10 and has a current rvey sample consisted of lients.					
V 107  27G .0202 (A-E) Personnel Requirements  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; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care		V 107	assistant house manager's high school diploma as a copy in his file. Fut AHM's will not be hired of proof of education.	ya pui			
DIVISION OF HEALTH SERVICE REGULATION							
LABORATO	Ven Bon			Executive Director	If continuation sheet 1 of		
STATE FOI			6899	61D411			

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PRINTED: 04/25/2025 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 04/24/2025 MHL034-005 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 661 NORTH SPRING STREET THE FELLOWSHIP HOME WINSTON SALEM, NC 27101 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 107 V 107 Continued From page 1 Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member who provides care or services meets the minimum level of education affecting 1 of 3 audited staff (Assistant House Manager (AHM)). The findings are:

Division of Health Service Regulation

revealed:

revealed:

-Date of Hire: 12/4/23;

The review on 4/23/25 of the AHM's record

-No evidence submitted for proof of education.

Interview on 4/24/25 with the Executive Director

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE ZIP DODE  681 NORTH SPRING STREET WINSTON SALEM, NC 27101  PREFIX TAG  V107  COntinued From page 2  -Having a high school diploma was not a requirement of the facilityHad tried several times to get the AHM's diploma -The AHM received his diploma "over 25 years ago from another state while in prison." -He probably will be gone before the end of the year." -Would ensure all employees' records had proof of education in the future.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.  V114  27G. 0.207 Emergency Plans and Supplies  10A NCAC 27G. 0.207 Emergency Plans and Supplies  10A NCAC 27G. 0.207 Emergency Plans and Supplies  10A NCAC 27G. 0.207 Emergency Plans and similable to the county emergency services agencies upon request. The plans shall be made available to the county emergency services agencies upon request. The plans shall be made available to the county emergency services agencies upon request. The plans shall be made available to the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(/12)		X3) DATE SURVEY COMPLETED	
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V 114	Continued From page 3		V 114					
	facility failed to conducted once per shift per question.  Review on 4/23/25 or disaster drills from Marevealed:  -No documentation of conducted once per through April 2025.  Interview on 4/23/25 -Drills were conducted once in the eveningThe staff (the Home responsible for the or vacation.	ews and interview, the uct fire and disaster drills arter. The findings are:  If the facility's fire and arch 2024 to April 2025  If fire or disaster drills shift per quarter for January  with the Director revealed: ed quarterly ed once in the morning and						

Division of Health Service Regulation STATE FORM

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