

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2019
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NAME OF PROVIDER OR SUPPLIER THE FLYNN FELLOWSHIP HOME OF GASTONIA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 311 SOUTH MARIETTA STREET GASTONIA, NC 28052
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 10-23-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct disaster drills on a quarterly basis repeated for each shift. The findings are:</p> <p>Review on 10-23-19 of the facility's Emergency Drill Log from 10-31-18 to 9-30-19 revealed: -No Disaster Drills held for AM shift during 2nd Quarter (April-June), 2019; -No Disaster Drills held for AM or PM shift during 3rd Quarter (July-September), 2019.</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	Continued From page 1 Interview on 10-23-19 with Staff #4 revealed: -Usually runs two drills each quarter; -Was an oversight not all drills were conducted; -Will pay closer attention in the future. Interview on 10-23-19 with Executive Director revealed: -The facility operates on two 12 hour shifts from 7am-7pm and 7pm-7am; -All completed Fire and Disaster drills have been filed in the notebook; -"[Staff #4] handles the completion of emergency drills;" -She will make sure all disaster drills are held in the future.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date;	V 117		

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V 117	<p>Continued From page 2</p> <p>(D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure the packaging label contained required information for administration affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 10-23-19 of Client #2's record revealed: -Admitted 9-18-19; -Diagnoses of Alcohol Use Disorder, Chron's Disorder, Chronic Back Pain, Neuropathy, Hypertension, High Cholesterol, Degenerative Disc Disease; -Physician Order dated 9-24-19 revealed Tizanidine (used to treat muscle spasms) 4mg (milligrams) 1 tablet q (every) 8 hours prn (as needed);</p> <p>Interview on 10-23-19 with Staff #4 revealed: -Tried to keep up with medication changes; -Overlooked the medication changes; -Will follow up to ensure all orders match the label on the medication bottles.</p> <p>Interview on 10-23-19 with the Executive Director</p>	V 117		

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V 117	Continued From page 3 revealed: -Client #2 has his own car and goes on all medication appointments himself; -Supposed to check behind Staff #4 but "sometimes I get behind." Observation on 10-23-19 at approximately 11:00am of Client #2's medication bottle revealed: -Tizanidine 4mg 2 tablets three times per day dispensed 9-22-19 with no indication the medication was to be used on an as needed basis.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	<p>Continued From page 4</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure prescription drugs were administered on the written order of a physician and failed to ensure MARs were kept current affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 10-23-19 of Client #2's record revealed: -Diagnoses of Alcohol Use Disorder, Chron's Disorder, Chronic Back Pain, Neuropathy, Hypertension, High Cholesterol, Degenerative Disc Disease; -Admitted 9-18-19; -Physician Order dated 9-17-19 revealed: *Metoprolol (used to treat high blood pressure) 12.5mg (milligrams) by mouth every 12 hours *Fenofibrate (used to treat high cholesterol) 48mg 1 tablet daily; -Physician Order dated 9-24-19 revealed: *Tizanidine (used to treat muscle spasms) 4mg 1 tablet q (every) 8 hours prn (as needed); -September and October, 2019 MAR revealed: *Metoprolol 20mg 1 tablet daily *Fenofibrate 48mg 1 tablet daily *Tizanidine 4mg 2 tablets three times daily prn. -No physician order present for Fenofibrate 54mg 1 tablet daily;</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Observation on 10-23-19 at approximately 11:00am of Client #2's medications revealed: -Metoprolol 25mg tablet take ½ tablet twice daily dispensed on 10-3-19; -Fenofibrate 54mg take 1 tablet daily dispensed 10-3-19; -Tizanidine 4mg 2 tablets three times per day dispensed 9-22-19 with no indication the medication was to be used on an as needed basis.</p> <p>Interview on 10-23-19 with Client #2 revealed: -Fenofibrate was recently increased to 54mg 1 tablet daily.</p> <p>Interview on 10-23-19 with Staff #4 revealed: -Tried to keep up with medication changes; -Overlooked the medication changes; -Will follow up to ensure all MARs match the orders and the bottles.</p> <p>Interview on 10-23-19 with the Executive Director revealed: -Incorrectly transcribed the September and October, 2019 MARs when Client #2 was admitted to the facility; -The physician orders and the medications bottle for Metoprolol were correct at 25mg take ½ tablet twice daily; -Client #2's Fenofibrate must have been increased to 54mg daily; -Client #2 has his own car and goes on all medication appointments himself; -Supposed to check behind Staff #4 but "sometimes I get behind."</p>	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

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V 752	<p>Continued From page 6</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure water temperatures were maintained between 100-116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are:</p> <p>Observation on 10-23-19 at approximately 11:30am of the facility's kitchen revealed: -Hot water temperature at the kitchen sink was 130 degrees Fahrenheit.</p> <p>Interview on 10-23-19 with Staff #4 revealed: -No burns have been reported; -Had just adjusted the water temperature at the kitchen sink and will continue to check it until the temperature reaches between 100-116 degrees Fahrenheit.</p> <p>Interview on 10-23-19 with the Executive Director revealed: -No clients have reported burns, injuries, or incidents regarding the water temperature at the kitchen sink; -Will speak with Staff #4 to get the water temperature adjusted in the kitchen to read between 100-116 degrees.</p>	V 752		