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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101 2741	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _			
		MHL012-134	B. WING		R 01/14/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
FLYNN RE	COVERY COMMUNITY		T UNION STREE ITON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE	ILD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on January 14, 2020. This facility is license	up survey was completed Deficiencies were cited. d for the following service 27G .5600E Supervised Substance Abuse				
V 114	27G .0207 Emergend	y Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shi under conditions that	an shall be developed and				
	failed to ensure that f conducted and repea quarter. The findings	ew and interview, the facility ire and disaster drills were ted for each shift for each are: of the facility's written fire 2/31/19 revealed:				

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 CONSTRUCTION A. BUILDING:	
			A. DOILDING.		R
MHL012-134		B. WING		01/14/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
EI VNN DE	COVERY COMMUNITY	721 WES	ST UNION STREE	ΞT	
T ETIMOTICE	OOVERT COMMONT	MORGA	NTON, NC 28655	5	
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V 114	Continued From page	e 1	V 114		
V 114	-no night drill during 2 (April-June); -no night drill during 3 (July-September); -no daytime drill during (October-December). Review on 1/14/2020 disaster drills from 1/-no daytime drill during (January-March); -no daytime drill during (April-June); -no daytime drill during (July-September); -no daytime drill during (October-December). Interviews on 1/13/20 #3 revealed: -Each of these clients practiced a fire or a dadmissions; -Client #3 stated that had they practiced fire interview on 1/13/202 -The nighttime staff a conducted the fire and disaster drill interview on 1/14/202 -There had been no fire interview on 1/14/202	2nd quarter, 2018 Brd quarter, 2018 of the facility's written 1/19 to 12/31/19 revealed: 1/19 to 12/	V 114		
	11/2019;	s staff at the facility since			
	-His usual work shift v 5:00-6:00 pm until 6:0	was nignttime from 00 am the next morning.			

Division of Health Service Regulation

STATE FORM 6899 49B011 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
MHL012-13		MHL012-134	B. WING		01/14/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FI YNN RF	COVERY COMMUNITY	721 WEST	UNION STREE	T		
		MORGAN	TON, NC 28655	5		
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V 114	Continued From page	2	V 114			
	Interview on 1/13/202 -He had conducted fir facility at least once a October/November 20 current clients (Client -His usual work shift onext morning; -He yelled "fire" when the clients all met at t front of the facility; -When they simulated went downstairs in the Interview on 1/14/202 revealed: -His understanding w to do one fire drill and quarter and a fire drill and a disaster drill co -There were two shifts operated from 8:30 an nighttime shift which of to 8:30 am the next metallice.	to with Staff #3 revealed: re and disaster drills at the month since the 019 admissions of the s #1-#8); was 5:00 pm to 8:30 am the he initiated a fire drill and he designated big tree in he a tornado drill, the clients be basement. To with the Program Director as the facility was required a one disaster drill per could occur on one shift uld occur on the other shift; s: a daytime shift which m to 5:00-6:00 pm and the operated from 5:00-6:00 pm norning.				
V 290	27G .5602 Supervise	d Living - Staff	V 290			
	of this Rule shall be denable staff to responseeds. (b) A minimum of one present at all times we premises, except when					

Division of Health Service Regulation

STATE FORM 6899 49B011 If continuation sheet 3 of 6

Division of	of Health Service Regu	lation						
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:					
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		MHL012-134	B. WING		01/1	14/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE				
TO WILL OF TH	NOVIDER OR GOLF EIER		, ,	,				
FLYNN RE	FLYNN RECOVERY COMMUNITY 721 WEST UNION STREET							
		MORGAN	TON, NC 2865	5				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE		
TAG	REGULATORT ORT	130 IDENTIF TING IN ORMATION)	TAG	DEFICIENCY)	MAIL	5,112		
						 		
V 290	Continued From page	e 3	V 290					
	canable of remaining	in the home or community						
		The plan shall be reviewed						
		ss than annually to ensure						
		•						
		be capable of remaining in						
		ity without supervision for						
	specified periods of ti							
	(c) Staff shall be pres	<u>-</u>						
		atios when more than one						
	child or adolescent cl							
	()	adolescents with substance						
		be served with a minimum						
	-	or every five or fewer minor						
	-	vever, only one staff need be						
		ng hours if specified by the						
		procedures determined by						
	the governing body; o							
	` '	adolescents with						
	·	lities shall be served with						
		every one to three clients						
		present for every four or						
		However, only one staff						
	need be present durir							
	•	gency back-up procedures						
	determined by the go							
	()	serve clients whose primary						
		e abuse dependency:						
	` '	staff member who is on						
	•	n alcohol and other drug						
	withdrawal symptoms							
		ons to alcohol and other						
	drug addiction; and							
	()	s of a certified substance						
	abuse counselor shal							
	as-needed basis for e	each client.						
	This Rule is not met							
	Based on record review	ew and interview, the facility						

Division of Health Service Regulation

STATE FORM 6899 49B011 If continuation sheet 4 of 6

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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FLIMN KE	ECOVERT COMMONTT	MORGAN'	TON, NC 28655	5			
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V 290	Continued From page	2 4	V 290				
	duty was trained in al	at least one staff member on cohol and other withdrawal audited staff (Staffs #1, #2 are:					
	record revealed: -Hire date of 7/1/2012 -No documentation w alcohol and drug with	hich indicated training on drawal symptoms or training ndary complications to					
	record revealed: -Hire date of 10/21/19 -No documentation w alcohol and drug with	hich indicated training on drawal symptoms or training ndary complications to					
	record revealed: -Hire date of 4/16/16; -No documentation w alcohol and drug with	hich indicated training on drawal symptoms or training ndary complications to					
	revealed: -Each had not receive and drug withdrawal s	of secondary complications					
	-He had not received and drug withdrawal s	0 with Staff #2 revealed: formal training on alcohol symptoms or of secondary complications					

Division of Health Service Regulation

STATE FORM 6899 49B011 If continuation sheet 5 of 6

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Division of Health Service Regulation

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					R		
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FLYNN RE	ECOVERY COMMUNITY		T UNION STREE NTON, NC 28655				
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V 290	Continued From page to alcohol and drug ac Interview on 1/14/202 revealed: -He would follow up to on alcohol and drug w	ddiction. O with the Program Director e ensure staff were trained withdrawal symptoms or of secondary complications	V 290		APPROPRIATE	DATE	

Division of Health Service Regulation

STATE FORM 6899 49B011 If continuation sheet 6 of 6