

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/14/2020
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NAME OF PROVIDER OR SUPPLIER FLYNN RECOVERY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST UNION STREET MORGANTON, NC 28855
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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 and follow up survey was completed on January 14, 2020. 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 Dependency.</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 record review and interview, the facility failed to ensure that fire and disaster drills were conducted and repeated for each shift for each quarter. The findings are:</p> <p>Review on 1/14/2020 of the facility's written fire drills from 1/1/19 to 12/31/19 revealed: -no night drill during 1st quarter, 2018 (January-March);</p>	V 114	<p>V114 Ref: 27G.0207 The Program Director will ensure both fire and disaster drills will be performed at least once per quarter for each shift. This plan will be implemented by February 20, 2020.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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By DHSR- Mental Health Licensing at 3:11 pm, Feb 03, 2020

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V 114	<p>Continued From page 1</p> <p>-no night drill during 2nd quarter, 2018 (April-June); -no night drill during 3rd quarter, 2018 (July-September); -no daytime drill during 4th quarter, 2018 (October-December).</p> <p>Review on 1/14/2020 of the facility's written disaster drills from 1/1/19 to 12/31/19 revealed: -no daytime drill during 1st quarter, 2018 (January-March); -no daytime drill during 2nd quarter, 2018 (April-June); -no daytime drill during 3rd quarter, 2018 (July-September); -no daytime drill during 4th quarter, 2018 (October-December).</p> <p>Interviews on 1/13/2020 with Clients #1, #2 and #3 revealed: -Each of these clients indicated they had not practiced a fire or a disaster drill since their admissions; -Client #3 stated that he would have remembered had they practiced fire and disaster drills.</p> <p>Interview on 1/13/2020 with Staff #1 revealed: -The nighttime staff and the Program Director conducted the fire and disaster drills; -He had not recently been at the facility when a fire and disaster drill was held.</p> <p>Interview on 1/14/2020 with Staff #2 revealed: -There had been no fire and disaster drills held since he became staff; -He began working as staff at the facility since 11/2019; -His usual work shift was nighttime from 5:00-6:00 pm until 6:00 am the next morning.</p>	V 114		

Division of Health Service Regulation
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If continuation sheet 2 of 6

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V 114	Continued From page 2 Interview on 1/13/2020 with Staff #3 revealed: -He had conducted fire and disaster drills at the facility at least once a month since the October/November 2019 admissions of the current clients (Clients #1-#8); -His usual work shift was 5:00 pm to 8:30 am the next morning; -He yelled "fire" when he initiated a fire drill and the clients all met at the designated big tree in front of the facility; -When they simulated a tornado drill, the clients went downstairs in the basement. Interview on 1/14/2020 with the Program Director revealed: -His understanding was the facility was required to do one fire drill and one disaster drill per quarter and a fire drill could occur on one shift and a disaster drill could occur on the other shift; -There were two shifts: a daytime shift which operated from 8:30 am to 5:00-6:00 pm and the nighttime shift which operated from 5:00-6:00 pm to 8:30 am the next morning. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is	V 290		

Division of Health Service Regulation
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If continuation sheet 3 of 6

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V 290	Continued From page 3 capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility	V 290		

Division of Health Service Regulation
STATE FORM

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If continuation sheet 4 of 8

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V 290	<p>Continued From page 4</p> <p>failed to ensure that at least one staff member on duty was trained in alcohol and other withdrawal symptoms for 3 of 3 audited staff (Staffs #1, #2 and #3). The findings are:</p> <p>Review on 1/14/2020 of Staff #1's personnel record revealed: -Hire date of 7/1/2012; -No documentation which indicated training on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications to alcohol and drug addiction.</p> <p>Review on 1/14/2020 of Staff #2's personnel record revealed: -Hire date of 10/21/19; -No documentation which indicated training on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications to alcohol and drug addiction.</p> <p>Review on 1/14/2020 of Staff #3's personnel record revealed: -Hire date of 4/16/16; -No documentation which indicated training on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications to alcohol and drug addiction.</p> <p>Interviews on 1/13/2020 with Staffs #1 and #3 revealed: -Each had not received formal training on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications to alcohol and drug addiction.</p> <p>Interview on 1/14/2020 with Staff #2 revealed: -He had not received formal training on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications</p>	V 290	<p>V290 Ref: 27C.5602 Staff training will be put into place by February 20, 2020 to ensure all staff are properly trained on alcohol and drug withdrawal symptoms as well as on symptoms of secondary complications to alcohol and drug addiction. By February 20, 2020 all current staff who were identified as not having been through such training will have the training and it will be documented in their personnel file.</p>	

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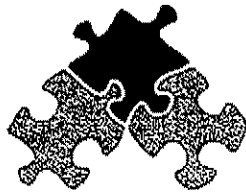
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If continuation sheet 5 of 6

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V 290	Continued From page 5 to alcohol and drug addiction. Interview on 1/14/2020 with the Program Director revealed: -He would follow up to ensure staff were trained on alcohol and drug withdrawal symptoms or training on symptoms of secondary complications to alcohol and drug addiction.	V 290		



Burke Recovery

Burke Council on Alcoholism and Chemical Dependency, Inc. (TIN: 56-0862624)

January 31, 2020

Rebecca Hensley
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Ms. Hensley,

Allow me to initiate this correspondence by thanking you for your thorough investigation of our Flynn Recovery Community program on January 14, 2020. It was, as it always is, a pleasure working with you. We have received and reviewed your findings and you will find attached to this letter our Plan of Correction noted on the provided State form.

Please contact me with any questions or concerns you have.

Sincerely,

Kimberly D. James
Executive Director

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By DHSR- Mental Health Licensing at 3:11 pm, Feb 03, 2020

203 White Street, Morganton, NC | 828-433-1221 (office) | 828-433-1287 (fax) | www.burkerecovery.com

