STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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THE FLYNN FELLOWSHIP HOME OF GASTONI	311 SOUTH MARIETTA STREET GASTONIA, NC 28052

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9-16-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in general organizational orientation, client rights and confidentiality, infectious diseases and bloodborne pathogens, meeting the mh/dd/sas needs of the clients did not have current training in cardiopulmonary resuscitation (CPR) and First Aid affecting 1 of 3 staff (Cook) and failed to ensure training in CPR and First Aid affecting 2 of 3 staff (House Manager, Director). The findings are: Review on 9/8/21 of the House Manager's personnel record revealed: - Date of Hire 6/21/16; - No current CPR or First Aid certification; - The most recent CPR and First Aid certification expired 8/20/21. Attempted review on 9/8/21 of the Cook's personnel record was unsuccessful as there was no record or training available for review. Review on 9/8/21 of the Director's personnel record revealed: - Date of Hire 4/2/02; - No current CPR or First Aid certification; - The most recent CPR and First Aid certification expired 8/20/21. Interview on 9/7/21 with the House Manager revealed:	V 108		

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V 108	Continued From page 2 - He knew his CPR and First Aid training was expired; - Need to get with the Director to sign up for training. Interview on 9/13/21 with the Director revealed: - She knew that the trainings had expired; - Things fell off since COVID-19 and she got behind; - She planned to have everyone trained; - Cook transitioned from a client to the Cook in April 2020; - Cook had no place to live; - Director offered the Cook room and board in exchange of him being the Cook.	V 108		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service,	V 116		

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V 116	Continued From page 3 pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure medications were dispensed by a registered pharmacist, physician or health care practitioner by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 audited current clients (Client #2). The findings are: Review on 9/7/21 of Client #2's record revealed: -Admitted 9/3/21; -Diagnosed with Alcohol Dependence, Coronary Artery Disease. -Medications listed on the September, 2020 MAR were as follows: amlodipine 10mg (milligram) 1 tab (tablet) daily, aspirin 81 mg 1 tab daily, atorvastatin 40mg 1 tab in the evenings, buspirone 5mg 1 tab three times a day, clopidogrel 75mg 1 tab daily, fluoxetine 40mg 1 tab daily, folic acid 1mg 1 tab daily, melatonin 3mg 1 tab daily nightly, metoprolol tartrate 50mg	V 116		

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V 116	Continued From page 4 1 tab twice daily, nitroglycerin 0.4 place one tab under tongue every five minutes for chest pain as needed (prn), thiamine 50mg take 2 tabs daily, pantoprazole 40mg 1 tab daily. Review on 9/8/21 of the House Manager's personnel record revealed: - Date of Hire 6/21/16; - Received medication administration training on 7/13/16. Interview and Observation on 9/8/21 at approximately 2:20pm-2:45pm with Client #2 revealed: -When Client #2 was asked how he received his medication, he revealed he was given all of his medications for a 24 hour period at 4pm each day from the House Manager; -He kept all his medications he received from the House Manager for the 24 hour period in a medication pill box; -He knew when to take his medication and self-administered the medications at certain times of the day: in the morning, the afternoon, and the evening around 6pm; -When asked where the medications were located for the remainder of the 24 hour period, Client #2 retrieved a medication pill box divided into two sections marked "AM" and "PM". The medication pill box contained pills in each of the "AM" and "PM" sections of the pill box. Interview on 9/7/21 with the House Manager revealed: - Gave Client #2 all of his medication each day at 4pm; - Client #2 took his medications when he was supposed to take them; - Client #2 knew what he was supposed to take.	V 116		

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V 116	Continued From page 5 Interview on 9/7/21 and 9/13/21 with the Director revealed: -House Manager administered the medications at the facility; -Client #2 was well aware of what medications he was supposed to be taking; -Would ensure the House Manager had additional training in medication administration; -Had already implemented changes to correct the method in which medication administration was handled at the facility. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A2 rule violation and must be corrected within 23 days.	V 116		
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	Continued From page 6 (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure labeling for medications affecting 1 of 3 audited clients (client #2). The findings are: Observation on 9/8/21 at approximately 2:20 pm to 2:45 pm of client #2 medications revealed: - Unlabeled small brown glass bottle of pills retrieved by client #2 from his pants pocket. Review on 9/7/21 of client #2's record revealed: - 59 year old; - Admitted 9/3/21; - Diagnosed with Alcohol Dependence, Coronary Artery Disease. Review on 9/8/21 of the House Manager's personnel record revealed: - Date of Hire 6/21/16; - Received medication administration training on 7/13/16. Interview on 9/7/21 with the House Manager revealed: - Knew client #2 kept the small brown glass tube	V 117		

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V 117	Continued From page 7 in his pockets. Interview on 9/8/21 with the client #2 revealed: - Identified pills in the small brown glass bottle as nitroglycerin; - Had not taken any nitroglycerin since being at the facility. Interview on 9/13/21 with the Director revealed: - Knew client #2 had a small glass bottle in his pocket; - Believed the medication was nitroglycerin; - Planned to make an appointment for client #2 at local Health Department to ensure accurate labeling of medications. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A2 rule violation and must be corrected within 23 days.	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	V 118		

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V 118	Continued From page 8 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 (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were administered with a signed physician's order and failed to ensure a MAR of all drugs administered to each client was kept current affecting 1 of 3 audited clients (client #2). The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V116) Based on record review and interview, the facility failed to ensure medications were dispensed by a registered pharmacist, physician or health care practitioner by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 audited current clients (client #2). Cross Reference: 10A NCAC 27G .0209	V 118		

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V 118	Continued From page 9 Medication Requirements (V117) Based on record review and interview, the facility failed to ensure accurate labeling for medications affecting 1 of 3 audited clients (client #2). Review on 9/8/21 and 9/9/21 of client #2's medical record revealed: - 59-year-old male, - diagnosed with Alcohol Dependence and Coronary Artery Disease. - In 2011, had massive heart attack and had to have a quadruple bypass and 2 stents placed in his heart. - Had a minor heart attack a few weeks prior to coming to facility. - No authorization to self-administer medications signed by the client's physician; - Summary dated 8/20/21 from local hospital listed the following medications: amlodipine (high blood pressure/beta blocker) 10 mg(milligrams) 1 tab (tablet) daily, aspirin 81 mg 1 tab daily, atorvastatin (cholesterol) 40mg 1 tab in the evenings, buspirone (anxiety) 5mg 1 tab three times a day, clopidogrel (plavix-blood thinner) 75mg 1 tab daily, fluoxetine (depression) 40mg 1 tab daily, folic acid (vitamin)1mg 1 tab daily, melatonin (sleep aid) 3mg 1 tab daily nightly, metoprolol tartrate (blood pressure) 50mg 1 tab twice daily, nitroglycerin (treat and prevent chest pain) 0.4 (place one tab under tongue every five minutes for chest pain as needed (prn), oxycodone (pain) 5mg, 1 tab 2 twice daily, thiamine (vitamin B) 50mg 2 tabs daily, pantoprazole 40mg(blood pressure) 1 tab daily; - Summary stated to stop isosorbide mononitrate(heart medication to prevent chest pains) 30 mg tablet, lisinopril(blood pressure) 10 mg tablet; - There was no physician's signature on the summary from local hospital.	V 118		

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V 118	Continued From page 10 Review on 9/7/21 of client #2's handwritten 9/2021 MAR revealed: - No times for medication administration; - MAR signed by the House Manager before client #2 was a resident at the facility; - Amlodipine (high blood pressure, beta blocker)10mg 1 in the morning, atorvastatin (cholesterol) 1 in the evening, fluoxetine (prozac)40 mg 1 in morning to help with anxiety, folic acid 1mg 1 in the morning, metoprolol tartrate (blood pressure)50mg 1 in the morning and 1 in the afternoon, pantoprazole(blood pressure) 1 in the morning, isosorbide mononitrate 1 in the morning, clonidine (blood pressure) 1 in the morning 1 at noon, and 1 in the evening, lisinopril (blood pressure) 1 in the morning. Observation on 9/7/21 at approximately 2:35pm of Client #2's medication revealed: - Medications listed on MAR but no evidence of actual medication at the facility; buspirone 5 mg, 1 tab three times a day, clopidogrel 75mg, 1 tab daily, Melatonin 3mg, 1 tab nightly, thiamine 50mg 2 tab daily; Interview on 9/8/21 with pharmacist #1 at local pharmacy #1 revealed: - Medication orders were on file with an electronic signature from a providing physician: aspirin, atorvastatin, clopidogrel, fluoxetine, folic acid, melatonin, metoprolol, isosorbide mononitrate, and clonidine Interview on 9/8/21 with pharmacist #2 at local pharmacy #2 revealed: - Medication orders were on file with a physical signature from a providing physician: lisinopril, pantoprazole, and amlodipine	V 118		

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V 118	Continued From page 11 Interview on 9/8/21 with client #2 revealed: - House Manager gave him his medications daily at 4pm for the next 24 hours; - Administered own medications; amlodipine 10mg 1 in the morning, atorvastatin 1 in the evening, fluoxetine 40 mg 1 in morning, folic acid 1mg 1 in the morning, metoprolol tartrate 50mg 1 in the morning and 1 in the afternoon, pantoprazole 1 in the morning, isosorbide mononitrate 1 in the morning, clonidine 1 in the morning 1 at noon, and 1 in the evening, lisinopril 1 in the morning; - Knew lisinopril bottle was empty; - Had a few lisinopril in his pill box; -Had never taken the nitroglycerin since his admission to the facility. Interview on 9/7/21 with the House Manager revealed: - Documented administration on the MAR; - Signed MAR daily; - Acknowledged he signed the MAR on dates before client #2 was admitted into the facility; - Client #2 self-administered his own medications; - Had not given client #2 any nitroglycerin medication; - Knew there were no physicians' orders for client #2. Interview on 9/7/21, 9/8/21 and 9/13/21 with the Director revealed: - There were times when she set up MAR; - House Manager was responsible for overseeing the MARs; - Not aware of any mistakes of medications listed on MAR; - Had not been checking the MAR; - Planned to retrain House Manager in medication administration.	V 118		

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V 118	Continued From page 12 Observation on 9/7/21 at approximately 2pm and 9/8/21 at approximately 2:20pm of client #2's medications revealed: - Lisinopril 10mg 1 tab by mouth daily dispensed 6/18/21 empty bottle with 1 refill; - Unlabeled small brown glass bottle with pills; - Aspirin bottle 325 mg; - Amlodipine 10 mg 1 tab daily dispensed 6/18/21; - Atorvastatin 40mg 1 tab in the evenings dispensed 2/1/21; - Fluoxetine 40mg 1 tab daily dispensed 4/30/21; - Folic Acid 1mg 1 tab daily dispensed 1/20/21; - Metoprolol Tartrate 50mg 1 tab twice daily dispensed 5/3/21; - Pantoprazole 40mg 1 tab daily dispensed 5/19/21; - Isosorbide Mononitrate ER 300 mg 1 tablet by mouth daily dispensed 3/1/21; - Clonidine HCL 0.1 mg 1 tablet by mouth 3 times daily dispensed 3/1/21; - Medications listed on MAR but were not available at the facility included: buspirone 5 mg, 1 tab three times a day, clopidogrel 75mg, 1 tab daily, Melatonin 3mg, 1 tab nightly, thiamine 50mg 2 tab daily; Due to the failure to accurately document medication administration it could not be determined if client #2 received his medications as ordered by the physician. Review on 9/13/21 of the first Plan of Protection written by Director dated 9/13/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? We are calling [health facility] today to link to services. Reviewing med admin(medication administration) with the staff. These will be	V 118		

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V 118	Continued From page 13 completed by the end of the week 9/17/21. I will be sure to check the Mars(Medication Administration) for completion, that the bottles have labels, that the self admin(self-administration) form is filled out. I will call the pharmacies to request drs.(doctor) order's today. Complete by the end of the week. Describe your plans to make sure the above happens. Oversee all med admin(medication administration) for the next month until a follow up can be completed." Review on 9/14/21 of the second Plan of Protection written by the Director dated 9/14/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? This facility will ensure the safety of the consumers by: The facility director, [Director], witnessed the consumer who was in need of corrections to his medication administrations, call the office (Local Health Dept.) He has an appointment for that facility as a result on 9/15/21 at 10:30 am. I will personally transport the consumer and have given him instructions to have the Medication Administration Form filled out with all his medication listed and the directions for use clearly documented. New prescriptions will be prepared by the health department and all bottles will have the proper labels completed. This will be monitored by the director and the employee (house manager) whose job it is to do Med Admin (medication administration). I have requested a course for Med Admin (medication administration) from our regular training provider for both the staff and myself. I am awaiting a return email with dates of training. Describe your plans to make sure the above	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 118	Continued From page 14 happens. I will personally monitor this process from now on, indefinitely. This consumer has all the medications he needs until he sees his doctor tomorrow. His medications have been inventoried and I will be sure all documentation is accurate for this consumer. I will monitor staff administration procedures to ensure all directions are being followed. The Flynn Fellowship Home(licensee/facility) will pay for this client's medications until the time that he may go back to work and resume self-support." Review on 9/14/21 of the third Plan of Protection written by the Director dated 9/14/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? This facility will ensure the safety of the consumers by: The facility director, [Director], witnessed the consumer who was in need of corrections to his medication administrations, call the [health facility] office (Health Dept.) He has an appointment for that facility as a result on 9/15/21 at 10:30 am. I will personally transport the consumer and have given him instructions to have the Medication Administration Form filled out with all his medication listed and the directions for use clearly documented. New prescriptions will be prepared by the health department and all bottles will have the proper labels completed. This will be monitored by the director and the employee (house manager) whose job it is to do Med Admin. I have requested a course for Med Admin (medication administration) from our regular training provider for both the staff and myself. I am awaiting a return email with dates of training. Describe your plans to make sure the above happens.	V 118		

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V 118	Continued From page 15 I will personally monitor this process from now on, indefinitely. This consumer has all the medications he needs until he sees his doctor tomorrow. His medications have been inventoried and I will be sure all documentation is accurate for this consumer. I will monitor staff administration procedures to ensure all directions are being followed. The Flynn Fellowship Home will pay for this client's medications until the time that he may go back to work and resume self-support. I will be sure that all physicians' orders are included in the MAR(medication administration) for this client and all clients going forward." Client #2 was a 59-year-old male, diagnosed with Alcohol Dependence and Coronary Artery Disease. He was admitted on 9/3/21. In 2011, he had a massive heart attack and had to have a quadruple bypass and 2 stents placed in his heart. A few weeks ago, while at the hospital, he had a minor heart attack. House Manager did not complete the MAR correctly. There were medications listed on the MAR but client #2 was not receiving them. There were no times listed on the MAR to indicate when medications were administered. House Manager signed off on the MAR on dates before the client was admitted to the facility. There was no signed physician's order in client #2's medical file. Three medications were not listed on the MAR but client #2 reported receiving them. Client #2 was self-administering medications although there was no assessment of self-administration of medication. Client #2 received all of his medications daily for a 24 hour period from the House Manager. He kept all his medications he received from the House Manager in a medication pill box and administered them throughout the day. Client #2 had in his	V 118		

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	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 118	Continued From page 16 possession a small unlabeled brown glass bottle with pills that he identified as nitroglycerin. There was an empty bottle of prescribed medication which was labeled as Lisinopril. This deficiency constitutes a Type A2 rule violation for serious neglect which must be corrected within 23 days. An administrative penalty of $1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 3 staff (Cook). The findings are: Attempted review on 9/8/21 of the Cook's personnel record was unsuccessful as there was	V 131		

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	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 131	Continued From page 17 no record available for review. Interview on 9/8/21 with the Cook revealed: - He started as the Cook in April 2020 - He did not receive any monetary compensation; - He was given room and board as compensation. Interview on 9/7/21 with the Director revealed: - The Cook started in April 2020; - Allowed him to stay here and cook for us; - Cooked Monday-Friday; - "We don't pay him for that. but we give him free room and board." - "I'm sure the labor board would not look upon this, but it works for us."	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall	V 133		

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V 133	Continued From page 18	V 133		

include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a

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V 133	Continued From page 19	V 133		

case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.
(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy

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V 133	Continued From page 20 of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article	V 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 133	Continued From page 21 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 133	Continued From page 22 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure criminal background checks were requested five business days prior to an offer of employment and the results documented affecting 1 of 3 audited staff (Cook). The findings are: Attempted review on 9/8/21 of the Cook's personnel record was unsuccessful as there was no record available for review. Interview on 9/8/21 with the Cook revealed: - He started as the cook in April 2020; - He did not receive any monetary compensation; - He was given room and board as compensation. Interview on 9/7/21 with the Director revealed: - The Cook started in April 2020; - Allowed him to stay here and cook for us; - Cooked Monday-Friday; - "We don't pay him for that. but we give him free room and board"; - "I'm sure the labor board would not look upon this, but it works for us".	V 133		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS	V 536		

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	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 536	Continued From page 23 (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive	V 536		

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	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 536	Continued From page 24	V 536		

relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and

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V 536	Continued From page 25	V 536		

measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times

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V 536	Continued From page 26 the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on the record review and interview, the facility failed to ensure annual training in alternatives to restrictive interventions prior to affecting 3 of 3 staff (House Manager, Cook, and Director). The findings are: Review on 9/8/21 of the House Manager's personnel record revealed: - Date of Hire 6/21/16; - No current training in alternatives to restrictive interventions; - Training in alternative to restrictive interventions expired 8/21/21. Attempted review on 9/8/21 of the Cook's personnel record was unsuccessful as there was no record or trainings available for review. Review on 9/8/21 of the Director's personnel record revealed: - Date of Hire 4/2/02; - No current training in alternative restrictive interventions; - Training in alternatives to restrictive interventions expired 8/21/21.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-007	A. BUILDING: _____ B. WING _____	R 09/16/2021

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V 536	Continued From page 27 Interview on 9/7/21 with the House Manager revealed: - He knew his alternative to restrictive interventions training expired; - Need to get with the Director to get signed up for training. Interview on 9/13/21 with the Director revealed: - She knew that the trainings had expired; - Things fell off since COVID-19 and she got behind; - She planned to have everyone trained.	V 536		
V 768	27G .0304(d)(4) Non-Client Accommodations 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure separate living accommodations for staff and clients affecting 2 of 3 staff (House Manager and Cook). The findings are: Observation of client bedrooms on 9/7/21 at approximately 10:42 am-11:05 am revealed:	V 768		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 768	Continued From page 28 - There were no separate overnight accommodations for clients and staff (House Manager and Cook). Interview on 9/8/21 with the Cook revealed: - He slept upstairs in the bedroom; - Lived upstairs since April 2020; - He was not a client; - Worked as the Cook. Interviews on 9/8/21 and 9/13/21 with the Director revealed: - The Cook and House Manager slept in a bedroom identified as the client's bedrooms; - The Cook doesn't share a room with anyone; - The Cook was not a client; - The Cook worked at the home; - Planned to call Division of Health Service Regulation to reduce client capacity to ensure separate overnight accommodations for staff and clients.	V 768		