STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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FLYNN RECOVERY COMMUNITY	721 WEST UNION STREET MORGANTON, NC 28655

(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	INITIAL COMMENTS An annual and follow up survey was completed on January 17, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 9 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	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	V 108		

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V 108	Continued From page 1 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious 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 1 of 3 audited staff, (Staff #3) were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are: Review on 1/12/23 of Staff# 3's record revealed: -Hire date: 12/21/20; -Position: Residential Technician/Overnight; -Heartsaver First Aid/CPR Certificate completed 12/21/20 and expired 12/2022. Interview on 1/13/23 with Staff #3 revealed: -he was unaware that his CPR/First Aid certification had lapsed; -he worked by himself; -had not had a medical emergency in the facility in the last three months while on shift. Interview on 1/12/23 with Program Coordinator revealed: -they have a trainer for First Aid/CPR on staff and will get Staff #3 retrained in First Aid/CPR.	V 108		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 2 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in 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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are: Review on 1/11/23 of the facility's fire and disaster drill log revealed: - No documentation of fire drills for: - April-June 2022: 1st, shift (2nd Quarter); - October-December 2022: 2nd shift (4th Quarter) - No documentation of disaster drills for: - April-June 2022: 1st, shift (2nd Quarter); - October-December 2022: 2nd shift (4th Quarter). Interview and Observation on 1/11/23 at 1:30PM with the Program Coordinator revealed: -they have a daytime shift and nighttime shift; -completed a fire and disaster drill yesterday,	V 114		

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V 114	Continued From page 3 1/10/23; -provided a clipboard to surveyor with the fire and disaster drills that were done at the facility previously; -confirmed there may be some missing; -he had taken over this role in the middle of October 2022; -he will ensure that fire and disaster drills are completed as required moving forward. This deficiency has been cited 3 times on 9/26/16, 11/1/18, and 1/14/20 since the original cite date on 8/27/15 and must be corrected within 30 days.	V 114		
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;	V 118		

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V 118	Continued From page 4 (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 interviews, the facility failed to obtain physician orders for clients who self-administered their medications, failed to ensure that the MARS were kept current, and failed to ensure that 1 of 3 staff (Staff #3) were trained to administer meds affecting 3 of 3 clients (#1, #2, #3). The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Requirements (Tag V120). Based on record reviews, observation, and interviews the facility failed to store medications securely affecting 1 of 3 clients (#1). Review on 1/11/23 and 1/12/23 of Client #1's record revealed: Admission Date: 9/1/22; Diagnoses: Alcohol Use D/O , Severe, Nicotine Dependence, and Bipolar D/O; -facility paperwork for self-administration of prescribed medication (meds), determination of self-management, and physician authorization for over the counter (OTC) self-medication was not	V 118		

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V 118	Continued From page 5 signed by a physician; -a physician order for Atenolol was not present in the file. Observation on 1/12/23 at 11:30AM of Client #1's meds revealed: -Atenolol (high blood pressure/tremors) 25 milligrams (mg), 1 tablet daily, dispensed 12/13/22. Review on 1/12/23 of Client #1's MARs from November 1, 2022 to January 12, 2023 revealed: -Atenolol 25mg, was handwritten on the December 2022 and January 2023 MAR as administered daily by Client #1; -Atenolol 25mg was not written on the November 2022 MAR; -Client #1 had initialed the MAR for his medication for 1/13/23; -there were no OTC meds recorded on the MAR. Interview on 1/12/23 with Client #1 revealed: -he took his meds every day and hadn't missed any; -he placed his meds in the pill minder box and signed the MAR each morning; -he took Atenolol for tremors after he was admitted in September 2022; -the previous director told him, "just write it in" (add Atenolol on the MAR); -he must have forgotten to write it on the November 2022 MAR; -he took 6-8 Over the Counter (OTC) Ibuprofen in the last 3 months, a multi-vitamin every day, and Omeprazole since last Tuesday (1/3/23) for reflux 'but' "did not sign a MAR." -"We never sign anything for OTC." Review on 1/11/23 of Client #2's record revealed: Admission Date: 10/28/22;	V 118		

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V 118	Continued From page 6 Diagnoses: Opioid Use (D/O), Severe, Stimulant Use D/O, Severe, Cocaine, Schizoaffective D/O, Depressive Type; -facility paperwork for authorization for self-administration of prescribed medication, determination of self-management, and physician authorization OTC medication was not signed by a physician. -physician orders for Gabapentin, Lisinopril, Doxycycline, Prazosin, and Trulicity were not present in the file. Observation on 1/12/23 at 10:30AM of Client #2's meds revealed: -Gabapentin (Bipolar/Anxiety) 400 mg, was not present; -Lisinopril (blood pressure) 10mg, 1 tab daily 8/6/22; -Doxycycline (antibiotic) 100mg was not present; -Prazosin (blood pressure/post-traumatic stress disorder) 1mg, 1 caplet at bedtime 7/5/22; -Trulicity (Diabetes) 0.7/0.5 Milliliters (ml) use as directed subcutaneous weekly, 12/5/22. Review on 1/12/23 of Client #2's MARs from November 1, 2022 to January 12, 2023 revealed: -Gabapentin 400 mg, four times daily; -Gabapentin was not signed as administered on 1/12/23; -Lisinopril 10mg, 1 tab daily; -Doxycycline 100mg, 1 cap, twice daily; -Prazosin 1mg, 1 cap at bedtime; -Trulicity 0.7/0.5ml, subcutaneous weekly; -there were no OTC meds recorded on the MAR. Interview on 1/12/23 with Client #2 revealed: -he took his meds every day; -Gabapentin and Doxycycline would be refilled today; -he took two Tylenol at 7pm in November for a	V 118		

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headache and asked night staff for them;
-did not have to sign a MAR for the Tylenol.

Review on 1/12/23 of Client #3's record revealed:
-Admission Date: 12/9/22;
-Diagnoses: Alcohol Use D/O, Severe, Sedative/Anxiolytic Use D/O, Moderate, Stimulant Use D/O, Mild, and Amphetamine Type Substance Use D/O;
-facility paperwork for authorization for self-administration of prescribed medication, determination of self-management, and physician authorization for OTC self-medication was not signed by a physician;
-there was no MAR for Client #3.

Interview on 1/12/23 with Client #3 revealed:
-he took OTC Melatonin in the month that he'd been here and asked night staff for it;
-"did not have to sign for it."

Interview on 1/13/23 with Staff #3 revealed:
-he'd worked at the facility for over two years;
-he worked overnight;
-clients took their own prescribed meds from their doctor and kept them in pill boxes;
-he got Tylenol before for Client #1 and gave Melatonin to Client #3;
-did not record OTC meds on the MAR, "we don't have to record Tylenol;"
-had not completed medication administration training.

Observation on 1/12/23 at 11:32 AM of the facility OTC meds revealed:
-Complete Multi-Vitamin Adults 50 +;
-Tylenol Extra Strength (pain relief) 500 mg;
-Ibuprofen (pain relief) 200mg;
-Melatonin (sleep) 10mg;
-Omeprazole (Acid Reflux), 20mg.

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V 118	Continued From page 8 Interview on 1/12/23 with the Program Coordinator revealed: -took over as program coordinator in October 2022; -was responsible for reviewing the client MARs; -completed medication administration training in 2020 at another facility; -none of the other staff had completed medication administration training; -he knew he needed to get the paperwork completed for client self-administration of meds and physician orders, "just hadn't got to it." Interview on 1/13/23 with the Executive Director revealed: -she had taken over as Executive Director about a month ago; -they did not have a medication policy because they have the "three pieces of paper" that authorize clients to self-administer their medications; -the facility will ensure moving forward that the paperwork is signed and completed prior to admission. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. Review on 1/13/23 of the initial Plan of Protection (POP) written by the Program Coordinator and Executive Director dated 1/13/23 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "The Program Coordinator of Flynn Recovery Community will contact the client's primary care	V 118		

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physician first thing Tuesday morning, January 17, 2023. The physician will be requested to sign a release stating the client has the doctor's approval to self-administer Over the Counter medication and any prescribed medications as needed. The client will also obtain a signed release stating that any prescribed medications are medically necessary for the client and can be self-administered. Releases will be kept in client files at facility.

In reference to the storage of medications until signed releases are available. The plan is to keep all the client medication both prescription and over the counter in a locked cabinet, behind another locked door to ensure safety. The (MAR) Medication Administration Record will be added to policy and procedure and clients will have to sign, date, provide time, and specific medication each time the medication is administered.

Flynn Recovery will implement such procedures and add them to Flynn Policy and Procedure manually."

Review on 1/13/23 of the Amended Plan of Protection written and signed by the Program Coordinator on 1/13/23 revealed:

What immediate action will the facility take to ensure the safety of the consumers in your care?

"The plan for this weekend is as follows: [Program Coordinator] (program coordinator) will come to the facility at the appropriate times to make sure the clients are administered their medication(s).

For the doctor's orders [Program Coordinator] will be sending the clients to the prescribing doctor(s)

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facility to obtain signatures for the self admin forms, and the assessment of the client stating they are appropriate for self admin, and he is requesting copies of all the doctor's orders/directions for all medication.

The MARS will be kept up by the client signing for each dose of medication on the MARS, along with the signature sheet of the program coordinator with the dates and times that they received each dose.

Is there is a worry, or concern for the client wellbeing, then the prescribing doctor/physician/pharmacist will be contacted, and or emergency services, by weekend staff/program coordinator, as to how is best to move forward.

The medications will be administered by [Program Coordinator] (program coordinator)
The MARS will be supervised and overlooked by [Program Coordinator] (program coordinator)
The behaviors of the clients will be monitored by the weekend staff, and should anything be out of the way, then [Program Coordinator] will be contacted immediately."

This residential facility serves up to nine men whose primary diagnoses are substance use disorders such as Alcohol Dependency, Stimulant Use Disorder, and Opioid Use Disorder in a structured environment that promotes sobriety. Clients self-administered their prescription and over the counter (OTC) medications. Clients #1, #2, and #3 did not have physician authorization to self-administer medications and there was no assessment completed regarding their ability to do so. Clients #1 and #2 were missing 6 physician orders for medications. Client #1's

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V 118	Continued From page 11 medications were not stored securely and the MARS were not kept current. OTC medications were not recorded on a MAR for Clients #1, #2, and #3. The program coordinator was the only staff trained in medication administration and Staff #3 had given OTC medications to clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $ 3000.00 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 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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This Rule is not met as evidenced by:
Based on record review, observation and interviews the facility failed to store medications (meds) securely affecting 1 of 3 clients (#1). The findings are:

Review on 1/11/23 of Client #1's record revealed:
-no authorization for self-administration of medication signed by a physician.

Observation on 1/11/23 between 11:30AM to 1:00PM of the facility revealed:
-Client #1 had a blue pill minder box on top of his dresser in his room.

Interview on 1/11/23 and 1/12/23 with Client #1 revealed:
-he kept his meds in a pill minder box;
-placed his meds in the pill minder box each morning.

Interview on 1/12/23 with the Program Coordinator revealed:
-clients self-administered their medications;
-clients filled their pill minder boxes for the day;
-would store all client medications in the locked cabinet in the staff room until clients could be assessed by a physician to store their own medications.

This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.

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V 736	Continued From page 13	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, safe, and attractive manner. The findings are: Observation of the facility on 1/11/23 from 11:30 AM to 12:00PM revealed: -a transition piece from the shower to ceiling in Client #2's bathroom was hanging down from the ceiling; -a loofah the staff/client bathroom hanging on the shower knob that was discolored brown and appeared to be mildewed; -the shower in the staff/client bathroom had peeling paint and brown spots which appeared mildewed. Interview on 1/1/23 with the Program Coordinator revealed: -he had to do a lot of the repairs himself and would address the areas identified by surveyor.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-134	A. BUILDING: _____ B. WING _____	R 01/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLYNN RECOVERY COMMUNITY	721 WEST UNION STREET MORGANTON, NC 28655

(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 752	Continued From page 14 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the hot water temperature between 100-116 degrees Fahrenheit (F). The findings are: Observation of the facility on 1/11/23 from 11:30AM to 12:00PM revealed: -the temperature of the water in the kitchen sink was 124 degrees Fahrenheit; -the temperature of the water in Client #1's bathroom sink was 122 degrees Fahrenheit; -the temperature of the water in the basement bathroom sink was 120 degrees Fahrenheit. Interview on 1/11/23 with Clients #1 and #2 revealed: -no injuries reported with the water temperature. Interview on 1/11/23 with the Program Coordinator revealed: -he knew that the water in the kitchen sink was a little hot; -clients can independently adjust the water temperature in the bathrooms; -there had been no incidents related to hot water temperatures; -he would try to adjust the hot water heater to reduce the temperature.	V 752		