

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 R 10/24/2024
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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 and follow up survey was completed on October 24, 2024. 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> <p>This facility is licensed for 12 and has a current census of 9. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (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. <p>(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</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (House Manager (HM) and Cook/PRN (an needed) Staff) had current first aid/cardiopulmonary resuscitation (CPR) training and received training to meet the needs of the clients as outlined in their treatment plans. The findings are:</p> <p>Review on 10/23/24 of the HM's personnel record revealed: -Date of hire: 6/21/16. -No documented training to meet the needs of Clients #1, #2 and #3 as outlined in their treatment plans. -First aid/CPR training expired 9/2023.</p> <p>Review on 10/23/24 of the Cook/PRN Staff's personnel record revealed: -Date of hire: 4/12/20. -No documented training to meet the needs of Clients #1, #2 and #3 as outlined in their treatment plans. -First aid/CPR training expired 10/2023.</p> <p>Interview on 10/24/24 with the HM revealed: -Participated in first aid/CPR training "a couple years ago."</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-The former Executive Director "never said anything about needing to take it again." -Worked alone on shift.</p> <p>Interview on 10/24/24 with the Cook/PRN Staff revealed: -Participated in first aid/CPR training "a couple years ago." -Was "not aware" he "needed to take it again." -The former Executive Director "didn't tell me I needed to have it (training to meet the needs of the clients)." -Worked alone on shift at times when the HM was on a break or was away from the facility.</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director (ED) revealed: -He was "under the impression that they (facility staff) would have had whatever trainings and checks were required of them" as he started as the ED. -Had weekly and bi-monthly meetings with staff where they discuss the clients, their progress and needs but "staff isn't signing anything saying they were present." -The first aid/CPR training requirement was "brought to my attention now." -Has been in contact with a first aid/CPR trainer and will get staff scheduled for the training.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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 (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 observation, record reviews and interviews, the facility failed to administer medications on the written order of a physician for 2 of 3 audited clients (#1 and #3), failed to ensure medications were self-administered by clients only when authorized in writing by the client's</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>physician for 1 of 3 audited clients (#3) and failed to keep MARs current for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 10/23/24 of Client #1's record revealed: -Admission Date: 6/28/24. -Diagnosis: Uncomplicated Alcohol Dependence -Physician Order dated 4/8/24: -Hydroxyzine HCL 50 milligram (mg) tablet (tab) (anxiety), take 1 tab by mouth (PO) every 6 hours as needed (PRN).</p> <p>Review on 10/23/24 of Client #3's record revealed: -Admission Date: 10/16/24. -Diagnosis: Uncomplicated Alcohol Dependence. -No documented physician order to self-administer medication (med). -No physician orders present for the following meds: -Hydrochlorothiazide 25mg (high blood pressure), 1 tab each morning. -Gabapentin 300mg (leg pain), 1 tab each night as needed.</p> <p>Observation on 10/23/24 at 12pm of Client #1's meds revealed: -Hydroxyzine HCL 50mg, take 1 tab PO every 6 hours as needed for anxiety, dispensed 10/16/24.</p> <p>Observation on 10/23/24 at 11:22am of Client #3's meds revealed: -Hydrochlorothiazide 25mg, 1 tab each morning, dispensed 9/15/24. -Gabapentin 300mg, 1 tab each night as needed for leg pain, dispensed 9/15/24.</p> <p>Review on 10/23/24 of Client #1's September 2024 and October 2024 MARs revealed:</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Hydroxyzine HCL 50mg, take 1 tab every 6 hours for anxiety. -PRN was not listed with instructions to administer medication. <p>Reviews on 10/23/24 and 10/24/24 of Client #3's October 2024 MAR revealed:</p> <ul style="list-style-type: none"> -Hydrochloroth 25mg (high blood pressure), 1 tab each morning. <ul style="list-style-type: none"> -Initialed as administered on 10/22/24 and 10/23/24 at 5pm. -Gabapentin 300mg (leg pain), 1 tab each night as needed. <ul style="list-style-type: none"> -Initialed as administered on 10/22/24 and 10/23/24 at 5pm. <p>Interviews on 10/23/24 and 10/24/24 with the House Manager revealed:</p> <ul style="list-style-type: none"> -He was responsible for creating the MARs, reviewing and administering client meds. -There was no one reviewing the MARs, meds and orders outside of him. -Created the MARs each month by handwriting what the physician order has for the medication instructions. -He "should of wrote" PRN next to Client #1's hydroxyzine HCL 50mg on September 2024 and October 2024's MARs and "could of overlooked" not doing it. -Client #3's sister dropped his meds off at the facility on 10/21/24. -The med list for Client #3 signed by a licensed practical nurse (LPN) "was all we had" so far. -"We're not gonna not give them (clients) their meds because they don't have their papers (orders)." -There was one " med call" a day at 5pm. -He administered Client #3's medications to him on 10/22/24 and 10/23/24 around 5pm for him to self-administer his gabapentin 300mg that night 	V 118		

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V 118	<p>Continued From page 6</p> <p>and the hydrochlorothiazide 25mg the following morning.</p> <p>-"We're working on getting [Client #3's] self-administer med form signed by the doctor."</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director revealed:</p> <p>-Was hired 1/29/24 and started working with the facility in May 2024.</p> <p>-He was responsible for getting in contact with a doctor for the clients if they didn't have one already.</p> <p>-There was no process "in place yet" for reviewing meds outside of the HM.</p> <p>-"I depended on [HM] to make sure the meds are in order."</p> <p>-Client #3 did not have an assigned doctor yet.</p> <p>-He "didn't want him (Client #3) to not have the meds he's supposed to have" and is "working with him on getting set up with a doctor to review and sign the self-administer medication form."</p> <p>-He will "put a process for reviewing medications in place very soon."</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 10/23/24 at 12:43pm of over the counter (OTC) medications (meds) in the medicine cabinet revealed: -Acetaminophen 500 milligram (mg), manufacturer label expiration date 2/2024. -Alka-Seltzer antacid 1000mg, manufacturer label expiration date 8/2021. -50% Isopropyl Alcohol, manufacturer label expiration date 9/2020.</p> <p>Interviews on 10/23/24 and 10/24/24 with the</p>	V 119		

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V 119	<p>Continued From page 8</p> <p>House Manager (HM) revealed: -He was responsible for reviewing client meds. -There was no one reviewing the meds outside of him. -He was not checking if the OTC meds in the med cabinet were expired. -"...not very often they (clients) ask me for OTC meds." -Clients #1, #2, and #3 had not been administered any of the expired OTC medications.</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director (ED) revealed: -There was no process "in place yet" for reviewing meds outside of the HM. -He will "put a process for reviewing medications in place very soon."</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>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</p>	V 120		

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V 120	<p>Continued From page 9</p> <p>registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to store medications in a secure manner as required affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 10/23/24 of Client #3's record revealed: -Admission Date: 10/16/24. -Diagnosis: Uncomplicated Alcohol Dependence. -No documented physician order to self-administer medication (med). -No physician orders present for the following meds: -Hydrochlorothiazide 25mg (high blood pressure), 1 tablet (tab) each morning. -Gabapentin 300mg (leg pain), 1 tab each night as needed.</p> <p>Observation on 10/24/24 at 11:12am of Client #3's bedroom revealed: -Bedroom door was unlocked. -Night stand drawer was unlocked and had 2 yellow pills in a small plastic square box.</p> <p>Review on 10/24/24 of Client #3's October 2024 Medication Administration Record (MAR) revealed: -Hydrochloroth 25mg (high blood pressure), 1 tab each morning. -Initialed as administered on 10/22/24 and 10/23/24 at 5pm.</p>	V 120		

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V 120	<p>Continued From page 10</p> <p>-Gabapentin 300mg (leg pain), 1 tab each night as needed. -Initialed as administered on 10/22/24 and 10/23/24 at 5pm.</p> <p>Interview on 10/24/24 with Client #3 revealed: -The 2 yellow pills in his nightstand drawer were his hydrochlorothiazide 25mg medication. -He was administered his Gabapentin 300mg and hydrochlorothiazide 25mg by the House Manager (HM) on 10/23/24 "a little after 4 in the afternoon." -He would self-administer his gabapentin 300mg at night "around 8pm-9pm" and his hydrochlorothiazide 25mg "the next morning." -"I know when to take my meds."</p> <p>Interviews on 10/23/24 and 10/24/24 with the HM revealed: -"Clients would store meds in their locker in their room, has a lock on it." -"All client's need to have the self-administration med form signed by a doctor in order to come here." -He administered Client #3's medications to him on 10/22/24 and 10/23/24 around 5pm for him to self-administer his gabapentin 300mg that night and the hydrochlorothiazide 25mg the following morning. -"We're working on getting [Client #3's] self-administer med form signed by the doctor."</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director revealed: -He was responsible for getting in contact with a doctor for the clients if they didn't have one already. -Client #3 did not have an assigned doctor yet. -He "didn't want him (Client #3) to not have the meds he's supposed to have" and is "working with him on getting set up with a doctor to review</p>	V 120		

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V 120	Continued From page 11 and sign the self-administer medication form."	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 2 of 3 audited staff (Executive Director (ED) and Cook/PRN (as needed) Staff). The findings are:</p> <p>Review on 10/23/24 of the Cook/PRN Staff's personnel record revealed: -Date of hire: 4/12/20. -HCPR dated 9/13/21.</p> <p>Review on 10/23/24 of the ED's personnel record revealed: -Date of hire: 1/29/24. -No documented HCPR.</p> <p>Interviews on 10/23/24 and 10/24/24 with the ED revealed:</p>	V 131		

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V 131	<p>Continued From page 12</p> <p>-Was hired 1/29/24 and started working with the facility in May 2024.</p> <p>-He was responsible completing the HCPR for new staff.</p> <p>-"I thought [Cook/PRN Staff] had it (HCPR) done."</p> <p>-"I was under the impression that the former Executive Director did it (HCPR) for me, but I was unable to find a record of it."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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 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</p>	V 133		

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V 133	<p>Continued From page 13</p> <p>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 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.</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>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 of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>complies with this section shall be immune from civil liability for:</p> <p>(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.</p> <p>(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.</p> <p>(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 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</p>	V 133		

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V 133	<p>Continued From page 16</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(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.)</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 2 of 3 audited staff (Executive Director (ED) and Cook/PRN (as needed) Staff). The findings are:</p> <p>Review on 10/23/24 of the Cook/PRN Staff's personnel record revealed: -Date of hire: 4/12/20. -Criminal history record check ordered 9/13/21.</p> <p>Review on 10/23/24 of the ED's personnel record revealed: -Date of hire: 1/29/24. -No documented criminal history record check.</p> <p>Interviews on 10/23/24 and 10/24/24 with the ED revealed: -Was hired 1/29/24 and started working with the facility in May 2024. -He was responsible completing the criminal history record check for new staff. -"I thought [Cook/PRN Staff] had it (criminal history record check) done." -"I was under the impression that the former Executive Director did it for me, but I was unable to find a record of it (criminal history record check)."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE	V 289		

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V 289	<p>Continued From page 18</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is</p>	V 289		

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V 289	<p>Continued From page 19</p> <p>mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to operate within the scope of licensure as it served as the private residence for 1 of 3 audited staff (House Manager (HM)). The findings are:</p> <p>Review on 10/23/24 of the HM's personnel record revealed: -Date of hire: 6/21/16.</p> <p>Interview on 10/24/24 with the HM revealed: -The facility was his personal residence, and he maintains no other residence. -He received mail at the facility. -He lived at the facility "since starting here" for "7</p>	V 289		

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V 289	Continued From page 20 and a half years." -He "never had an issue" with living at the facility. Interviews on 10/23/24 and 10/24/24 with the Executive Director revealed: -He was aware the HM lived at the facility. -The HM living at the facility from his understanding "is ok, he's the House Manager." -"The Flynn Home (Licesnee/Facility) has always had a live in House Manager." -He was not aware the HM could not live at the facility. -He will address living at the facility with the HM.	V 289		
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 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	V 290		

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V 290	<p>Continued From page 21</p> <p>present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least one staff member on duty was trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions for 2 of 3 audited staff (House Manager (HM) and Cook/PRN (as needed) Staff). The findings are:</p> <p>Review on 10/23/24 of the HM's personnel record revealed: -Date of hire: 6/21/16. -No documented trainings in alcohol and other</p>	V 290		

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V 290	<p>Continued From page 22</p> <p>drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.</p> <p>Review on 10/23/24 of the Cook/PRN Staff's personnel record revealed: -Date of hire: 4/12/20. -No documented trainings in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.</p> <p>Interviews on 10/23/24 and 10/24/24 with the HM revealed: -The former Executive Director would schedule trainings for him to complete. -"The old Director (former Executive Director) wouldn't say anything about paperwork or any courses we would need to do, nothing about trainings." -He did not receive "official training" in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions.</p> <p>Interview on 10/24/24 with the Cook/PRN Staff revealed: -He did not have any training in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions. -"The previous Director (former Executive Director) didn't tell me I needed to have it."</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director (ED) revealed: -He was "under the impression that they (facility staff) would have had whatever trainings and checks were required of them" as he started as the ED.</p>	V 290		

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V 290	Continued From page 23 -He will be "creating a process to have them (SA training) done routinely for staff." -"Anything [HM] gets, [Cook/PRN Staff] will get, training wise."	V 290		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (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	V 536		

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V 536	<p>Continued From page 24</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p>	V 536		

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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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V 536	<p>Continued From page 25</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) 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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>(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 the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 3 of 3 audited staff (House Manager (HM), Executive Director (ED) and Cook/PRN (as needed) Staff) had annual training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 10/23/24 of the HM's personnel record revealed: -Date of hire: 6/21/16. -Alternatives to restrictive interventions training expired 9/24/22.</p>	V 536		

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V 536	<p>Continued From page 27</p> <p>Review on 10/23/24 of the Cook/PRN Staff's personnel record revealed: -Date of hire: 4/12/20. -Alternatives to restrictive interventions training expired 10/5/22.</p> <p>Review on 10/23/24 of the ED's personnel record revealed: -Date of hire: 1/29/24. -Alternatives to restrictive interventions training expired 5/20/24.</p> <p>Interviews on 10/23/24 and 10/24/24 with the HM revealed: -The former Executive Director would schedule trainings for him to complete. -"The old Director (former Executive Director) wouldn't say anything about paperwork or any courses we would need to do, nothing about trainings."</p> <p>Interview on 10/24/24 with the Cook/PRN Staff revealed: -"Took the training on how to handle the guys (clients), handle de-escalation a couple years ago." -"Nobody told me I needed to take it again."</p> <p>Interviews on 10/23/24 and 10/24/24 with the ED revealed: -He was "under the impression that they (facility staff) would have had whatever trainings and checks were required of them" as he started as the ED. -"Definitely plan to get the alternative to restrictive training set up." -"I will establish the alternative to restrictive training on an annual basis for all of us."</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 536		

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V 536	Continued From page 28 and must be corrected within 30 days.	V 536		
V 766	<p>27G .0304(d)(3) Not More Than Two Clients</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(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:</p> <p>(3) No more than two clients may share an individual bedroom regardless of bedroom size.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure no more than 2 clients shared a bedroom affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 10/23/24 of Client #1's record revealed: -Admission Date: 6/28/24. -Diagnosis: Uncomplicated Alcohol Dependence.</p> <p>Review on 10/23/24 of Client #2's record revealed: -Admission Date: 6/24/24. -Diagnosis: Uncomplicated Alcohol Dependence.</p> <p>Review on 10/23/24 of Client #3's record revealed: -Admission Date: 10/16/24. -Diagnosis: Uncomplicated Alcohol Dependence.</p>	V 766		

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V 766	<p>Continued From page 29</p> <p>Observation on 10/23/24 at 10:16am of the facility revealed: -Bedroom 2 upstairs (Client #3's room) and had 3 beds. -The 3rd bed in bedroom 2 had no linens and 2 clients currently shared the room. -Bedroom 4 upstairs (Client #1 and Client #2's room) had 3 beds with linens and personal items for 3 separate clients. -Bedroom 4 had 3 clients sharing a room.</p> <p>Interview on 10/24/24 with Client #1 revealed: -He shared a room with 2 other clients.</p> <p>Interviews on 10/23/24 and 10/24/24 with Client #2 revealed: -He shared a room with 2 other clients. -"Had 3 beds in the room since I got here, had the same 2 roommates."</p> <p>Interviews on 10/23/24 and 10/24/24 with the House Manager revealed: -Bedroom 2 had "3 clients sharing a room a couple weeks ago." -Bedroom 2 "only has 2 residents now but will have a 3rd soon." -Bedroom 4 has "3 residents sharing a room."</p> <p>Interview on 10/24/24 with the Cook/PRN (as needed) Staff revealed: -Bedroom 2 and 4 had 3 clients sharing a room "for some years now." -Bedroom 2 had 3 clients sharing a room "a couple months ago."</p> <p>Interviews on 10/23/24 and 10/24/24 with the Executive Director revealed: -He was not aware 3 clients sharing a bedroom did not meet rule requirement.</p>	V 766		

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V 766	Continued From page 30 -"Nothing brought up to me that it was not okay (3 clients sharing a bedroom)." -"The home operated like this for a long time, we got reviews, and nothing was said about it." -There "wasn't a problem with it before" and he was "under the understanding that it was ok." -He will work with Division of Health Service Regulation Construction Team on making changes.	V 766		