

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE FLYNN FELLOWSHIP HOME OF GASTONIA, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 SOUTH MARIETTA STREET GASTONIA, NC 28052</b>		
(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><b>INITIAL COMMENTS</b></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><b>27G .0202 (F-I) Personnel Requirements</b></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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Todd McLean AA, CADC, ACRPS*

TITLE

*Executive Director*

(X6) DATE

*11/21/2024*

STATE FORM

6899

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If continuation sheet 1 of 31

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Cited deficiency: V 108 27G .0202 (F-I) Personnel Requirements

FFH POC:

ED has contracted with Relias Training to provide FFH staff with ongoing annual training to begin in December 2024 (earliest possible implementation date) to include client rights and confidentiality, customer service, HIPAA, BBP, SUD and alcohol treatment, suicide prevention, and infectious diseases. These trainings will recur annually.

ED will review and maintain records of all employee trainings and a copy of their most recent completion certificates will be maintained in their employee files. Additionally, Relias provides First Aid and CPR training through the American Heart Association.

ED, House Manager and cook have completed the following trainings: An Overview of Substance Use Disorders, Supporting Client Rights for Paraprofessionals in Behavioral Health, Providing Customer Service, and HIPAA: An Overview for Residential Care and Assisted Living in Relias Academy. All staff have also completed training for NC EBPI (non-restrictive interventions) as well as Bloodborne Pathogens, CPR, and Adult First Aid through HIS. Copies of these certificates have been placed in each employee file, as well as in a separate folder for FFH training records.

ED will develop a plan (policy and procedure) with FFH BOD to identify, report, investigate, and control any outbreak of infectious disease at the FFH by staff and/or residents. Staff infection will require the staff member to leave the Home and not return until such time they are deemed non-contagious by a doctor or CDC recommendations. Residents will be quarantined from the rest of the Home population until such time as they are deemed non-contagious by the same standard. This will be accomplished by placing the resident in one of the staff bedrooms and that staff member will be provided with a hotel room for accommodation until the resident can return to the general population. Infectious diseases will be report to the Gaston County Health Department and CDC as appropriate and documented by FFH.

ED has started to have FFH staff sign what is discussed at the weekly staff meetings, which includes staffing at least 3 residents. Additionally, the bi-monthly community meetings which include all

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staff and residents, is being signed by all staff as well pertaining to what is discussed and reviewed. A record of both of these meetings is kept and maintained in ED office; staff meetings in small notebook and house/community meetings in a 3 ring binder.

Deficiency cited: V 118 27G .0209 (C) Medication Requirements

FFH POC:

ED will require all staff to have annual MAR training. ED will monitor MAR on a monthly basis and review with staff for accuracy. Upon admission to FFH program, ED will ensure that clients with medication either have a physician that can provide the signed medication order, or connect them to Kintegra Health by referral to obtain a doctor and the signed order as soon as an appointment for the resident can be scheduled.

Client #3 has been scheduled with an appointment at Kintegra Health for November 27th, 2024 (earliest available appointment). ED has requested that Client/FFH be contacted if there is a cancellation and an earlier appointment becomes available.

ED has reviewed MAR book with HM to ensure accuracy And proper documentation.

ED has scheduled MAR training for 11/24/2024 with [REDACTED] for all current staff. Additionally, FFH has purchased a Medication book as instructed by RN to keep with Meds.

Deficiency cited: V 119 27G .0209 (D) Medication Requirements

FFH POC:

ED will review proper medication disposal with HM and Cook. ED will monitor medication administration weekly by observation to ensure that proper procedure is being followed and documented. Controlled substances are not allowed on FFH property, so any medications that need to be disposed of will be flushed into the sewer system and properly documented.

ED has scheduled MAR training for 11/24/2024 with

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ED will ensure that any resident that leaves the program and leaves behind medication and that it is not obtained by that resident within 30 days of the date of discharge will be disposed of and Documented by staff. This will be coordinated with FFH staff. ED will monitor this monthly along with verifying that any OTC medications on hand have not expired.

ED and HM will review expiration dates on all OTC medications on hand and any outdated or expired OTC meds will be properly flushed for disposal. This review will occur on the last day of the month, or if the last day of the month falls on a weekend or holiday, the next business day prior to that date.

Deficiency cited: V 120 27G .0209 (E) Medication Requirements

FFH POC:

FFH has purchased small lock boxes for each resident to keep in their room to store medications and other personal belongings. Residents will be reminded at bi-monthly community meetings about this policy and that their medication or OTC meds must be kept on their person or locked up/secured. HM will have a spare key to the lock box for a back up in case a resident loses a key and/or departs from the program without notice. ED will also ensure that medication cabinet in ED's office remains locked at all times except during medication administration. Client #3 has been scheduled with an appointment to see a doctor at Kintegra Health on November 27, 2024, which was the earliest available appointment.

Deficiency cited: V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification

FFH POC:

ED will ensure that any new hires to the FFH are reviewed on the Health Care Personnel Registry, as well as a criminal background

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check is performed through NC SBI prior to being hired. This will be an established policy that will also be reviewed by the FFH BOD Executive Committee.

ED has pulled current information from the Healthcare Personnel Registry for all current employees (ED, HM, and Cook) and has placed a copy in each employee's file.

ED has requested criminal background checks for all current employees (ED, HM, and Cook) from NC SBI and is awaiting their response.

Deficiency cited: 133 G.S. 122C-80 Criminal History Record Check

FFH POC:

ED has requested criminal background checks for all current employees (ED, HM, and Cook) from NC SBI and is awaiting their response.

ED will ensure that any potential new hires for FFH staff are administered a criminal background check prior to being hired, and it will be reviewed by ED and the FFH BOD Executive Committee.

After review by ED and FFH Executive Committee of criminal background check and Health Care Personnel Registry it will be determined if the person remains eligible for hire by the FFH as evidenced by them meeting all of the requirements of G.S. 122C-80.

Deficiency cited: V 289 27G .5601 Supervised Living – Scope

FFH POC:

FFH has received a request for a waiver for this deficiency from Partners BHM for both HM and Cook; these will be attached and included when the Plan of Correction is submitted.

Deficiency cited: V 290 27G .5602 Supervised Living – Staff

FFH POC:

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ED will review and maintain records of all employee trainings and a copy of their

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most recent completion certificates will be maintained in their employee files. Additionally, Relias provides First Aid and CPR training through the American Heart Association.

ED, House Manager and cook have completed the following trainings: An Overview of Substance Use Disorders, Supporting Client Rights for Paraprofessionals in Behavioral Health, Providing Customer Service, and HIPAA: An Overview for Residential Care and Assisted Living in Relias Academy. All staff have also completed training for NC EBPI (non-restrictive interventions) as well as Bloodborne Pathogens, CPR, and Adult First Aid through HIS. Copies of these certificates have been placed in each employee file, as well as in a separate folder for FFH training records.

ED has scheduled MAR training for 11/24/2024 with [REDACTED] RN for all current staff.

Deficiency cited: V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.

FFH POC:

All staff have completed training for NC EBPI (non-restrictive interventions) and copies of certificates are in each employee's file as well as a separate file for FFH staff training. This training will recur annually through Phoenix Counseling.

ED, House Manager and cook have completed the following trainings: An Overview of Substance Use Disorders, Supporting Client Rights for Paraprofessionals in Behavioral Health, Providing Customer Service, and HIPAA: An Overview for Residential Care and Assisted Living in Relias Academy.

Deficiency cited: V 766 27G .0304(d)(3) Not More Than Two Clients  
10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT

FFH POC:

ED and FFH BOD of Directors are continuing to look for options to come into compliance with this regulation prior to the 12/23/2024 deadline for compliance.