STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-214	A. BUILDING: _____ B. WING _____	04/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX COUNSELING CENTER-RESIDENTIAL WIN(	2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054

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V 000	INITIAL COMMENTS An annual survey was completed on 4/4/18. Deficiencies were cited. The facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-Hospital Medical Detoxification for Individuals Who Are Substance Abusers; 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse; 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals With Substance Abuse Disorders; and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 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 interview and record review, fire and disaster drills were not held quarterly and repeated for each shift. The findings are:	V 114		

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V 114	Continued From page 1 Review on 4/3/18 of the facility's Fire and Disaster Drill Log revealed: -No third shift disaster drill for 4th Quarter (October - December), 2017. Interview on 4/3/18 with the Safety Coordinator revealed: -First shift runs form 7am - 3pm, 2nd shift runs from 1pm - 9pm, and third shift runs from 9pm - 7am. Interview on 4/4/18 with the Administrator revealed: -The fire and disaster drill schedules will be discussed at the next Management Meeting.	V 114		
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; (D) clear directions for self-administration;	V 117		

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V 117	Continued From page 2 (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 interview, record review, and observation, the facility failed to ensure that medication packaging labels of each prescription during include clear directions for administration affecting 1 of 3 clients (Client #3). The findings are: Observation on 4/3/18 at approximately 11:30am of Client #3's medication revealed: -Medication bottle with label indicating Prozac 20mg dispensed 3/19/18 with administration directions for 3 caps each morning. Review on 4/3/18 of Client #3's record revealed: -Admission date of 3/28/18; -Diagnoses of Bipolar Disorder, Post-Traumatic Stress Disorder, Stimulant Use Disorder, Anxiety Disorder, Attention Deficit Hyperactivity Disorder; -Physician's order dated 3/29/18 to decrease Prozac 20mg 3 caps each morning to Prozac 2 caps each morning for 3 days and then 1 cap each morning for three days and then discontinue. Interview on 4/3/18 with the Registered Nurse	V 117		

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V 117	Continued From page 3 revealed: -Client #3's Prozac is currently being tapered; -There was no replacement pharmacy label for Client #3's Prozac to reflect the taper. Interview on 4/4/18 with the Administrator revealed: -Any time that a client's medication orders are changed and a new pharmacy label is required to reflect the change, a new prescription will be sent to the pharmacy and new medication will be ordered.	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 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	V 118		

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V 118	Continued From page 4 (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 interview and record review, the facility failed to ensure that medication be administered to a client on the written order of a person authorized by law to prescribe drugs affecting 2 or 3 clients (Clients #1 and 2). The findings are: Review on 4/3/18 of Client #1's record revealed: -Admission date of 3/30/18; -Diagnoses of Bipolar Disorder, Alcohol Dependence, Opioid Dependence, Amphetamine Dependence, Cannabis Dependence; -Physician Order form dated 3/30/18 at 6:30pm to "activate standing orders" and "activate protocols: Opioid" as well as continue home medications of Levothyroxine 0.175mg daily, Metronidazole 500mg 1 cap every 12 hours for 7 days and Anucort-HC 25mg rectal suppositories to unwrap and insert rectally twice daily for 14 days as a verbal order given by a Nurse Practitioner. There was no signature of a person authorized by law to prescribe medications; -March and April, 2017 MARs reflected the administration of the medications listed on the Physician Order form. Review on 4/3/18 of Client #2's record revealed: -Admission date of 3/29/18; -Diagnoses of Opioid Use Disorder and Major	V 118		

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V 118	Continued From page 5 Depressive Disorder; -Physician Order form dated 3/29/18 at 11:00pm to "activate standing orders" and "activate protocols: Librium and Opioid" and 3/30/18 at 4:00pm for Gabapentin 300mg 1 tab three times daily and Lexapro 10mg 1 tab daily as a verbal order given by a Nurse Practitioner. There was no signature of a person authorized by law to prescribe medications; -March and April, 2017 MARs reflected the administration of the medications listed on the Physician Order form. Interview on 4/3/18 with the Registered Nurse revealed: -The Physician Order forms for Clients #1 and #2 have not been signed by a person authorized by law to prescribe medications because nobody was available to sign the forms; -The physician should be coming to the facility during the afternoon of 4/3/18 to sign the order forms. Interview on 4/4/18 with the Administrator revealed: -Will address the importance of signing the order forms with the physician or other persons authorized by law.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer	V 119		

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V 119	Continued From page 6 system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (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. (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. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to dispose of expired medications affecting 1 of 3 clients (Client #2). The findings are: Observation on 4/3/18 at approximately 11:30am of the facility's stock medications revealed: -Bottle of Naproxen 220mg with a manufacturer's expiration date of 12/2017. Review on 4/3/18 of Client #2's record revealed: -Admission date of 3/29/18; -Diagnoses of Opioid Use Disorder and Major Depressive Disorder; -March, 2017 and April, 2017 MARs revealed	V 119		

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V 119	Continued From page 7 administration of Aleve (Naproxen) 220mg 1 tab every 12 hours as needed; Interview on 4/3/18 with the Registered Nurse revealed: -Did not notice that the bottle of Naproxen had an expiration date which had already passed. Interview on 4/4/18 with the Administrator revealed: -The issue with the expired medication had already been addressed by the Registered Nurse and the medication had been disposed.	V 119		