Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				A. BOILDING		R		
		MHL036-214		B. WING		I	0/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
PHOENIX COUNSELING CENTER-RESIDENTIAL WINC				RT DRIVE, RESIDENTIAL WING A, NC 28054				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (X5) EACH CORRECTIVE ACTION SHOULD BE COMPLE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 000	INITIAL COMMENTS			V 000				
	on 4-10-19. Deficience This facility is licensed category: 10A NCAC Detoxification, 10A No Detoxification, 10A No	d for the following service 27G 3100 Non-hospital CAC 27G 3300 Outpatie	e ent					
	Facility Crisis Service	s for All Disability Group						
V 114	114 27G .0207 Emergency Plans and Supplies10A NCAC 27G .0207 EMERGENCY PLANS		V 114					
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster of shall be held at least repeated for each shirt under conditions that	for each facility and an shall be developed an the appropriate local made available to all stadures and routes shall but thinks in a 24-hour facility	nd ff be ted es.					
		ew and interview the fac re drills were conducted	•					
	revealed:	fire and disaster drills	ne					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM				CONSTRUCTION	(X3) DATE SUR COMPLETE		
		MHL036-214		B. WING		F 04 /1	R 10/2019
	ROVIDER OR SUPPLIER COUNSELING CENTER-	RESIDENTIAL WING	2505 COUR	RESS, CITY, STA RT DRIVE, RES J., NC 28054	TE, ZIP CODE SIDENTIAL WING		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 114	documented for the 1 -Two second shift the last quarter of 20° -One fire drill with documented for the last quarter of 20° Interview on 4-10-18° revealed: -Shifts were: first shift was a swing shift shift was 8 pm - 8 am. -They would revist o ensure that all time that both fire and disaon all three shifts.	n indeterminate shifts st quarter of 2019. It fire drills documented 19. In indeterminate time ast quarter of 2018. In with the clinical manage shift was 8am-8 pm, st roughly 1 pm -6 pm, the with the fire and disaster is were documented and ster drills were conductives a recited deficient	er econd hird r drills nd ted	V 114			
V 752	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of exposed to hot water water shall be maintadegrees Fahrenheit. This Rule is not met Based on observation failed to ensure hot w	ity shall be designed, oped in a manner that safety of clients, staff at the facility where clients, the temperature of the ined between 100-116 as evidenced by:	and s are e	V 752			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MUI 026 244		B. WING			R
NAME OF P	ROVIDER OR SUPPLIER	MHL036-214	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	04/	10/2019
PHOENIX	PHOENIX COUNSELING CENTER-RESIDENTIAL WING 2505 COURT DRIVE, RESIDENTIAL WING						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	GASTONIA	, NC 28054	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 752	Continued From page 2			V 752			
	access to. The finding	gs are:					
	-Room 151 shower was 95 degreesRoom 155 shower was 99 degreesRoom 167 shower was 98 degrees.						
		with client #2 revealed: the water was warmer.					
	revealed:	with the Administrator the hot water adjusted to correct temperature	0				

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