

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/10/2019
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NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054
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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 4-10-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 3100 Non- hospital Detoxification, 10A NCAC 27G 3300 Outpatient Detoxification, 10A NCAC 27G Residential Treatment/Rehabilitation, 10A NCAC 27G 5000 Facility Crisis Services for All Disability Groups.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 4:02 pm, May 07, 2019</small></p> </div>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that fire drills were conducted quarterly on all shifts. The findings are:</p> <p>Review on 4-10-19 of fire and disaster drills revealed: -Two 1st shift fire drills documented for the</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Down Metzger Operational Manager 5/7/19

TITLE (X6) DATE

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V 114	<p>Continued From page 1</p> <p>1st quarter of 2019.</p> <ul style="list-style-type: none"> -Two fire drill with indeterminate shifts documented for the 1st quarter of 2019. -Two second shift fire drills documented for the last quarter of 2019. -One fire drill with indeterminate time documented for the last quarter of 2018. <p>Interview on 4-10-18 with the clinical manager revealed:</p> <ul style="list-style-type: none"> -Shifts were: first shift was 8am-8 pm, second shift was a swing shift roughly 1 pm -6 pm, third shift was 8 pm - 8am. -They would review the fire and disaster drills to ensure that all times were documented and that both fire and disaster drills were conducted on all three shifts. <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114	<p>10 A NCAC 27G.0207</p> <p>5/7/19</p> <p>HR has amended the Phoenix Counseling Center Emergency Preparedness Drill and Evaluation form to include AM or PM to be circled for time drill began and ended. Phoenix runs on 2 main 12 hour shifts. Attached are two drills using amended form</p> <p>5/7/19</p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure hot water was maintained between 100 and 116 degrees in areas client had</p>	V 752		

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NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING			STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054		
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V 752	Continued From page 2 access to. The findings are: -Room 151 shower was 95 degrees. -Room 155 shower was 99 degrees. -Room 167 shower was 98 degrees. Interview on 4-10-19 with client #2 revealed: -She wished that the water was warmer. Interview on 4-10-19 with the Administrator revealed: -They would get the hot water adjusted to make sure it was the correct temperature	V 752			

Phoenix Counseling Center Emergency Preparedness Drill Report and Evaluation Form

Site location: Gasby Crisis

Date of Drill: 4/30/19
 Shift: 3rd
 Time Drill Began: 7:30 am/pm
 Time Drill Ended: 7:37 am/pm

Type of Drill: _____
 Fire
 Inclement Weather
 Workplace Violence
 Medical Emergency
 Other _____

Number of Participants:
 Staff: 4
 Consumers: 9
 Other: 0
 Total: 13

Total time for drill:
3 minutes 0 seconds

Name of staff member conducting drill: Melba Warren Title: Safety Coordinator

Name of all participating staff members or work areas:
Melba Warren
Joe Mattis Crisis hallway

Drill was announced via: Intercom _____ Voice Cell phone _____ Other _____

Describe any special conditions simulated:

Check any and all difficulties encountered during the drill:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disorderly consumers | <input type="checkbox"/> Person(s) not going to correct evacuation meeting site | <input type="checkbox"/> Communication difficulties |
| <input type="checkbox"/> Staff member(s) did not participate | <input type="checkbox"/> Emergency contact lists and/or visitor list not brought to meeting site | <input type="checkbox"/> Stopwatch not used |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> First aid kit not brought to meeting site | <input type="checkbox"/> Stopwatch not working properly |
| <input type="checkbox"/> Closest unblocked exit not used | <input type="checkbox"/> Flashlight and/or emergency preparedness plan not brought to meeting site | <input type="checkbox"/> Error by timekeeper |
| <input type="checkbox"/> Person(s) ignored areas not to be used within dictates of simulation | | <input type="checkbox"/> Staff and/or consumers returned to building without clearance |
| <input type="checkbox"/> Emergency Coordinator did not designate an alternate | | <input type="checkbox"/> Other |

Detail any items checked above, including staff and or consumer (use additional sheets as necessary):

Suggestions for improving the emergency preparedness drill and/or policy: _____

I certify that this drill was performed in accordance with PCC's Policy and Procedures and that any deficiencies are duly noted above.

Maria Brown
Signature of Safety Coordinator conducting the drill)

4/30/2019
(Date)

A copy of this form must be forwarded to the Safety Officer by the end of each month.

The Safety Officer will review the drills that were conducted and ensure drills are in compliance with PCC policy/procedure and will make any corrective action and/or follow-up with any monitoring to be completed.

Phoenix Counseling Center Emergency Preparedness Drill Report and Evaluation Form

Site location: Gaston Crisis

Date of Drill: 5/7/2019

Shift: 2nd

Time Drill Began: 1203 am/pm

Time Drill Ended: 1206 am/pm

Total time for drill:
2 minutes 42 seconds

- Type of Drill: _____
- Fire
 - Inclement Weather
 - Workplace Violence
 - Medical Emergency
 - Other _____

Number of Participants:

Staff	<u>17</u>
Consumers	<u>19</u>
Other	<u>2</u>
Total:	<u>37</u>

Name of staff member conducting drill: Melisa Warren Title: Safety Coordinator

Name of all participating staff members or work areas:
Crisis, medical records & intake

Drill was announced via: Intercom Voice _____ Cell phone _____ Other _____

Describe any special conditions simulated:
All evacuated - to evacuation area

Check any and all difficulties encountered during the drill:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disorderly consumers | <input type="checkbox"/> Person(s) not going to correct evacuation meeting site | <input type="checkbox"/> Communication difficulties |
| <input type="checkbox"/> Staff member(s) did not participate | <input type="checkbox"/> Emergency contact lists and/or visitor list not brought to meeting site | <input type="checkbox"/> Stopwatch not used |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> First aid kit not brought to meeting site | <input type="checkbox"/> Stopwatch not working properly |
| <input type="checkbox"/> Closest unblocked exit not used | <input type="checkbox"/> Flashlight and/or emergency preparedness plan not brought to meeting site | <input type="checkbox"/> Error by timekeeper |
| <input type="checkbox"/> Person(s) ignored areas not to be used within dictates of simulation | | <input type="checkbox"/> Staff and/or consumers returned to building without clearance |
| <input type="checkbox"/> Emergency Coordinator did not designate an alternate | | <input type="checkbox"/> Other |

Detail any items checked above, including staff and or consumer (use additional sheets as necessary):

Suggestions for improving the emergency preparedness drill and/or policy: _____

I certify that this drill was preformed in accordance with PCC's Policy and Procedures and that any deficiencies are duly noted above.

Melera Dawn
Signature of Safety Coordinator conducting the drill)

5/1/2019
(Date)

A copy of this form must be forwarded to the Safety Officer by the end of each month.
The Safety Officer will review the drills that were conducted and ensure drills are in compliance with PCC policy/procedure and will make any corrective action and/or follow-up with any monitoring to be completed.