Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL036-214 04/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2505 COURT DRIVE, RESIDENTIAL WING PHOENIX COUNSELING CENTER-RESIDENTIAL WINC GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed **RECEIVED** on 4-10-19. Deficiencies were cited. By DHSR - Mental Health Lic. & Cert. Section at 10:23 am, May 21, 201: 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. V 114 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 (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 record review and interview the facility failed to ensure that fire drills were conducted quarterly on all shifts. The findings are: Review on 4-10-19 of fire and disaster drills revealed: -Two 1st shift fire drills documented for the Division of Health Service Regulation

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

(X6) DATE

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL036-214 04/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING PHOENIX COUNSELING CENTER-RESIDENTIAL WING GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 114 Continued From page 1 V 114 1st quarter of 2019. -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. Interview on 4-10-18 with the clinical manager revealed: 10 A NCAC 276,0207 -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. HR has amended the Phoenix -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. This deficiency constitutes a recited deficiency and must be corrected within 30 days. V 752 V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND **EQUIPMENT** (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. 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. 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

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL036-214 04/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING PHOENIX COUNSELING CENTER-RESIDENTIAL WING GASTONIA, NC 28054 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 752 Continued From page 2 V 752 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

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Phoenix Counseling Center Emergency Preparedness Drill Report and Evaluation Form

(Make)	e e e e e e e e e e e e e e e e e e e	
Site location: C/45704 C/B	615	
Date of Drill: 430/19 Shift: 30/19 Time Drill Began: 130/19m/pm Time Drill Ended: 1337/am/pm	Type of Drill: Fire ☐ Inclement Weather ☐ Workplace Violence ☐ Medical Emergency	Number of Participants: Staff Consumers Other Total:
Total time for drill:	☐ Other	
<u>3</u> minutes 9 seconds	./.	20111
Name of staff member conducting	drill:////	_ Title: Salety Coromatos
Name of all participating staff mem	bers or work areas:	
Toe Mattes	Chers hallway	removement desirence of
Drill was announced via: Intercom_	Voice Cell phone	e Other
Describe any special conditions sim	ulated:	
Check any and all difficulties encou	ntered during the drill:	
Disorderly consumersStaff member(s) did not participate	 Person(s) not going to contact lists 	
□ Injuries	and/or visitor list not	☐ Stopwatch not working
Closest unblocked exit not used	brought to meeting site First aid kit not brought t	properly to □ Error by timekeeper
☐ Person(s) ignored areas not to to be used within dictates of simulation	meeting site Flashlight and/or emerge preparedness plan not b	
 Emergency Coordinator did not designate an alternate 	to meeting site	□ Other
Detail any items checked above, in	cluding staff and or consumer	(use additional sheets as necessary)
9		
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Suggestions fo	or improving the emergency pr	reparedness drill and/o	r policy:	
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*****	********	******	******	
I certify that th	nis drill was preformed in acco	rdance with PCC's Police	cy and Procedures and that	any
deficiencies ar	e duly noted above.			
1.			alm lana	
111	10 Main		9/30/2017	
Signature of Sa	afety Coordinator conducting	the drill)	/ (Date)	
-				
43.00				
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	100			
A capy of th	is form must be forwarde	ed to the Safety Offic	cer by the end of each i	month.
A copy of th	is form must be forwarde	d to the salety of		1625
S'		111 l	oted and ancura drille	aro in
The Safety	Officer will review the di	rills that were condu	icted and ensure drins	are iii
complian	ce with PCC policy/proced	dure and will make a	iny corrective action ar	id/or
	follow-up with an	y monitoring to be o	completed.	
(5)	4.5			
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Phoenix Counseling Center Emergency Preparedness Drill Report and Evaluation Form

Site location: Asia Asia						
Date of Drill: 5/1/2019 Shift: 240 Time Drill Began: 1203 am/pm Time Drill Ended: 1200 am/pm	☐ Fire Simulation Fire Simulation Simulatio	Number of Participants: Staff Consumers Other Total: 34				
Total time for drill: 2 minutes 42 seconds	Other	- P/ A / da				
Name of staff member conducting of	drill: <u>MUSA WWW.</u>	Title: Saley (DOI OI V 94 97				
Name of all participating staff mem	bers or work areas,	verment some some some some some some some some				
Drill was announced via: Intercom_	Voice Cell phone_	Other				
Describe any special conditions sim	Describe any special conditions simulated: All evacuated - to evacuation Over a					
Check any and all difficulties encoun	otered during the drill.					
 □ Disorderly consumers □ Staff member(s) did not participate □ Injuries □ Closest unblocked exit not used □ Person(s) ignored areas not to to be used within dictates of simulation □ Emergency Coordinator did 	 □ Person(s) not going to correvacuation meeting site □ Emergency contact lists and/or visitor list not brought to meeting site □ First aid kit not brought to meeting site □ Flashlight and/or emergen preparedness plan not broto meeting site 	difficulties Stopwatch not used Stopwatch not working properly Error by timekeeper Staff and/or consumers returned to building				
not designate an alternate	to meeting site	□ Other				
Detail any items checked above, inc	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:

certify that this drill was preformed in accordance with PCC's Policy and Procedures and that any leficiencies are duly noted above.
Melera Wacu 5/1/2019
ignature of Safety Coordinator conducting the drill) // (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.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ MHL036-214 04/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2505 COURT DRIVE, RESIDENTIAL WING PHOENIX COUNSELING CENTER-RESIDENTIAL WINC GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 4-10-19. Deficiencies were cited. 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. V 114 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 (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 record review and interview the facility failed to ensure that fire drills were conducted quarterly on all shifts. The findings are: Review on 4-10-19 of fire and disaster drills revealed: -Two 1st shift fire drills documented for the Division of Health Service Regulation

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(X6) DATE

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If continuation sheet 1 of 3

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
	9 3 10 35	MHL036-214		B. WING		04/1	0/2019
	ROVIDER OR SUPPLIER	R-RESIDENTIAL WING	cou	ORESS, CITY, STATE ORIVE, RES	TE, ZIP CODE		
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V 114	1st quarter of 2019. -Two fire drill w documented for the -Two second sl the last quarter of 2 -One fire drill w documented for the Interview on 4-10-1 revealed: -Shifts were: fir shift was a swing sl shift was 8 pm - 8ar -They would re to ensure that all tir that both fire and di on all three shifts.	ith indeterminate shifts 1st quarter of 2019. nift fire drills documented for 019. ith indeterminate time last quarter of 2018. 8 with the clinical manager st shift was 8am-8 pm, secon ift roughly 1 pm -6 pm, third m. view the fire and disaster drill nes were documented and saster drills were conducted stitutes a recited deficiency		V 114			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot water shall be main degrees Fahrenheir This Rule is not me Based on observatifailed to ensure hot			V 752	Please see atlace evidence that heater and client we checked both plumbing Inc. and safety Supervisor	by was	tkins

Division of Health Service Regulation

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If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING_ MHL036-214 04/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2505 COURT DRIVE, RESIDENTIAL WING PHOENIX COUNSELING CENTER-RESIDENTIAL WING GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 752 Continued From page 2 V 752 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

Division of Health Service Regulation

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If continuation sheet 3 of 3

Dawn McKay

From:

Dawn McKay <dawn.mckay@phoenixcc.us>

Sent:

Tuesday, May 21 2019 8:08 AM

To:

'dawn.mckay@phoenixcc.us'

Subject:

FW: WO# 2024, RE: DHSR survey citation for water temperatures Decrypt

From: Dawn McKay [mailto:dawn.mckay@phoenixcc.us]

Sent: Monday, May 20, 2019 2:47 PM

To: 'Ivan Colon'

Cc: 'Michael Welch'; 'Roger Isenhour'

Subject: RE: WO# 2024, RE: DHSR survey citation for water temperatures Decrypt

Thanks much!! I will turn this info into the state.

Have a good day!

Dawn

From: Ivan Colon [mailto:IColon@partnersbhm.org]

Sent: Monday, May 20, 2019 9:36 AM

To: Dawn McKay

Cc: Michael Welch; Roger Isenhour

Subject: Re: WO# 2024, RE: DHSR survey citation for water temperatures Decrypt

Dawn,

Please see attached a letter we received form Watkins plumbing verifying that the water temperature in the client's showers was found to be within the acceptable range. In addition, I have included the notes from WO#2024, please see below. I added these notes after the walk-through that you and I did on 5/17/2019. I also spoke with Barry from the Counties Facilities Department. I asked him to check if the water heaters were working properly to check the temperature setting on the heaters. He indicated that heaters are in good working condition and that the temperature were set to 130 degrees F. I corroborated Barry's findings by checking this information myself. Feel free to reach out to me should you have any questions or concerns.

Status: In Progress

Did walk-through with Dawn to check the temperature in these 3 rooms. Water temperature was between 108°F - 117°F. The water pressure for showers head in room 159 was low. We are ordering a new showerhead. : 5/17/2019 9:45 AM

Ivan Colón

HVAC, Electrical & Safety Supervisor Partners Behavioral Health Management 901 S New Hope Blvd.

Gastonia, NC 28054 Mobile: 980-307-1557 Office: 704-884-2728

IColon@PartnersBHM.org



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Watkins Plumbing Inc.



P.O. Box 551389 Gastonia, NC 28054 (704) 214-1122

Address: 2505 Court Drive	
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7.	
ecked in all units. All read 100.5	
nothing wrong with temperature.	
9	
i i	<u> </u>
Total:	
	ecked in all units. All read 100.5 nothing wrong with temperature.

^{*}Payment Due upon job completion. Any payments not made within 30 days of job completion are subject to interest and/or attorneys fees.