

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX COUNSELING CENTER-RESIDENTIAL WING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></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 data-bbox="922 605 1257 671" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><small>By DHSR - Mental Health Lic. &amp; Cert. Section at 10:23 am, May 21, 2019</small></p> </div>	
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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"> <li>-Two fire drill with indeterminate shifts documented for the 1st quarter of 2019.</li> <li>-Two second shift fire drills documented for the last quarter of 2019.</li> <li>-One fire drill with indeterminate time documented for the last quarter of 2018.</li> </ul> <p>Interview on 4-10-18 with the clinical manager revealed:</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-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.</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114	<p>10A 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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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: Gasbu Crisis

Date of Drill: 4/30/19  
 Shift: 3rd  
 Time Drill Began: 1:30 am/pm  
 Time Drill Ended: 1:37 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 Quinn*  
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

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

Number of Participants:  
 Staff 17  
 Consumers 19  
 Other 2  
 Total: 37

Total time for drill:  
2 minutes 42 seconds

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   |
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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.

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

TITLE

(X6) DATE

STATE FORM

*Juan Mckay* Operational Manager 5/21/19

6899

DR1Y11

If continuation sheet 1 of 3



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## Dawn McKay

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**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

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**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

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**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 from 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





**PARTNERS**  
Improving Lives.  
Strengthening Communities.

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