					(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		-	
		MHL036-214	B. WING		11	R I/ 30/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOENIX	COUNSELING CENTER-	RESIDENTIAL WINC	URT DRIVE, RESID	ENTIAL WING		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on 11-30-21. A defici	up survey was completed ency was cited.				
	categories: 10A NCA Medical Detoxification Substance Abusers, Outpatient Detoxificat 10A NCAC 27G .3400 Treatment/Rehabilitat Substance Abuse Dis	tion for Substance Abuse,) Residential tion for Individuals with orders, and 10A NCAC 27G Crisis Service for Individuals				
V 269	27G .5001 Facility Ba	sed Crisis - Scope	V 269			
	who have a mental ill disability or substance 24-hour residential fa disability-specific care non-hospital setting for need short-term intern treatment intervention to stabilize acute or c (b) This facility is des	risis service for individuals ness, developmental e abuse disorder is a cility which provides e and treatment in a or individuals in crisis who sive evaluation, or n or behavioral management				
	capacity as identified License for Service C affecting 15 of 15 cur	-				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-214	B. WING		11	R / 30/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	COUNSELING CENTER	2505 CO	URT DRIVE, RESID	DENTIAL WING		
		GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTI		CTION SHOULD BE COM O THE APPROPRIATE E	
V 269	Continued From pag	e 1	V 269			
	The findings are:					
	Review on 11-22-21 revealed: -Admission date: 11-					
	Opioid Use Disorder Disorder, Mild, Coca	nt Use Disorder, Severe, , Severe, Cannabis Use ine Use Disorder, Mild,				
	Generalized Anxiety	Disorder.				
	Review on 11-22-21 revealed: -Admission date: 11-					
	-Diagnoses: Opioid U Stimulant Use Disord	Jse Disorder, Severe, der, Cocaine, Moderate,				
	Stimulant Use Disord	der, Amphetamine, Severe.				
	Review on 11-22-21 revealed:	of Former Client #3's record				
	-Admission date: 8-2 -Date of Discharge: 8					
		Use Disorder, Moderate,				
	•	der, Moderate, Sedative				
		han Hallucinogen Use				
	Disorder, Moderate, Disorder, Post Traun	Generalized Anxiety natic Stress Disorder.				
	Review on 11-23-21 revealed:	of Client #4's record				
	-Admission date: 11-	15-21;				
	-Diagnoses: Opioid l	Jse Disorder, Severe,				
	Stimulant Use Disord Use Disorder, Amph	der, Cocaine, Mild, Stimulant etamine Type.				
	Review on 11-23-21	of Client #5's record				
	revealed: -Admission date: 11-	.17-91·				
		Use Disorder, Severe,				
		der, Amphetamine Type,				
		se Disorder, Moderate.				

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N8YX11

If continuation sheet 2 of 7

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-214	B. WING	B. WING		R 30/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOENIX	COUNSELING CENTER-	RESIDENTIAL WINC	URT DRIVE, RESID NA, NC 28054	DENTIAL WING		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 269	Continued From page	2	V 269			
		17-21; t Use Disorder, Moderate, Moderate, Cannabis Use				
	Review on 11-23-21 of revealed: -Admission date: 11-1 -Diagnoses: Generali Depressive Disorder, Stimulant Use Disord	17-21; zed Anxiety Disorder, Major Recurrent Moderate,				
	Review on 11-23-21 of revealed: -Admission date: 11-1 -Diagnoses: Alcohol U Cannabis Use Disord Depressive Disorder,	l6-21; Jse Disorder, Severe,				
	Review on 11-23-21 o revealed: -Admission date: 11-1 -Diagnoses: Stimulan Severe, Cannabis Us	17-21; t Use Disorder, Cocaine,				
	Traumatic Stress Disc					
	Review on 11-23-21 o revealed: -Admission date: 11-1					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL036-214	B. WING		11	R / 30/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2505 CO	URT DRIVE, RESID			
PHOENIX	COUNSELING CENTER	-RESIDENTIAL WINC GASTON	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 269	Continued From page	e 3	V 269			
		Jse Disorder, Severe, der, Severe, Generalized				
	Review on 11-23-21 revealed: -Admission date: 11-	of Client #12's record 18-21;				
	Cannabis Use Disord	Jse Disorder, Severe, der, Severe, Major , recurrent, Mild with Anxious				
	revealed:	of Client #13's record				
	Cannabis Use Disord	nt Use Disorder, Severe,				
	revealed:	of Client #14's record				
	Moderate, Cannabis	nt Use Disorder, Cocaine, Use Disorder, Moderate,				
	Post Traumatic Stres Depressive Disorder, Psychotic Features.	s Disorder, Major , recurrent, Severe without				
	revealed:	of Client #15's record				
	-Admission date: 11- -Diagnoses: Stimular Amphetamine, Sever Schizophrenia Disord	nt Use Disorder, re, Unspecified				
	revealed:	of Client #16's record				
	-Admission date: 11- -Diagnoses: Cannab alth Service Regulation	18-21; is Use Disorder, Moderate,				

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N8YX11

If continuation sheet 4 of 7

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		E SURVEY PLETED	
			A. BUILDING:		R	
		MHL036-214	B. WING		11/30/2021	
IAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
HOENIX		-RESIDENTIAL WINC	OURT DRIVE, RESID NIA, NC 28054	DENTIAL WING		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 269	Continued From page	e 4	V 269			
	Opioid Use Disorder, Disorder, Amphetami	Severe, Stimulant Use ne, Moderate.				
	revealed: -currently served 15 o	1 with the Clinical Director clients under Program Code 0 Facility Based Crisis				
	Service; -understood that the Program Code 27G . Health and Human S	current licensed capacity for 5000 per the Department of ervices Division of Health				
	-had been working wind several weeks to get	cense was listed as 5; ith the Unit Manager for the bed capacity for changed to reflect a bed				
	Manager revealed:	1 and 11-23-21 with the Unit				
	code on the facility lic -"noticed numbers be	side each service last year				
	never had numbers b then;"	ant anything because it had reside the services before				
		rs and recommended that orrected to show the				
	was bed for bed;" -after the Annual Sur					
	started working on it i -had called DHSR Su	pport Staff and had been				
	working on it for the la -had to request a letter	ast month; er of support from their				

STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		MHL036-214	B. WING		11	R / 30/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PHOENIX	COUNSELING CENTER-	RESIDENTIAL WINC	URT DRIVE, RESIE IIA, NC 28054	DENTIAL WING		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 269	Continued From page	e 5	V 269			
	Managed Care Orgar	nization (MCO):				
		streamlined the process;				
		be retroactive but not sure				
		retroactive even though it				
		16 bed capacity in the past;"				
	-	te the correction on the				
	license;					
	-would be sending the	eir MCO's letter of support to				
	DHSR today;					
	-had requested a cha	inge in bed capacity from 5				
	to 16 for Program Co	de 27G. 5000, Facility				
	Based Crisis.					
	Interview on 11-24-21 with the Purchasing Agent revealed:					
	-had completed the application for the Gaston site;					
	-"If I remember correctly since we started the					
	electronic submission, those numbers are an					
	embedded field on this form;"					
	the screen and I canr					
		umber of residential clients				
	•	that field out. The next field				
		s approved and that field is				
		they are the same as the				
	residential capacity n	ls equal the total capacity, I				
	cannot alter them."	is equal the total capacity, i				
	Observation of the Di	vision of Health Service				
	Regulation facility lice	ense on 11-23-21 at				
	approximately 11:05a					
		layed on the wall prior to				
	entering the residenti	al unit;				
	-the license identified	a bed capacity of 5 for				
	service code					
		ased Crisis Service for				
	Individuals of all Disa					
	-observation of the ur	nit revealed a total of 15				

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N8YX11

If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-214	B. WING		R 11/30/2021	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		2505 CO	URT DRIVE, RESID			
HOENIX	COUNSELING CENTER	RESIDENTIAL WING GASTON	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 269	Continued From page	e 6	V 269			
	clients were present of	on the unit.				
			1			1