

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WINC	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	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 11-30-21. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p>	V 000		
V 269	<p>27G .5001 Facility Based Crisis - Scope</p> <p>10A NCAC 27G .5001 SCOPE</p> <p>(a) A facility-based crisis service for individuals who have a mental illness, developmental disability or substance abuse disorder is a 24-hour residential facility which provides disability-specific care and treatment in a non-hospital setting for individuals in crisis who need short-term intensive evaluation, or treatment intervention or behavioral management to stabilize acute or crisis situations.</p> <p>(b) This facility is designed as a time-limited alternative to hospitalization for an individual in crisis.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to maintain the bed capacity as identified on their current Facility License for Service Code 10A NCAC 27G .5000 affecting 15 of 15 current clients (Client #1-15) and 1 audited Former Client (Former Client #3).</p>	V 269	<p><i>DHSR - Mental Health</i></p> <p><i>DEC 10 2021</i></p> <p><i>Lic. & Cert. Section</i></p>	

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

TITLE

(X6) DATE

Dawn McKay
12/7/2021

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 11/30/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 269	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review on 11-22-21 of Client #1's record revealed: -Admission date: 11-16-21; -Diagnoses: Stimulant Use Disorder, Severe, Opioid Use Disorder, Severe, Cannabis Use Disorder, Mild, Cocaine Use Disorder, Mild, Generalized Anxiety Disorder.</p> <p>Review on 11-22-21 of Client #2's record revealed: -Admission date: 11-16-21; -Diagnoses: Opioid Use Disorder, Severe, Stimulant Use Disorder, Cocaine, Moderate, Stimulant Use Disorder, Amphetamine, Severe.</p> <p>Review on 11-22-21 of Former Client #3's record revealed: -Admission date: 8-24-21; -Date of Discharge: 8-28-21; -Diagnoses: Alcohol Use Disorder, Moderate, Cannabis Use Disorder, Moderate, Sedative Hypnotic Use other than Hallucinogen Use Disorder, Moderate, Generalized Anxiety Disorder, Post Traumatic Stress Disorder.</p> <p>Review on 11-23-21 of Client #4's record revealed: -Admission date: 11-15-21; -Diagnoses: Opioid Use Disorder, Severe, Stimulant Use Disorder, Cocaine, Mild, Stimulant Use Disorder, Amphetamine Type.</p> <p>Review on 11-23-21 of Client #5's record revealed: -Admission date: 11-17-21; -Diagnoses: Opioid Use Disorder, Severe, Stimulant Use Disorder, Amphetamine Type, Severe, Cannabis Use Disorder, Moderate.</p>	V 269	<p>11/17/21 Partner's supported Phoenix with a letter of support to move all 16 beds at MHL-036-214 Gaston Counseling Center - Residential wing to Facility Based Crisis beds (5000)</p> <p>11-18-21 - 11/22/21 worked with DHSR Tonya Bridges to receive guidance on how to correctly fill out the change application</p> <p>11/23/21 spoke with DanaLourse Reeves to recap & finalize needs for change application</p> <p>11/29/21 Finalized & emailed change application to DanaLourse</p> <p>12/8/21 \$275.00 check overnighted to DHSR construction section per their request</p>	
-------	---	-------	--	--

12/7/21
Dawn McKay
Gaston Crisis
Inpatient Unit Manager



November 17, 2021

Kevin Oliver
Phoenix Counseling Center
839 Majestic Court, Ste 1
Gastonia, NC 28054

Re: Gaston Counseling Center – Residential Wing (MHL-036-214)
2505 Court Drive, Gastonia, NC 28054

To Whom It May Concern:

Partners is in support of Phoenix Counseling Center's request to move their 16 beds at MHL-036-214 Gaston Counseling Center – Residential Wing to Facility Based Crisis beds (.5000). Partners supports Phoenix's decision to ensure they are aligned with licensing.

This letter is not intended as an endorsement of the quality of the service, nor is it to be interpreted as a guarantee of business or occupancy of the beds for the provider.

Should you have any questions, please call: Julie McMurry-Kurtzman at 704-884-2567 or via email at jmkurtzman@partnersbhm.org.

Sincerely,

Elizabeth T. Lackey, MBA, MSW, LCSW

Elizabeth T. Lackey, MBA, MSW, LCSW
Provider Network Director

Corporate Office
901 S New Hope Rd.
Gastonia, NC 28054

Elkin Region Office
200 Elkin Business Park Drive
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 269	<p>Continued From page 2</p> <p>Review on 11-23-21 of Client #6's record revealed: -Admission date: 11-17-21; -Diagnoses: Stimulant Use Disorder, Moderate, Opioid Use Disorder, Moderate, Cannabis Use Disorder, Moderate, Generalized Anxiety Disorder.</p> <p>Review on 11-23-21 of Client #7's record revealed: -Admission date: 11-17-21; -Diagnoses: Generalized Anxiety Disorder, Major Depressive Disorder, Recurrent Moderate, Stimulant Use Disorder, Cocaine, Severe.</p> <p>Review on 11-23-21 of Client #8's record revealed: -Admission date: 11-16-21; -Diagnoses: Alcohol Use Disorder, Severe, Cannabis Use Disorder, Severe, Major Depressive Disorder, Recurrent, Moderate.</p> <p>Review on 11-23-21 of Client #9's record revealed: -Admission date: 11-17-21; -Diagnoses: Stimulant Use Disorder, Cocaine, Severe, Cannabis Use Disorder, Mild.</p> <p>Review on 11-23-21 of Client #10's record revealed: -Admission date: 11-19-21; -Diagnoses: Alcohol Use Disorder, Severe, Post Traumatic Stress Disorder, Major Depressive Disorder, Severe without Psychotic Features with Anxious Distress.</p> <p>Review on 11-23-21 of Client #11's record revealed: -Admission date: 11-17-21;</p>	V 269	<p>License number MHL-036-214 will be reviewed each year after renewal receipt to ensure the program codes are 276,5000 are noted on the bottom of the license by the Gaston Crisis Inpatient Unit Manager</p> <p>12/7/21 Dawn McKay Gaston Crisis Inpatient Unit Manager</p>	

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 269	<p>Continued From page 3</p> <p>-Diagnoses: Opioid Use Disorder, Severe, Cannabis Use Disorder, Severe, Generalized Anxiety Disorder.</p> <p>Review on 11-23-21 of Client #12's record revealed: -Admission date: 11-18-21; -Diagnoses: Opioid Use Disorder, Severe, Cannabis Use Disorder, Severe, Major Depressive Disorder, recurrent, Mild with Anxious Distress.</p> <p>Review on 11-23-21 of Client #13's record revealed: -Admission date: 11-20-21; -Diagnoses: Stimulant Use Disorder, Severe, Cannabis Use Disorder, Severe, Major Depressive Disorder, recurrent, Mild with Anxious Distress.</p> <p>Review on 11-23-21 of Client #14's record revealed: -Admission date: 11-18-21; -Diagnoses: Stimulant Use Disorder, Cocaine, Moderate, Cannabis Use Disorder, Moderate, Post Traumatic Stress Disorder, Major Depressive Disorder, recurrent, Severe without Psychotic Features.</p> <p>Review on 11-23-21 of Client #15's record revealed: -Admission date: 11-12-21; -Diagnoses: Stimulant Use Disorder, Amphetamine, Severe, Unspecified Schizophrenia Disorder.</p> <p>Review on 11-23-21 of Client #16's record revealed: -Admission date: 11-18-21; -Diagnoses: Cannabis Use Disorder, Moderate,</p>	V 269		

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 269	<p>Continued From page 4</p> <p>Opioid Use Disorder, Severe, Stimulant Use Disorder, Amphetamine, Moderate.</p> <p>Interview on 11-22-21 with the Clinical Director revealed: -currently served 15 clients under Program Code 10A NCAC 27G .5000 Facility Based Crisis Service; -understood that the current licensed capacity for Program Code 27G .5000 per the Department of Health and Human Services Division of Health Service Regulation license was listed as 5; -had been working with the Unit Manager for several weeks to get the bed capacity for Program Code 5000 changed to reflect a bed capacity of 16.</p> <p>Interview on 11-22-21 and 11-23-21 with the Unit Manager revealed: -never had bed capacity beside each service code on the facility license until last year; -"noticed numbers beside each service last year but wasn't sure it meant anything because it had never had numbers beside the services before then;" -"no one ever questioned it before now;" -Department of Health Service Regulation (DHSR) surveyed the Shelby location 4-5 weeks ago and the surveyor was concerned about the breakdown of numbers and recommended that they get the license corrected to show the accurate numbers for services; -"it has always been licensed for 16 and thought it was bed for bed;" -after the Annual Survey in Shelby, the Administrative staff looked at this license and started working on it immediately; -had called DHSR Support Staff and had been working on it for the last month; -had to request a letter of support from their</p>	V 269		

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 269	<p>Continued From page 5</p> <p>Managed Care Organization (MCO); -DHSR Support Staff streamlined the process; -"would love for it to be retroactive but not sure that they will make it retroactive even though it has always been for 16 bed capacity in the past;" -was trying to expedite the correction on the license; -would be sending their MCO's letter of support to DHSR today; -had requested a change in bed capacity from 5 to 16 for Program Code 27G. 5000, Facility Based Crisis.</p> <p>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;" -"I know that some of the fields are embedded on the screen and I cannot alter them;" -"the next row says number of residential clients currently served, I fill that field out. The next field says ambulatory beds approved and that field is also embedded, and they are the same as the residential capacity numbers;" -"The embedded fields equal the total capacity, I cannot alter them."</p> <p>Observation of the Division of Health Service Regulation facility license on 11-23-21 at approximately 11:05am revealed: -the license was displayed on the wall prior to entering the residential unit; -the license identified a bed capacity of 5 for service code 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups; -observation of the unit revealed a total of 15</p>	V 269		

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 11/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WING	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 269	Continued From page 6 clients were present on the unit.	V 269		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL036-214	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/30/2021
NAME OF FACILITY PHOENIX COUNSELING CENTER-RESIDENTIAL WING		STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0114	Correction	ID Prefix V0752	Correction	ID Prefix	Correction
Reg. # 27G .0207	Completed	Reg. # 27G .0304(b)(4)	Completed	Reg. #	Completed
LSC	11/30/2021	LSC	11/30/2021	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Kim Goff</i>	DATE 11-30-21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/10/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL036-214 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/30/2021 Y3
NAME OF FACILITY PHOENIX COUNSELING CENTER-RESIDENTIAL WING		STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0109	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G.0203	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/30/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Kim Goff</i>	DATE 11-30-21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/26/2020	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

Can we discuss this in the morning please ?

From: Hicks, Caitlin V [mailto:caitlin.hicks@dhhs.nc.gov]
Sent: Thursday, December 2, 2021 8:28 AM
To: 'cheryl.billings@phoenixcc.us' <cheryl.billings@phoenixcc.us>
Cc: 'qmemail@cardinalinnovations.org' <qmemail@cardinalinnovations.org>; Behavioral Health <DHSR@Alliancebhc.org>; 'QM@partnersbhm.org' <QM@partnersbhm.org>; 'dhhs@vayahealth.com' <dhhs@vayahealth.com>; Eastpointe <DHSRreports@eastpointe.net>; '_DHSR_Letters@sandhillscenter.org' <_DHSR_Letters@sandhillscenter.org>; 'leza.wainwright@trilliumnc.org' <leza.wainwright@trilliumnc.org>; 'fonda.gonzales@trilliumnc.org' <fonda.gonzales@trilliumnc.org>; Pridgen, Pam <Pam.Pridgen@dhhs.nc.gov>
Subject: DHSR-Mental Health survey results for Phoenix Counseling Center Residential Wing 036-214 FID 070192

Please find attached the results of the survey completed on 11/30/2021 by the MHL&C Section.

The Mental Health Licensure and Certification section is offering a 3-hour session for providers who currently hold a Mental Health License (MHL) in mental health, developmental disability or substance abuse service.

these rules and processes fit together. The class is free but spaces are limited and registration is required. If you are interested in finding out more visit the web page:

<https://info.ncdhhs.gov/dhsr/mhlcs/newproviders.html#connectdots>

<https://info.ncdhhs.gov/dhsr/mhlcs/newproviders.html#connectdots>

<https://info.ncdhhs.gov/dhsr/mhlcs/newproviders.html#connectdots>

Thank you,

Caitlin Hicks

Administrative Specialist I

Division of Health Service Regulation, Mental Health Licensure & Certification
Section

NC Department of Health and Human Services (<http://www.ncdhhs.gov/>)

Help protect your family and neighbors from COVID-19.

Know the 3 Ws. Wear. Wait. Wash. (<https://covid19.ncdhhs.gov/materials-resources/know-your-ws-wear-wait-wash>)

#StayStrongNC and get the latest at [nc.gov/covid19](https://www.nc.gov/covid19) (<https://www.nc.gov/covid19>)

Fax: 919-715-8078

caitlin.hicks@dhhs.nc.gov

1800 Umstead Drive, Williams Building

2718 Mail Service Center

Raleigh, NC 27699-2718

[Twitter \(https://twitter.com/ncdhhs\)](https://twitter.com/ncdhhs) | [Facebook \(https://www.facebook.com/ncdhhs\)](https://www.facebook.com/ncdhhs) | [YouTube \(https://www.youtube.com/user/ncdhhs/\)](https://www.youtube.com/user/ncdhhs/) | [LinkedIn \(https://www.linkedin.com/company/ncdhhs/\)](https://www.linkedin.com/company/ncdhhs/)

Email correspondence to and from this address is subject to the North Carolina Public Records Law disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health privileged, or otherwise confidential information, including confidential information relating to an procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.



PHOENIX
COUNSELING CENTER

Where Help, Hope and Compassion Come Together.

December 7, 2021

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: MHL-036-214 - Phoenix Counseling Center - Residential Wing in Gastonia

To whom it may concern:

Please see attached for the plan to correct the deficiency cited during the survey dated November 30, 2021.

With regards,

Dawn McKay
Phoenix Counseling Center
Gaston Inpatient Unit Manager
2505 Court Drive
Gastonia, NC 28120
Cell: (585-978-6836



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 2, 2021

Cheryl Billings
Phoenix Counseling Center
839 Majestic Court, Suite 1
Gastonia, NC 28054

Re: Annual and Follow Up Survey completed 11-30-21
Phoenix Counseling Center – Residential Wing, 2505 Court Drive, Residential
Wing, Gastonia, NC 28054
MHL # 036-214
E-mail Address: cheryl.billings@phoenixcc.us

Dear Ms. Billings:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 11-30-21.

As a result of the follow up survey, it was determined that all the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 1-29-22.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,



Kim Goff
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant