STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
					R		
MHL036-214			B. WING			31/2023	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PHOENIX	COUNSELING CENT	TER-RESIDENTIA		IRT DRIVE			
THOLINA	COONSELING SEIV	TEN-NEOIDENTIA	GASTONI	A, NC 28054	4		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ΓS		V 000			
	completed on 05/31 unsubstantiated (in Deficiencies were c		nt was				
	This facility is licensed for the following service categories: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups and 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse. This facility is licensed for 16 and currently has a census of 15. The survey sample consisted of audits of 2 current clients and 1 former client.						
V 118	27G .0209 (C) Med	ication Requirement	S	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe						
	drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.						
	administered only b unlicensed persons pharmacist or other	cluding injections, show licensed persons, a trained by a registed legally qualified per	or by red nurse, son and				
	(4) A Medication Ad all drugs administer	e and administer me Iministration Record red to each client mu s administered shall	(MAR) of st be kept				
		ely after administration					
		and quantity of the	drug;				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MHL036-214		B. WING			R 31/2023	
	PROVIDER OR SUPPLIER X COUNSELING CEN	TER-RESIDENTIA	2505 COU	IRT DRIVE	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				A, NC 28054	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY SC IDENTIFYING INFORM.		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 118	V 118 Continued From page 1			V 118			
	(D) date and time the (E) name or initials drug. (5) Client requests checks shall be rec	administering the dr he drug is administe of person administe for medication chang corded and kept with appointment or cons	red; and ering the ges or the MAR				
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the MAR included instructions for administering medications affecting 2 of 2 current Clients (#1 and #2) and 1 of 1 Former Clients (FC #3). The findings are:						
	Finding #1:						
	revealed: -51-years-oldAdmitted 05/24/20 -Diagnosed with Ald-Physician orders d Lisinopril (high blootake ½ Tablet (tab) by mouleg syndrome) .5 m at bedtime, Levothymcg (microgram)-t Librium Protocol (allegen)	cohol Use Disorder. lated 05/24/2023 revoluted pressure) 40 mg (atth daily, Pramipexolug- take 1 tab by mouyroxine (hypothyroiditake 1 tab by mouth lcohol withdrawal), areflux) 40 mg- take 1	realed: milligram)- e (restless uth nightly ism) 88 once daily,				

Division of Health Service Regulation

STATE FORM 6899 NNFP11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL036-214		B. WING		l l	R 31/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
PHOENIX	X COUNSELING CEN	TER-RESIDENTIA		IRT DRIVE A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page 2			V 118			
	05/24/2023 - 05/31/ -No instructions for mg, Pramipexole .5 and Omeprazole 40		vealed: oril 40 88 mcg,				
	Observation on 05/31/2023 at approximately 11 am of Client #1's medication container revealed: -Lisinopril 40 mg - take ½ tab by mouth daily dispensed 05/24/2023Pramipexole .5 mg- take 1 tab by mouth nightly at bedtime dispensed 05/24/2023Levothyroxine 88 mcg- take 1 tab by mouth once daily dispensed 05/24/2023Omeprazole 40 mg- take 1 capsule (cap) by mouth daily dispensed 05/24/2023.						
	Finding #2:						
	revealed: -38-years-oldAdmitted 05/22/20Discharged 05/28/Diagnosed with Po Opioid Dependence -Physician orders d Lexapro (depressio in the morning, Clor mg- take ½ tab by r (antibiotic) 500 mg- day, Dicyclomine (in take 1 cap by mout (withdrawal sympto twice a day.	2023. set Traumatic Stress e, and Cannabis Dep ated 05/23/2023 reve n) 10 mg- take 1 tab nidine (mood stabiliza mouth twice a day, C take 1 cap by mouth ntestinal problems) 1 h once daily, and Sul ms) 4 mg; take 1 tab	Disorder, endence. ealed: by mouth ation) .2 ephalexin twice a 0 mg- poxone by mouth				
	05/22/2023 - 05/28/	023 of an electronic N /2023 for Client #2 re administering Lexap	vealed:				

Division of Health Service Regulation

STATE FORM 6899 NNFP11 If continuation sheet 3 of 6

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		I	R 31/2023
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PHOENI	X COUNSELING CEN	TER-RESIDENTIA		IRT DRIVE A, NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	18 Continued From page 3			V 118			
	Clonidine .2 mg, Cephalexin 500 mg, Dicyclomine 10 mg, and Suboxone 4 mg. Client #2's medication container was not observed due to her discharge from the facility prior to the medication review.						
	Finding #3:						
	Review on 05/30/2023 of FC #3's record revealed33-years-oldAdmitted 02/06/2023Discharged 02/10/2023Diagnoses of PTSD, Opioid dependence, Cocaine dependence, Sedative, and Hypnotic or Anxiolytic DependencePhysician orders dated 02/07/2023 revealed: Suboxone (withdrawal symptoms) 8 mg SL (sublingually)- 2 times per day on 02/07/2023 and 02/08/2023, Suboxone 4 mg SL- 2 times per day on 02/09/2023 and 02/10/2023, and Suboxone 2 mg SL- 2 times per day on 02/11/2023 and 02/12/2023. Review on 05/31/2023 of an electronic MAR from 02/07/2023 - 02/12/2023 for FC #3's revealed: -No instructions for administering Suboxone 2 mg, Suboxone 4 mg, and Suboxone 8 mg.						
	FC #3's medication container was not observed due to her discharge from the facility prior to survey entrance.						
	-Received medicati -Medications were a -"They (facility) had	2023 with Client #1 roons as prescribed. administered by the roons adjusted my regularings seems to be goi	Nurse.				

Division of Health Service Regulation

STATE FORM 6899 NNFP11 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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	I			A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	8 Continued From page 4			V 118			
	-Received medicati -Medications were	2023 with Client #2 re ons as prescribed. administered by the N caught up on the nam	lurse.				
	Attempted interview on 05/26/2023 with FC #3 was unsuccessful due to no response to phone call. Interview on 05/26/2023 with Staff #1 revealed: -Medications were administered to the clients by the Nurse"I am not med (medication) tech (technician) certified." Attempted interviews on 05/26/2023 and 05/30/2023 with Staff #2 was unsuccessful due to no response to phone calls.						
	Interview on 05/31/2023 with the Qualified Professional revealed: -"Only the nurse administers medications." -"The nurse keeps track of the MARs."						
	-Was responsible for and completing the -"We use an electron	onic MAR." istration instructions	ications				
	Director revealed: -Facility changed to system in July 2022 -Informed the Quali on 05/31/2023 that	2023 with the Crisis S a new electronic me 2. ty Improvement (QI) the electronic MAR w administration instru	dication Director				

Division of Health Service Regulation

STATE FORM 6899 NNFP11 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
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		MHL036-214		B. WING			⋜ 31/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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V 118	118 Continued From page 5			V 118				
	-"The operations team would be the one to fix the issue with the electronic MAR."							
	revealed:	2023 with the QI Direc						
	the electronic MAR							
	-Electronic MAR wo facility's needs.	ould be corrected to m	eet the					

6899

Division of Health Service Regulation STATE FORM