Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.1.12 . 2.1.1		is a transfer of the second and the	A. BUILDING: _		
		MHL036-214	B. WING		R 02/26/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PHOENIX	COUNSELING CENTER	-RESIDENTIAL WINC	URT DRIVE IIA, 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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS	1	V 000		
	completed on 2-26-29 unsubstantiated (inta Deficiencies were cited This facility is license	ke #NC00226108). ed. d for The following services			
	Detoxification For Su	C 27G. 3300 Outpatient bstance Abuse and 10A cility Based Crisis Services Disability Groups.			
	census of 11. The 33 For Substance Abuse and the Facility Base Individuals Of All Disacensus of 11. The suaudits of 3 current click	d for 16 and has a current 800 Outpatient Detoxification e has a current census of 0 d Crisis Services For ability Groups has a current urvey sample consisted of ents in the 5000 Facility s For Individuals Of All			
V 118	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other leprivileged to prepare	9 MEDICATION	V 118		

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

(X6) DATE TITLE

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1 '	CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL036-214		B. WING		R	6/2025
		141112000-214) UZIZ	0/2023
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
PHOENIX	COUNSELING CENTER-	RESIDENTIAL WING	2505 COUR GASTONIA	RT DRIVE A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 118	all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ad (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recordered.	d to each client must be administered shall be after administration. The following:	nd ne r	V 118			
	facility failed to admin written order of physic current affecting 2 of findings are: Review on 2-25-25 of -Date of Admission: 2 -Diagnoses: Stimulan Uncomplicated; Cann SchizophreniaPhysicians orders da medications: -Protonix (Gastroesop disease/GERD) 40mg mouth every morning	ews and interviews the ister medications on the cian and to keep the MA and to keep the MA audited clients. The client #1's record reveal-21-25 at 5:15pm. t Dependent abis Dependent; Paranated 2-21-25 for the followhageal reflux g (milligram) one tablet because) 25mg one tablet	AR aled: oid owing				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			_			R	
		MHL036-214		B. WING		02	/26/2025
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		DEGIDENTIAL 14/01/	2505 COUR	RT DRIVE			
PHOENIX	COUNSELING CENTER-	RESIDENTIAL WING	GASTONIA	, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 2		V 118			
	every morning.	Omg one capsule by m					
	2-21-25 to 2-25-25 re medications were not administered: -Risperdal-missing st dose, and the am dos-Protonix-missing star 2-24-25Metoprolol-missing star 2-ymbalta-missing star	aff initials for the 2-21-2 se on 2-22-25. If initials for 2-22-25 to staff initials for 2-22-25. aff initials for 2-22-25.					
	-"Yes, I take medication-"No," he had not refu	with client #1 revealed: ons." ised and medications. sed any of his medicati					
	-Date of admission: 2 Diagnoses: Post Trau Cannabis Dependence Dependence, uncomp unspecified; Bi-Polar Alcohol Dependence, Hypnotic or Anxiolytic Stimulant Dependence -Physicians order dat medication: -Gabapentin (chronic three times a dayPhysicians orders da medications:	matic Stress Disorder; ce, uncomplicated; Opi olicated; Schizophrenia Disorder, unspecified; uncomplicated; Sedati c, uncomplicated; Other	oid , ive, wing owing				
	mouth every day.	addition) 8mg sub lingu					

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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-214	B. WING		02	R 2/ 26/2025
	ROVIDER OR SUPPLIER	-RESIDENTIAL WINC	ADDRESS, CITY, STATE OURT DRIVE DNIA, NC 28054	E, ZIP CODE		
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	-Physicians order dat medications: -Prednisone (steroid) morningPepcid (acid reflux)2 twice a daySubutex (narcotic acid a dayPhysicians order dat medications: -Seroquel (bi-polar)15 at bedtime. Review on 2-25-25 or 2-21-25 to 2-25-25 remedications were not administered: -Gabapentin missing dose on 2-16-25, 7an afternoon dose on 2-2-Prednisone missing 2-23-25. Interview on 2-25-25 -He takes medication medications daily as 3-Since he was admitted missed any of his medications of the missed and reason for the missed nursing note. Interview on 2-26-25 revealed: -Medication administration documented on the Medication administration admi	domg by mouth every comg one tablet by mouth dition) 8mg sub lingual twice ded 2-21-25 for the following forms by mouth every night folient #2's MAR from evealed the following documented as staff initials for the evening n dose on 2-17-25, and the 24-25. staff initials on 2-21-25, and with client #2 revealed: s and he gets his scheduled. ed he had not refused or dications. with the Licensed Piratical d: nedication for any reason the d dose is documented on a with the Nurse Manager ration should only be	V 118			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		MHL036-214		B. WING		R 02/26/20)25
NAME OF D	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE ZID CODE	1 02/20/20	,20
	COUNSELING CENTER-	RESIDENTIAL WINC	2505 COUF	, ,	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) OMPLETE DATE
V 118	Continued From page	4		V 118			
	documented on the M place it should be doc the MAR. I don't know are not documented."	ason, that reason should AR. "There is no other sumented. It should be why these dates and to tutes a re-cited deficier d within 30 days.	on times				
V 366	27G .0603 Incident R	esponse Requirements	;	V 366			
	implement written pol response to level I, II shall require the provi (1) attending to of individuals involved (2) determining (3) developing measures according the timeframes not to except (4) developing to prevent similar incises pecified timeframes (5) assigning performing to many to many to prevent to the preventive measures; (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to the Paragraph (a) of this	REMENTS FOR PROVIDERS providers shall developed in the providers providers and the provider to respond by: The health and safety respond to the incident; The cause of the incident and implementing correspond implementing means according to provider according to provider specified by the provider according to provider according to provider to exceed 45 days; between the corrections and	ent; ective sures rider ble nents 6B, 0 and ng Rule. in				

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Division of Health Service Regulation

MHL036-214 MHL036-214 STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE GASTONIA, NC 28054 (X4) ID PREFIX TAG (CA) ID PREFIX TAG Continued From page 5 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WINC (X4) ID PREFIX TAG (C4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) V 366 Continued From page 5 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the client is on the provider's premises. The policies shall require the provider to respond by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team shall consist of individuals				, a Boile Birdo.		
PHOENIX COUNSELING CENTER-RESIDENTIAL WINK (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGY TAGY) (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 366 Continued From page 5 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals			MHL036-214	B. WING		1
CASTONIA, NC 28054 CASTONIA CASTONIA	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
CX4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG	DUCENIY	COUNSELING CENTER	DESIDENTIAL WING	OURT DRIVE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 366 Continued From page 5 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals	PHOENIX	COUNSELING CENTER	GASTO	ONIA, NC 28054		
regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals	V 366	Continued From page	e 5	V 366		
were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the	V 366	regulations in 42 CFF (c) In addition to the Paragraph (a) of this providers, excluding I develop and impleme their response to a le while the provider is cor while the client is cor while the provider is cor while the provider is cor while the client is cor while the provider is cor while the provider is cor while the policies shall require to the policies shall require the policies shall require the policies shall require the correction of the policies shall require the team; (2) convening a review team within 24 internal review team within 24 internal review team shall cor review team shall cor follows: (A) review the correction of the	R Part 483 Subpart I. requirements set forth in Rule, Category A and B ICF/MR providers, shall ent written policies governing vel III incident that occurs delivering a billable service on the provider's premises. Juire the provider to respond by securing the client record e client record; hotocopy; he copy's completeness; and the copy to an internal a meeting of an internal a meeting of an internal a meeting of the incident. The shall consist of individuals d in the incident and who for the client's direct care or hall oversight of the client's of the incident. The internal enternal mplete all of the activities as copy of the client record to and causes of the incident dations for minimizing the incidents; are information needed; an preliminary findings of fact and fact shall be sent to the ment area the provider is ME where the client resides,	V 366		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		MHL036-214	B. WING		02/26/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
PHOENIX	COUNSELING CENTER-	RESIDENTIAL WINC	JRT DRIVE		
			IA, 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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 6	V 366		
	final report shall be so catchment area the p LME where the client final written report shall be so identified by the interminctude all public doctincident, and shall materiall documents needed available within three LME may give the protocome to the protocome and immediately (A) the LME resonarea where the service Rule .0604; (B) the LME who different; (C) the provide for maintaining and utreatment plan, if differentially the client's applicable; and	ent to the LME in whose rovider is located and to the resides, if different. The all address the issues hal review team, shall uments pertinent to the ake recommendations for rence of future incidents. If d for the report are not months of the incident, the ovider an extension of up to hit the final report; and a notifying the following: reponsible for the catchment rese are provided pursuant to the nere the client resides, if a ragency with responsibility pdating the client's reporting			
	facility failed to implei governing their respo The findings are:	ews and interviews the ment written policies nse to all level 1 incidents.			
	Review on 2-25-25 of	f client #1's record revealed:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		_
		MHL036-214	B. WING		R 02/26/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DUOENIV	COUNCELING CENTER	2505 COU	RT DRIVE		
PHOENIX	COUNSELING CENTER-	GASTONIA	, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 7	V 366		
V 366	-Date of Admission: 2 -Diagnoses: Stimulan Uncomplicated; Cann SchizophreniaPhysicians orders da medications: -Protonix (Gastroesop disease/GERD) 40mg mouth every morning -Metoprolol (blood pre mouth every morning -Cymbalta (anxiety) 3 every morningRisperdal (schizophr mouth twice a day.	2-21-25 at 5:15pm. It Dependent It Dependent It Dependent; Paranoid It Dependent Paranoid It D	V 300		
	dose, and the am dos	aff initials for the 2-21-25 pm se on 2-22-25. ff initials for 2-22-25 to			
	-Metoprolol-missing s	staff initials for 2-22-25. aff initials for 2-22-25.			
	-"Yes, I take medication."No," he had not refu	with client #1 revealed: ons." used and medications. sed any of his medication.			
	-Date of admission: 2 Diagnoses: Post Trau Cannabis Dependent Dependence, uncompunspecified; Bi-Polar Alcohol Dependence,	f client #2's record revealed: -15-25 at 12:10am. Imatic Stress Disorder; te, uncomplicated; Opioid colicated; Schizophrenia, Disorder, unspecified; uncomplicated; Sedative, te, uncomplicated; Other			

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DIVISION	n nealth Service Negu	iauon					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/0		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMB	ER:	A. BUILDING: _		COMPL	ETED
							,
				B. WING		F	
		MHL036-214		B. WING		02/2	26/2025
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2505 COUR	T DDIVE			
PHOENIX	COUNSELING CENTER-	RESIDENTIAL WING		, NC 28054			
			GASTONIA	, NC 20054			
(X4) ID		ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		COMPLETE DATE
IAG	REGOLATORI GIVE		0.11)	IAG	DEFICIENCY)	W.C.	
V 366	Continued From page	e 8		V 366			
	Oti						
	Stimulant Dependence						
	•	ed 2-15-25 for the follow	wing				
	medication:						
		pain) 800mg by mouth					
	three times a day.						
	-	ated 2-19-25 for the follo	owing				
	medications:						
		c) 1.5mg one capsule b	у				
	mouth every day.						
	-Suboxone (narcotic a	addition) 8mg sub lingu	al				
	twice a day.						
	-Physicians order dat	ed 2-20-25 for the follow	wing				
	medications:						
	-Prednisone (steroid)	40mg by mouth every					
	morning.						
	-Pepcid (acid reflux)2	Omg one tablet by mou	th				
	twice a day.						
	•	ldition) 8mg sub lingual	twice				
	a day.	, 0					
		ed 2-21-25 for the follow	wina				
	medications:		3				
		50mg by mouth every n	iaht				
	at bedtime.		.5				
	at bodillio.						
	Review on 2-25-25 of	f client #2's MAR from					
	2-21-25 to 2-25-25 re						
	medications were not	•					
	administered:	documented as					
		staff initials for the ever	ning				
		n dose on 2-17-25, and					
	afternoon dose on 2-2		u IC				
			and				
	-	staff initials on 2-21-25,	, allu				
	2-23-25.						
	Internieus en O.OF.OF	itha aliant #0					
		with client #2 revealed:					
	-He takes medication	_					
	medications daily as						
		ed he had not refused o	or				
	missed any of his me	dications.					

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			COMPLETED
	5 14/11/6		R
MHL036-214	B. WING		02/26/2025
	REET ADDRESS, CITY, STAT	E, ZIP CODE	
G/	ASTONIA, NC 28054		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
Review on 2-25-25 of the facility's incident report for 12- 1-24 to 2-25-25 revealed: -No Risk/Cause/Analysis for incidents of client #1's missed medicarion administration of his Risperdal on 2-21-25, and 2-22-25, Protonix froi 2-22-25 to 2-24-25, Metoprolol on 2-22-25 and his Cymbalta on 2-22-25 and for client #2's missed medication administration of his Gabapentin on 2-16-25, 2-17-25, and 2-24-25 and his Prednisone on 2-21-25 and 2-23-25. Interview on 2-26-25 with the Chief Quality Assurance and Compliance Officer revealed: -An incident report should have been completed by the nurse who discovered the error on the neighbor.	m		

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