

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 02/26/2025
NAME OF PROVIDER OR SUPPLIER PHOENIX COUNSELING CENTER-RESIDENTIAL WINC		STREET ADDRESS, CITY, STATE, ZIP CODE 2505 COURT DRIVE GASTONIA, NC 28054		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 2-26-25. The complaint was unsubstantiated (intake #NC00226108). Deficiencies were cited.</p> <p>This facility is licensed for The following services categories: 10A NCAC 27G .3300 Outpatient Detoxification For Substance Abuse and 10A NCAC 27G .5000 Facility Based Crisis Services For Individuals Of All Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 11. The 3300 Outpatient Detoxification For Substance Abuse has a current census of 0 and the Facility Based Crisis Services For Individuals Of All Disability Groups has a current census of 11. The survey sample consisted of audits of 3 current clients in the 5000 Facility Based Crisis Services For Individuals Of All Disability Groups.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications on the written order of physician and to keep the MAR current affecting 2 of 3 audited clients. The findings are:</p> <p>Review on 2-25-25 of client #1's record revealed:</p> <p>-Date of Admission: 2-21-25 at 5:15pm.</p> <p>-Diagnoses: Stimulant Dependent Uncomplicated; Cannabis Dependent; Paranoid Schizophrenia.</p> <p>-Physicians orders dated 2-21-25 for the following medications:</p> <p>-Protonix (Gastroesophageal reflux disease/GERD) 40mg (milligram) one tablet by mouth every morning.</p> <p>-Metoprolol (blood pressure) 25mg one tablet by mouth every morning.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Cymbalta (anxiety) 30mg one capsule by mouth every morning.</p> <p>-Risperdal (schizophrenia) 2mg one tablet by mouth twice a day.</p> <p>Review on 2-25-25 of client #1's MAR from 2-21-25 to 2-25-25 revealed the following medications were not documented as administered:</p> <p>-Risperdal-missing staff initials for the 2-21-25 pm dose, and the am dose on 2-22-25.</p> <p>-Protonix-missing staff initials for 2-22-25 to 2-24-25.</p> <p>-Metoprolol-missing staff initials for 2-22-25.</p> <p>-Cymbalta-missing staff initials for 2-22-25.</p> <p>Interview on 2-25-25 with client #1 revealed:</p> <p>-"Yes, I take medications."</p> <p>-"No," he had not refused and medications.</p> <p>-"No," he had not missed any of his medication.</p> <p>Review on 2-25-25 of client #2's record revealed:</p> <p>-Date of admission: 2-15-25 at 12:10am.</p> <p>Diagnoses: Post Traumatic Stress Disorder; Cannabis Dependence, uncomplicated; Opioid Dependence, uncomplicated; Schizophrenia, unspecified; Bi-Polar Disorder, unspecified; Alcohol Dependence, uncomplicated; Sedative, Hypnotic or Anxiolytic, uncomplicated; Other Stimulant Dependence.</p> <p>-Physicians order dated 2-15-25 for the following medication:</p> <p>-Gabapentin (chronic pain) 800mg by mouth three times a day.</p> <p>-Physicians orders dated 2-19-25 for the following medications:</p> <p>-Vraylar (antipsychotic) 1.5mg one capsule by mouth every day.</p> <p>-Suboxone (narcotic addition) 8mg sub lingual twice a day.</p>	V 118			

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Physicians order dated 2-20-25 for the following medications: -Prednisone (steroid) 40mg by mouth every morning. -Pepcid (acid reflux)20mg one tablet by mouth twice a day. -Subutex (narcotic addition) 8mg sub lingual twice a day. -Physicians order dated 2-21-25 for the following medications: -Seroquel (bi-polar)150mg by mouth every night at bedtime. <p>Review on 2-25-25 of client #2's MAR from 2-21-25 to 2-25-25 revealed the following medications were not documented as administered:</p> <ul style="list-style-type: none"> -Gabapentin missing staff initials for the evening dose on 2-16-25, 7am dose on 2-17-25, and the afternoon dose on 2-24-25. -Prednisone missing staff initials on 2-21-25, and 2-23-25. <p>Interview on 2-25-25 with client #2 revealed:</p> <ul style="list-style-type: none"> -He takes medications and he gets his medications daily as scheduled. -Since he was admitted he had not refused or missed any of his medications. <p>Interview on 2-25-25 with the Licensed Practical Nurse (LPN) revealed:</p> <ul style="list-style-type: none"> -If a client misses a medication for any reason the reason for the missed dose is documented on a nursing note. <p>Interview on 2-26-25 with the Nurse Manager revealed:</p> <ul style="list-style-type: none"> -Medication administration should only be documented on the MAR. -If a client refuses a medication or misses a 	V 118			

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V 118	Continued From page 4 medication for any reason, that reason should be documented on the MAR. "There is no other place it should be documented. It should be on the MAR. I don't know why these dates and times are not documented." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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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 who were not involved in the incident and who 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 owner within three months of the incident. The	V 366			

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V 366	<p>Continued From page 6</p> <p>final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement written policies governing their response to all level 1 incidents. The findings are:</p> <p>Review on 2-25-25 of client #1's record revealed:</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>-Date of Admission: 2-21-25 at 5:15pm. -Diagnoses: Stimulant Dependent Uncomplicated; Cannabis Dependent; Paranoid Schizophrenia. -Physicians orders dated 2-21-25 for the following medications: -Protonix (Gastroesophageal reflux disease/GERD) 40mg (milligram) one tablet by mouth every morning. -Metoprolol (blood pressure) 25mg one tablet by mouth every morning. -Cymbalta (anxiety) 30mg one capsule by mouth every morning. -Risperdal (schizophrenia) 2mg one tablet by mouth twice a day.</p> <p>Review on 2-25-25 of client #1's MAR from 2-21-25 to 2-25-25 revealed the following medications were not documented as administered: -Risperdal-missing staff initials for the 2-21-25 pm dose, and the am dose on 2-22-25. -Protonix-missing staff initials for 2-22-25 to 2-24-25. -Metoprolol-missing staff initials for 2-22-25. -Cymbalta-missing staff initials for 2-22-25.</p> <p>Interview on 2-25-25 with client #1 revealed: -"Yes, I take medications." -"No," he had not refused and medications. -"No," he had not missed any of his medication.</p> <p>Review on 2-25-25 of client #2's record revealed: -Date of admission: 2-15-25 at 12:10am. Diagnoses: Post Traumatic Stress Disorder; Cannabis Dependence, uncomplicated; Opioid Dependence, uncomplicated; Schizophrenia, unspecified; Bi-Polar Disorder, unspecified; Alcohol Dependence, uncomplicated; Sedative, Hypnotic or Anxiolytic, uncomplicated; Other</p>	V 366			

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V 366	<p>Continued From page 8</p> <p>Stimulant Dependence.</p> <p>-Physicians order dated 2-15-25 for the following medication:</p> <p>-Gabapentin (chronic pain) 800mg by mouth three times a day.</p> <p>-Physicians orders dated 2-19-25 for the following medications:</p> <p>-Vraylar (antipsychotic) 1.5mg one capsule by mouth every day.</p> <p>-Suboxone (narcotic addition) 8mg sub lingual twice a day.</p> <p>-Physicians order dated 2-20-25 for the following medications:</p> <p>-Prednisone (steroid) 40mg by mouth every morning.</p> <p>-Pepcid (acid reflux) 20mg one tablet by mouth twice a day.</p> <p>-Subutex (narcotic addition) 8mg sub lingual twice a day.</p> <p>-Physicians order dated 2-21-25 for the following medications:</p> <p>-Seroquel (bi-polar) 150mg by mouth every night at bedtime.</p> <p>Review on 2-25-25 of client #2's MAR from 2-21-25 to 2-25-25 revealed the following medications were not documented as administered:</p> <p>-Gabapentin missing staff initials for the evening dose on 2-16-25, 7am dose on 2-17-25, and the afternoon dose on 2-24-25.</p> <p>-Prednisone missing staff initials on 2-21-25, and 2-23-25.</p> <p>Interview on 2-25-25 with client #2 revealed:</p> <p>-He takes medications and he gets his medications daily as scheduled.</p> <p>-Since he was admitted he had not refused or missed any of his medications.</p>	V 366			

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V 366	<p>Continued From page 9</p> <p>Review on 2-25-25 of the facility's incident reports for 12- 1-24 to 2-25-25 revealed:</p> <p>-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 from 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.</p> <p>Interview on 2-26-25 with the Chief Quality Assurance and Compliance Officer revealed:</p> <p>-An incident report should have been completed by the nurse who discovered the error on the next shift.</p>	V 366			