Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-214	A. BUILDING: _____ B. WING _____	R-C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX COUNSELING CENTER-RESIDENTIAL WINC	2505 COURT DRIVE 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	INITIAL COMMENTS A complaint and follow up survey was completed 5-12-25. The complaint was unsubstantiated (#NC00229883). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse and 10A NCAC 27G 5000 Facility Based Crisis Service for Individuals of all Disability Groups. This facility is licensed for 16 and currently has a census of 14. The 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse has a census of 0 and the 10A NCAC 27G 5000 Facility Based Crisis Service for Individuals of all Disability Groups has a census of 14. The survey sample consisted of audits of 1 former client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and	V 105	RECEIVED JUN 09 2025 DHSR-MH Licensure Sect	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

5/16/25

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V 105	Continued From page 1 (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interviews the facility governing body failed to follow their written discharge policy. The findings are: Record review on 5-5-25 of Former Client #1 (FC#1)'s record revealed: -Admitted 4-14-25-discharged 4-21-25. -Diagnoses of Autism, Post Traumatic Stress Disorder, Depression, and Anxiety. -Homeless, needs transitional living placement. -Prefers male pronouns he/him. -Person Centered Plan dated 4-14-25 revealed: "learn effective coping skills...in order to manage psychiatric symptoms..." -Medications on 4-14-25: Duloxetine 30 milligrams (mg)once daily, Hydroxyzine 25mg prn (as needed), Olanzapine 5mg once nightly, Pantoprazole 40mg once daily, and Trazadone 50mg once nightly. -Medications changed on 4-15-25: Zyprexa 10mg once daily at night, Pantoprazole 40mg once daily, Trazadone 50mg once daily at night, and Prozac 20mg once daily at night. -Discharge note dated 4-20-25 revealed: "Upon discharge clients medications are:" with no medications were listed. Review on 5-6-25 of Facility's Aftercare and	V 105	This deficiency will be prevented from occurring again by re-training staff at GFBC on the discharge requirements in the policy. The Director of Crisis Services along with the Nursing team will ensure that discharged Clients have prescribed medications to ensure a healthy and safe transition to the next environment. Quality Management and Clinical staff will continue to monitor for compliance via regular reviews.	7/12/25

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V 105	Continued From page 3 Transitional Planning revealed: -That the following information will be documented: Medications Prescribed and Administered. Interview on 5-5-25 with FC#1 revealed: -He was sent to Virginia early morning on April 21, 2025. -The facility sent him without any medications. -The facility said that the medications would sent overnight to him, but they never came. -The new facility did not handle medication management, they would get clients doctors appointments for that. -He left the new facility on Thursday April 24th and checked into a hospital in Virginia. -He is now back in North Carolina, but can not get his medications filled because the facility has them, so insurance won't let him get them refilled again so soon. Interview on 5-5-25 with FC#1's Aunt revealed: -She talked to several people at the facility about FC#1's medications. -The facility claimed they didn't have an address of the facility where FC#1 went. -FC#1 was at the new facility in Virginia for 4 days without medications. Interview on 5-5-25 with FC#1's former Adult Protective Services Care Coordinator revealed: -The facility was not supposed to discharge FC#1 until the afternoon of 4-21-25. -FC#1 was discharged without her medications. -"In all my years of working, you don't discharge without meds (medications)." -The facility knew she was coming on the afternoon of 4-21-25 to assess FC#1.	V 105		

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V 105	Continued From page 4 -She asked them why they didn't wait until later so FC#1 could take her medications with her. -"The facility told her that they would overnight the medications but they didn't." Interview on 5-5-25 with the Virginia Facility Campus Director revealed: -The facility does not prescribe medications. -They do work with a local clinic to get the clients medications, but that would not be immediate. They would have to get an appointment for the client. Interview on 5-6-25 with Councilor revealed: -The facility had tried to find a placement closer to FC#1's home, but there were no beds and FC#1 would have been living on the street. -FC#1's aunt made it clear that FC#1 could not come back to live with her. -She thought that FC#1 had everything he needed to transfer to Virginia. -"If his medicine wasn't ready he shouldn't have gone. They shouldn't have let him go at all. We always send meds. They should have waited and taken a loss." (since the client had no clinical need, they could not bill for him).	V 105		