STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-398	A. BUILDING: _____ B. WING _____	R 05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLSTICE EAST, LLC	530 UPPER FLAT CREEK ROAD WEAVERVILLE, NC 28787

(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 An annual and follow-up survey was completed on 5/10/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 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. (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. (4) A Medication Administration Record (MAR) of 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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure drugs were administered to a client only on the written order of a person authorized to prescribe drugs affecting 1 of 6 clients audited (Client #6). The findings are: Review on 5/10/18 of Client #6's record revealed: -admitted 2/28/18 -age 17 -diagnoses Major Depressive Disorder, Post-Traumatic Stress Disorder, Cannabis Use Disorder, Alcohol Dependency, and Parent-Child Relational Problems. Review on 5/10/18 of Client #6's Medication Administration Record from 3/1/18 through 5/9/18 revealed: -Lamotrigine, 25 mg, 1 every morning was administered -Trazodone, 50 mg, 1 at bedtime was administered -Hydroxyzine hcl 25 mg, 3 times a day, as needed; administered two times in March, and once in April. Review on 5/10/18 of a Physician Telephone/Verbal Order form dated 2/28/18 for Client #6 revealed: -Lamotrigine, 25 mg, 1 every morning -Trazodone, 50 mg, 1 at bedtime -Hydroxyzine hcl 25 mg, 3 times a day, as needed for anxiety -digitally signed on 2/28/18 and 3/12/18 by each facility nurse	V 118		

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V 118	Continued From page 2 -digitally signed on 5/9/18 by the physician Interview on 5/10/18 with Registered Nurse #1 revealed: -Client #6 brought the medications with her upon admission -the client's doctor was on vacation at the time and they were not able to get an order signed upon admission -the facility doctor signed the order 5/9/18. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		