STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601067	A. BUILDING: _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECHELON 5	1535 PEACHTREE ROAD CHARLOTTE, NC 28216

(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 survey was completed on 8/23/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Secure Staff for Adolescents and Children.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to ensure that each prescription medication had a pharmacy packaging label affecting 1 of 3 audited clients (client #1). The findings are: Review on 8/22/18 of client #1's record revealed: -Admission date of 8/17/17; -Diagnoses of Disruptive Mood Dysregulation Disorder, Intermittent Explosive Disorder, Specific Learning Disorder; -Physician orders dated 5/19/18 for Melatonin 3mg 1 tablet per day (pm) and Loratadine 10mg, 1 tablet per day. Interview on 8/23/18 with the Qualified Professional revealed: -There were no pharmacy labels on client #1's Melatonin or Loratadine bubble packs when he picked them up from the office; -Will speak to administration to assure medications are labeled properly to assure compliance. Observation on 8/23/18 at approximately 5:00pm of client #1's medication revealed: -Bubble packs for Melatonin 3mg and Loratadine 10mg with no pharmacy label identifying name of client, prescriber's name, dispensing date, directions for administration, name of the dispensing practitioner, and name, address and phone number of the pharmacy.	V 117		