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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/23/2018	
	MHL0601067				
ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
5					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE COMPLET THE APPROPRIATE DATE	
INITIAL COMMENTS		V 000			
An annual survey wa deficiency was cited.					
category: 10A NCAC	27G .1700 Residential				
27G .0209 (B) Medic	ation Requirements	V 117			
REQUIREMENTS (b) Medication packa (1) Non-prescription dispensed by a pharr manufacturer's label visible; (2) Prescription med or obtained as sampl tamper-resistant pack risk of accidental inge packaging includes p with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging la drug dispensed must (A) the client's name (B) the prescriber's f (C) the current disper date of the prescriber (F) the name, addre pharmacy or dispense	aging and labeling: a drug containers not macist shall retain the with expiration dates clearly dications, whether purchased les, shall be dispensed in kaging that will minimize the estion by children. Such blastic or glass bottles/vials c caps, or in the case of l drugs, a zip-lock plastic bag abel of each prescription c include the following: c; name; ensing date; for self-administration; gth, quantity, and expiration d drug; and ss, and phone number of the ing location (e.g., mh/dd/sa				
	ROVIDER OR SUPPLIER 5 SUMMARY STI (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS An annual survey wa deficiency was cited. This facility is license category: 10A NCAC Treatment Secure St Children. 27G .0209 (B) Medic 10A NCAC 27G .020 REQUIREMENTS (b) Medication packa (1) Non-prescription dispensed by a phan manufacturer's label visible; (2) Prescription med or obtained as sampl tamper-resistant pac risk of accidental ingu- packaging includes p with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging la drug dispensed must (A) the client's name (B) the prescriber's (C) the current dispen- (C) the current dispen- (D) clear directions f (E) the name, strenged date of the prescriber (F) the name, addres pharmacy or dispensed center), and the name	IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. 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	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL0601067 B. WING MHL0601067 STREET ADDRESS, CITY, STATE 5 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG NITIAL COMMENTS V 000 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 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication Requirements V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; V 117 (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in 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 pr	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL0601067 B. WING SOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5 1535 PEACHTREE ROAD CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WIST BE PRECEDED BO FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (RACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT INITIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 An annual survey was completed on 8/23/18. A deficiency was cited. V 100 Fraction (Construction of Construction Construction of Construction Construction o	F CORRECTION IDENTIFICATION NUMBER: A BUILDING 00 MHL0601067 B. WING 00 SUMMARY STATEMENT OF DEFICIENCES 153 PEACHTREE ROAD PREVIDER'S PLAN OF CORRECTION SHOULD BE IELACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE IELACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE IELACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVIDER'S PLAN OF CORRECTION SHOULD BE IELACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVIDER'S PLAN OF CORRECTION SHOULD BE INITIAL COMMENTS V 000 V 000 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 117 10A NCAC 27G. 0209 (B) Medication Requirements V 117 10A NCAC 27G. 0209 MEDICATION REGURENTS V 117 10A NCAC 27G. 0209 MEDICATION REGURIENTS V 117 1

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601067	B. WING		08	/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
ECHELON	15		ACHTREE ROAD TTE, NC 28216				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE		
V 117	Continued From page	9 1	V 117				
	prescription medication packaging label affect (client #1). The finding Review on 8/22/18 of -Admission date of 8/ -Diagnoses of Disrup Disorder, Intermittent Learning Disorder; -Physician orders dat	ew, interview and y failed to ensure that each on had a pharmacy ting 1 of 3 audited clients ngs are:					
	Melatonin or Loratadi picked them up from -Will speak to adminis	d: nacy labels on client #1's ine bubble packs when he the office;					
	of client #1's medicati -Bubble packs for Me 10mg with no pharma client, prescriber's na directions for adminis	elatonin 3mg and Loratadine acy label identifying name of ime, dispensing date, stration, name of the er, and name, address and					

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