

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1060-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/20/2019
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NAME OF PROVIDER OR SUPPLIER ECHELON 1	STREET ADDRESS, CITY, STATE, ZIP CODE 4508 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3-20-19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(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.</p>	V 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 117	<p>Continued From page 1</p> <p>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:</p> <p>Review on 3/4/19 of client #1's record revealed: -Admission date of 8/10/18; -Diagnoses of Attention Deficit Hyperactivity Disorder Combined Type, Oppositional Defiant Disorder and Adjustment Disorder; -Physician order dated 2-13-19 for Magnesium Oxide 400mg 2 tablets by mouth daily.</p> <p>Interview on 3/4/19 with the staff #1 revealed: -The label for the medication Magnesium Oxide was ripped off after a liquid spilled on the bubble pack, thereafter he obtained a new bubble pack, took the medications out of the old bubble pack and placed them in the new bubble pack, however the new bubble pack label was blank and did not have the administration instructions.</p> <p>Observation on 3/4/19 at approximately 5:00pm of client #1's medication revealed: -Bubble pack for Magnesium Oxide 400mg with no 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.</p>	V 117		