		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R	
mhl060-959		B. WING		03/20/2019	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
1			RCLE		
-	CHARLO	DTTE, NC 28205			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE	
V 000 INITIAL COMMENTS		V 000			
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 medical or obtained as sampl tamper-resistant pack risk of accidental inger 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 name (C) the current disper (C) the name, streng date of the prescriber (F) the name, addres pharmacy or dispense	aging and labeling: drug containers not macist shall retain the with expiration dates clearly dications, whether purchased es, shall be dispensed in kaging that will minimize the estion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag abel of each prescription include the following: e; 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				
	OF DEFICIENCIES F CORRECTION OVIDER OR SUPPLIER 1 SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS An annual and follow on 3-20-19. A deficie This facility is license category: 10A NCAC Treatment Staff Secu Adolescents. 27G .0209 (B) Medic 10A NCAC 27G .020 REQUIREMENTS (b) Medication packa (1) Non-prescription dispensed by a pharr manufacturer's label visible; (2) Prescription med or obtained as sampl tamper-resistant pach 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 name (C) the current disper (C) the current disper (D) clear directions f (E) the name, strenged date of the prescriber's name (F) the name, addre pharmacy or dispens center), and the name	F CORRECTION IDENTIFICATION NUMBER: mhl060-959 OVIDER OR SUPPLIER STREET A 4508 CA CHARLO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 3-20-19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents. 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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA (X2) MULTIPLE C PEORRECTION mhl060-959 B. WING mhl060-959 B. WING B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 1 4508 CARRIAGE DRIVE CII CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3-20-19. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents. V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 117 (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacture'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. 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V 000 D PROVIDER STRUCTIVE ACTI CROSS-REFERENCE) 27G .0209 (B) Medication Requirements V 117 V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 117 (1) Non-prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging and labeling: (1) Non-prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant 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 label of each prescription drug dispensed must include the following: (A) the prescriber's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing <td>OPT DEPICIENCIES FOOREGATION (X1) PROVIDERSUPPRIERCUA IDENTIFICATION NUMBER: (X2) MUTURE CONSTRUCTION A BUILDING: (X2) OVIN A BUILDING: OWDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 03 OWDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 03 SUMMARY STATEMENT OF DEPICIENCIES CHARLOTTE, NC 22205 PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION AND AND ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION AND ADDINATION) PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION AND ADDINATION; V 000 27G .0209 (B) Medication Requirements V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall relatin the manufacturer's label with expiration dates clearly visible; (2) Prescription drug containers, not dispensed in tamper-resistant packaging that will minimize the risk of accidentian frequency of plastic bag may be adequate; (3) The packaged drugs, a zh-lock plastic bag may be adequate; (3) The packaged drugs, zh-lock plastic bag may be adequate; (4) the current dispensing date; (5) the name, strength, quantity, and expiration date of the prescriber's name; (5) the name, strength, quantity, and expiratio</td>	OPT DEPICIENCIES FOOREGATION (X1) PROVIDERSUPPRIERCUA IDENTIFICATION NUMBER: (X2) MUTURE CONSTRUCTION A BUILDING: (X2) OVIN A BUILDING: OWDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 03 OWDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 03 SUMMARY STATEMENT OF DEPICIENCIES CHARLOTTE, NC 22205 PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION AND AND ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION AND ADDINATION) PROVIDERS PLAN OF CORRECTION (ECAH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION SHOULD BE CRACH ODERCINC ACTION AND ADDINATION; V 000 27G .0209 (B) Medication Requirements V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall relatin the manufacturer's label with expiration dates clearly visible; (2) Prescription drug containers, not dispensed in tamper-resistant packaging that will minimize the risk of accidentian frequency of plastic bag may be adequate; (3) The packaged drugs, a zh-lock plastic bag may be adequate; (3) The packaged drugs, zh-lock plastic bag may be adequate; (4) the current dispensing date; (5) the name, strength, quantity, and expiration date of the prescriber's name; (5) the name, strength, quantity, and expiratio

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mhl060-959			A. BUILDING:		R		
		mhl060-959			03	/20/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
	11		ARRIAGE DRIVE CIR OTTE, NC 28205	RCLE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 117 Continued From page 1		V 117					
	prescription medication packaging label affect (client #1). The findin Review on 3/4/19 of of -Admission date of 8/ -Diagnoses of Attention Disorder Combined T Disorder and Adjustm -Physician order date Oxide 400mg 2 tablet Interview on 3/4/19 w -The label for the medications and placed them in th however the new bub and did not have the	ew, interview and ty failed to ensure that each on had a pharmacy tring 1 of 3 audited clients ngs are: client #1's record revealed: '10/18; on Deficit Hyperactivity Type, Oppositional Defiant nent Disorder; ed 2-13-19 for Magnesium ts by mouth daily. vith the staff #1 revealed: dication Magnesium Oxide liquid spilled on the bubble btained a new bubble pack, out of the old bubble pack					
	no with no pharmacy client, prescriber's na directions for adminis	gnesium Oxide 400mg with label identifying name of ame, dispensing date, stration, name of the er, and name, address and					

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