PRINTED: 03/13/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '66		(X3) DATE SURVEY COMPLETED
AND I DAVIS OF GOTALESTICAL			A. BUILDING:		
		MHL0601066	B. WING		03/12/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ECHELON 4			YWOOD LANE TTE, NC 28213		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	2020. Deficiencies w The facility is licensed	d for the following service 27G .1700 Residential			
V 118	8 27G .0209 (C) Medication Requirements		V 118		
	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				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601066		MHL0601066	B. WING		03/12/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
ECHELON	14		WOOD LANE TE, NC 28213			
(X4) ID				PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 1		V 118			
	with a physician.					
	This Rule is not met	as evidenced bv:				
	Based on interview are failed to maintain curr	nd record review, the facility rent MARS affecting 1 of 3 t #3). The findings are:				
	-Admitted 5/16/9; -Diagnosed with Disru Disorder, Attention Do Unspecified Anxiety E Specified Neurodevel (Pervasive Developm -13 years old; -Physician's order dat (used to treat depress	lopmental Disorder				
	revealed: -Client #3's February, identifying Sertraline	e correct dose of Sertraline				
V 540	27F .0103 Client Righ Grooming	nts - Health, Hygiene And	V 540			
		HEALTH, HYGIENE be assured the right to umane care in the provision				

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MHL0601066		B. WING		03/12/2020		
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V 540	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 540			
	of the facility revealed	om door on Clients #1 and				
	revealed:	with Clients #1 and #3 vacy in their bedroom as n door.				
	Interview on 3/12/20 with the Administrator					

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		MHI 0601066	B. WING		03/12/2020	
MHL0601066			RESS, CITY, STA		03/1	2/2020
	ROVIDER OR SUPPLIER		WOOD LANE	TE, ZIP CODE		
ECHELON	4		TE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 540	Continued From page 3		V 540			
	revealed: -Clients #1 and #3 should have a bedroom door and the door will be replaced.					
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.		V 736			
	This Rule is not met a Based on interview ar was not maintained in manner. The findings	nd observation, the facility n a safe and attractive				
	of the facility revealed -Hole in downstairs be -Light fixture hanging bedroom;	edroom wall; from wires in downstairs esulting in exposed wires in				
	Interview on 3/12/20 v revealed: -Will make the necess downstairs bedroom.					

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