

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2020
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NAME OF PROVIDER OR SUPPLIER ECHELON 4	STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE CHARLOTTE, NC 28213
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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 survey was completed on March 12, 2020. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Operations Director

(X6) DATE

3/25/2020

STATE FORM

5599

VHKP11

If continuation sheet 1 of 4

03:25 03/26/20 ET Pg 2-5

To: Caitlin Hicks (19197158078)

From: Martine Chambliss

Division of Health Service Regulation

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain current MARS affecting 1 of 3 audited clients (Client #3). The findings are: Review on 3/12/13 of Client #3's record revealed: -Admitted 5/16/9; -Diagnosed with Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, and Other Specified Neurodevelopmental Disorder (Pervasive Developmental Disorder); -13 years old; -Physician's order dated 2/12/20 for Sertraline (used to treat depression) 100mg 1 tab daily; -February, 2020 MAR revealed Sertraline 100mg 2 tabs daily. Interview on 3/12/20 with the Administrator revealed: -Client #3's February, 2020 MAR was incorrect in identifying Sertraline 100mg 2 tabs daily; -Client #3 received the correct dose of Sertraline 100mg 1 tab daily; -Will ensure all MARs are kept current.	V 118		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision	V 540	Echelon Care's Administration will ensure that direct care staff, QP(s) and AP(s) are thoroughly reviewing doctor orders and working with the pharmacy carefully to ensure MARs are transcribed appropriately. After further review into the matter, Administration learned that the pharmacy did not have any of the Sertraline 100mg tablets available for dispensing so they dispensed the facility 2 tablets of 50mg Sertraline. This change was not correctly reflected on the MAR. In-Service training was provided and will take place meeting by Quality Management.	3/12/2020 ongoing

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V 540	<p>Continued From page 2</p> <p>of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure all clients had the right to privacy affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Observation on 3/12/20 at approximately 2:30pm of the facility revealed: -There was no bedroom door on Clients #1 and #3's shared bedroom.</p> <p>Interview on 3/12/20 with Clients #1 and #3 revealed: -Did not have any privacy in their bedroom as there was no bedroom door.</p> <p>Interview on 3/12/20 with the Administrator</p>	V 540	<p>Echelon Care Administration will complete a work order to ensure that the door is replaced for members 1 and 3. The door was removed per the Tx. Plan/Team decision of a previous client and after his discharge, was not placed back on, by oversight. Echelon Care Admin. will ensure that the Facility Team is reminded of all Client's Right rules through in-service training and ensure that violations are reported appropriately and timely, so that they can be addressed. This will be monitored by QM staff.</p>	<p>4/15/2020 3/31/2020 ongoing</p>	

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V 540	Continued From page 3 revealed: -Clients #1 and #3 should have a bedroom door and the door will be replaced.	V 540		
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. This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a safe and attractive manner. The findings are: Observation on 3/12/20 at approximately 2:30pm of the facility revealed: -Hole in downstairs bedroom wall; -Light fixture hanging from wires in downstairs bedroom; -Broken outlet plate resulting in exposed wires in downstairs bedroom closet. Interview on 3/12/20 with the Administrator revealed: -Will make the necessary repairs to the downstairs bedroom.	V 736	<i>Echelon Care's Administrator 4/15/2020 will ensure that the Maintenance Team completes the work orders for repairs in the facility once there is clearance from COVID-19 Safety Protocols. Echelon Care's Admin. Team will ensure that Facility Management reports all maintenance requests in a timely manner to address concerns more efficiently. In-Service training related to these procedures and DHSR rules have been provided in recent Facility Supervision Meeting. QM Staff will monitor this ongoing</i>	

Fax

To: Caitlin Hicks **From:** Martine' Chambliss

Fax: 19197158078 **Pages:** 5

Re: Plan of Correction for Echelon 4-060-1066 **Date:** Mar 26, 2020

Urgent **X** **For Review** **Please Comment** **Please Reply** **For Information**

● **Comments:**

Good am Ms. Sanchez:

Please see the attached completed Plan of Correction for this Facility for the 3/12/2020 Annual Survey completed. Please let me know if you have any questions and/or concerns.