STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 296	Continued From page 10 are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure two direct care staff were present for one, two, three or four children or adolescents. The findings are: Interview on 11/30/21 with client #1 revealed: -wake up usually two staff; -only one staff at the facility this morning; -the House Manager was late. Interview on 12/2/21 with client #2 revealed: -wake up 8am there are two staff; -sometimes one staff; -go to bed two staff. Interview on 11/30/21 with client #3 revealed: -woke up this am only one staff; -the other staff was late; -usually two staff; -bed at night two staff. Interview on 12/6/21 with the House Manager revealed will ensure two staff present on every shift.	V 296	 A Caring Home will ensure there is 2 staff present at all times. We have identified a PRN staff who lives close by to work when staff on schedule is running late or there is a scheduling discrepancy. The Executive Director will be responsible for ensuring this will not occur again. Monitoring of staff scheduling issues will occur daily by the Executive Director. In the event the Executive Director is not available, the Qualified Professional will monitor staff scheduling for that shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 296	Continued From page 9 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 293	Continued From page 8 client from the sister facility revealed: -placed the 4th client at the sister facility; -that is where she has been the entire time; -aware the 4th client has been spending the weekends at the sister facility next door with the other girls because she did not want to be alone at her facility on the weekends; -been no reported incidents at the other facility when the 4th client was over there; -the House Manager told her the 4th client stays at the facility next door on the weekends; -since the sister facility was not full, they let the 4th client spend the weekends over there. Interview on 12/2/21 with the licensee revealed: -the 4th client was assigned to house next door, -have not been able to find any other clients to admit next door that would be a good match; -she remained at the sister facility next door by herself much longer than expected; -most of time the 4th client was next door but she came to this facility; -the 4th client was admitted next door 9/29/21; -last clients at this facility were discharged on the following dates: 9/9/21, 8/2/21 and 7/12/21; -client #1 and the 4th client are a good match and have stayed in the double room together at this facility; -the 4th client did not want to go back next door by herself; -she got sad so she stayed the night at this facility; -"not that much, mostly a weekend thing;" -"just a Friday or Saturday night;" -during week she was over at other facility because has school.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 293	Continued From page 7 -get along with a 4th client not identified on the census form; -this client shares a room with client #1. Interview on 12/1/21 with Licensed Professional(LP) #1 revealed: -contract therapist to provide trauma focused and substance abuse therapy individually to clients weekly at the facility see client #1, client #2 and client #3 for grief, substance abuse and trauma; -on 11/30/21 a 4th client was still at the facility on Monday; -the 4th client sees a therapist outside of the facility for individual. Interview on 12/1/21 with LP#2 revealed: -provide group therapy for all the clients at the facility; -client #1, client #2, client #3 and a 4th client. Interview on 12/1/21 with the Qualified Professional(QP) revealed: -been the QP for facility since 6/2019; -all 4 clients in the facility: client #1, client #2, client #3 and a 4th client. Interview on 12/2/21 with the House Manager revealed: -the 4th client resides at the sister facility next door; -she has been the only client over there; -she spent the night at this facility sometimes; -she did not want to be over at the sister facility by herself on the weekends; -she liked to interact with clients #1, #2 and #3; -stayed in the room with the double bed when she was at this facility. Interview on 12/3/21 with the legal guardian of the	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 293	Continued From page 6 shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide services within the scope of the license. The findings are: Review on 11/30/21 of the 2021 license for the facility revealed a bed capacity of 4. Interview on 11/30/21 with the House Manager revealed there are 3 clients currently residing at the facility. Review on 11/30/21 of the Client and Staff Census form completed by the House Manager revealed client #1, client #2 and client #3 currently residing at the facility. Interview on 11/30/21 with client #1 revealed: -been here 6 months; -came in 6/2021; -shares a room with a 4th client not identified on the census form. Interview on 12/2/21 with client #2 revealed: -been here three months; -get along with client #1; -don't get along well with client #2;	V 293	A Caring Home has submitted a request for client #4 to be authorized for Mr. Bill's Place. Clients will no longer be allowed to spend the night in a facility they are not authorized for.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 293	Continued From page 5 (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 118	Continued From page 4 ferrous sulfate 325mg one tablet daily dispensed 10/4/21; -ariprazole 2mg two tablets daily dispensed 11/16/21; -escitalopram 10mg one tablet daily dispensed 10/6/21; -vyvanse 40mg one tablet in the morning dispensed 11/21/21; -Vitamin D3 125mcg one tablet a week over the counter(OTC) with expiration date of 3/2022; -One a Day vitamin one tablet daily OTC with expiration date of 1/2023. Review on 11/30/21 of client #2's MARs from 9/1/21-11/30/21 revealed: -ferrous sulfate 325mg one tablet daily documented as administered on 9/1-11/30; -ariprazole(ADHD) 2mg two tablets daily documented as administered on 9/1-11/30; -escitalopram(mood) 10mg one tablet daily documented as administered on 9/1-11/30; -vyvanse(ADHD) 40mg one tablet in the morning documented as administered on 9/1-11/30; -Vitamin D3 125mcg one tablet a week documented as administered once a week from 9/1-11/30. -One a Day vitamin one tablet daily documented as administered on 9/1-11/30. Interview on 11/30/21 and 12/6/21 with the House Manager revealed; -she thought the forms were considered medication orders; -moving forward she will ensure she obtains signed medication orders for all clients.	V 118	Moving forward A Caring Home will ensure that all e-scripts are included in client files. The policy & procedure manual will be updated to reflect this transition from the use of written prescriptions to the use of e-scripts as well.The doctor we currently use does not provide written prescriptions to patients. We will be getting a copy of the e-script from the pharmacy that includes the doctor's signature. Staff will be instructed to check for e-script prior to administering medication. House Manager and/or QP will review client files monthly following medication management appointment to ensure all e-scripts are present.	
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 118	Continued From page 3 documented as administered 9/1/-11/30; -melatonin 3mg one tablet at bedtime documented as administered 9/1-11/29; -prazosin 1mg one tablet at bedtime documented as administered 9/1-11/29; -trazadone 100mg one tablet at bedtime documented as administered 9/1-11/29; -sertraline 50mg one tablet every morning documented as administered 10/15-10/31 then discontinued; -sertraline 25mg one tablet every morning 9/1-10/14 then discontinued. Finding #2: Review on 11/30/21 of client #2's record revealed: -admission date of 8/23/21; -diagnoses of ADHD(Attention Deficit Hyperactivity Disorder) and ODD(Oppositional Defiant Disorder). Review on 11/30/21 of an unsigned form dated 8/17/21 with the medication name, mg, dosing instructions, prescribing physician's name and date medication prescribed listed the following medications: -ferrous sulfate(iron deficiency) 325mg one tablet daily; -ariprazole(ADHD) 2mg two tablets daily; -escitalopram(mood) 10mg one tablet daily; -vyvanse(ADHD) 40mg one tablet in the morning; -Vitamin D3 125mcg one tablet a week; -One a Day vitamin one tablet daily. Review on 12/6/21 of a form dated 12/2/21 from the local pharmacy titled "Patient Profile" revealed client #1 was currently on the medications listed above. Observations on 11/30/21 at 2:34pm of client #2's medications revealed:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 118	Continued From page 2 started 6/23/21; -prazosin(PTSD) 1mg one tablet at bedtime started 9/2/21; -trazadone(sleep) 100mg one tablet at bedtime started 9/2/21; -sertraline(mood) 50mg one tablet every morning started 10/14/21; -sertraline 25mg one tablet every morning stopped on 10/14/21. Review on 12/6/21 of a form dated 12/2/21 from the local pharmacy titled "Patient Profile" revealed client #1 no longer was prescribed sertraline 50mg one tablet every morning. Observation on 11/30/21 at 1:36pm of client #1's medications revealed: -aripiprazole 15mg one tablet every morning dispensed 11/20/21; -certizine 10mg one tablet once a day dispensed 11/3/21; -melatonin 3mg one tablet at bedtime dispensed 11/20/21; -prazosin 1mg one tablet at bedtime dispensed 10/23/21; -trazadone 100mg one tablet at bedtime dispensed 10/25/21; -aripiprazole 10mg one tablet every morning, sertraline 25mg one tablet every morning and sertraline 50mg one tablet every morning not on site. Review on 11/30/21 of client #1's MARs from 9/1/21-11/30/21 revealed: -aripiprazole 15mg one tablet every morning documented as administered 9/3-11/30; -aripiprazole 10mg one tablet every morning documented as administered from 9/1 and 9/2 then discontinued; -certizine 10mg one tablet once a day	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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 118	Continued From page 1 (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 with a physician. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs affecting 2 of 3 clients(#1 and #2). The findings are: Finding #1: Review on 11/30/21 of client #1's record revealed: -admission date of 6/21/21; -diagnoses of DMDD(Disruptive Mood Dysregulation Disorder) and PTSD(Post Traumatic Stress Disorder). Review on 11/30/21 of an unsigned form dated 10/14/21 documented client #1's medications "last reconciled by [Psychiatric Mental Health Nurse Practicioner/PMHNP] on 9/22/21 at 10:04am" listed the following: -aripiprazole(mood) 15mg(milligram) one tablet every morning started 9/2/21; -aripiprazole 10mg one tablet every morning stopped 9/2/21; -cetizine(allergies) 10mg one tablet once a day started 8/24/21; -melatonin(sleep) 3mg one tablet at bedtime	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-872	A. BUILDING: _____ B. WING _____	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MR BILL'S PLACE	8612 NATIONS FORD ROAD CHARLOTTE, NC 28217

(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	INITIAL COMMENTS An annual and complaint survey was completed on 12-6-21. The complaint was unsubstantiated(Intake #NC183412). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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	V 118		