STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-538	A. BUILDING: _____ B. WING _____	R 04/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MIST HOME	913 HIGHLAND MIST LANE CHARLOTTE, NC 28218

(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 follow-up survey was completed on April 21, 2022. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 117	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	V 117		

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V 117	Continued From page 1 center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure medication labels included clear directions for administration affecting 1 of 3 audited clients (Client #1). The findings are: Observation on 4/21/22 at approximately 12:20pm of Client #1's medications revealed: -Flonase (allergies) 50mcg (micrograms) dispensed 3/24/22 with pharmacy label indicating 2 spays per nostril daily. Review on 4/19/22 and 4/20/22 of Client #1's record revealed: -Admitted 3/21/22; -Diagnosed with Post Traumatic Stress Disorder, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Attention Deficit Disorder, and Mild Intellectual Developmental Disability; -15 years old; -Physician's order dated 3/8/22 for Flonase 50mcg 2 sprays per nostril daily; -Physician's order dated 3/28/22 for Flonase 50mcg 2 sprays per nostril as needed. Interview on 4/21/22 with the Associate Professional revealed: -The pharmacy label for Client #1's Flonase still reflects daily use of the medication, but the order was changed to as needed use at the end of	V 117		

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V 117	Continued From page 2 March, 2022; -Will secure a new pharmacy label to ensure clear directions for administration of Flonase.	V 117		
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 (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.	V 118		

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure MARs were kept current affecting 1 of 3 audited clients (Client #3). The findings are: Observation on 4/21/22 at approximately 12:10pm of Client #3's medications revealed: -Atarax (anxiety) 25mg (milligrams) dispensed 3/8/22 with pharmacy label revealing administration of 1 tab (tablet) twice daily. Review on 4/19/22 and 4/20/22 of Client #3's record revealed: -Admitted 11/1/21; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, and Cannabis Use Disorder in Remission; -16 years old; -Physician's order dated 1/12/22 for Atarax 25mg 1 tab twice daily; -April, 2022 MAR revealed administration of Atarax 25mg once daily at 8am but did not list administration of the second dose of Atarax 25mg. Interview on 4/21/22 with the Associate Professional revealed: -Client #3's Atarax 25mg was administered correctly twice daily but the MAR was not kept current which was an oversight; -The MAR will be corrected immediately.	V 118		