OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED	
		P WING		С	
	MHL0601042	B. WING		07/2	7/2022
ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
13			CIRCLE		
		<u> </u>			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
on 7/27/22. The comp	plaint was unsubstantiated				
category: 10A NCAC	27G .1700 Residential				
census of 4. The surv	ey sample consisted of				
27G .0209 (C) Medica	ation Requirements	V 118			
10A NCAC 27G .0203 REQUIREMENTS (c) Medication admini (1) Prescription or noi only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be r after administration. The following:				
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I INITIAL COMMENTS A complaint and follor on 7/27/22. The comp (intake #NC00189202 This facility is licensed category: 10A NCAC Treatment Staff Secu Adolescents. The facility is licensed census of 4. The survaudits of 4 current clie 27G .0209 (C) Medicat 10A NCAC 27G .0208 REQUIREMENTS (c) Medication admini (1) Prescription or no only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for add	MHL0601042 ROVIDER OR SUPPLIER STREET ADD 4724 CARR CHARLOT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey were completed on 7/27/22. The complaint was unsubstantiated (intake #NC00189202). 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 facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients. 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:	MHL0601042 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 4724 CARRIAGE DRIVE (GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey were completed on 7/27/22. The complaint was unsubstantiated (intake #NC00189202). 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 facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients. 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, 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; (C) instructions for administering the drug;	MHL0601042 STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) A complaint and follow up survey were completed on 7/27/22. The complaint was unsubstantiated (intake MPL000189202). 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 facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients. 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, including injections, shall be administered only by licensed persons, or by unilcensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer must be kept current. Medications administered shall be recorded immediately after administeration. 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;	MHL0601042 B. WING A BUILDING: B. WING A STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 PROVIDER RAN OF CORRECTION (SACH CORRECTION ACTION) SHOULD BE (RACH CORRECTIVE ACTION) SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS A complaint and follow up survey were completed on 7/27/22. The complaint was unsubstantiated (Intake #NC001589/202). 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 facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients. 27G. 0.209 (C) Medication Requirements V 118 10A NCAC 27G. 0.209 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 by law to prescribe drugs. (2) Medications, including injections, shall be administered or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MRR) of all drugs administered to each client must be kept current. Medication administration record (MRR) of all drugs administered to each client must be kept current. Medications administration record (MRR) of all drugs administered to each client must be kept current. Medications administration record (MRR) of all drugs administered to each client must be kept current. Medications administration record (MRR) of all drugs administered to each client must be kept current. Medications administration record (MRR) of all drugs administered to each client must be kept current. Medications administration record (MRR

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		MHL0601042	B. WING		07/27/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
ECHELON	N 3		RIAGE DRIVE (TE, NC 28205	CIRCLE		
(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 APPROPE DEFICIENCY)	BE COMPLETE	
V 118	(E) name or initials of drug. (5) Client requests for checks shall be recordille followed up by apply with a physician. This Rule is not met a Based on record revieinterviews, the facility	person administering the medication changes or ded and kept with the MAR pointment or consultation	V 118			
	recorded immediately affecting 1 of 4 clients are: Record review on 7/2 revealed: - Date of admission 7 - Age 15; - Diagnoses Disruptiv Disorder, Adjustment Disturbance of Emotion Disorder Adolescent Of Hyperactivity Disorder Oppositional Defiant III - Physician order date XR(ADHD) 30 milligrate every morning; Dextro 15mg Take 1 by mout (ADHD) 0.1 mg Take Review on 7/22/22 of 2022 revealed:	after administration s (client # 3). The findings 2/22 of client #3's record -8-22; e Mood Dysregulation Disorder with Mixed ons and Conduct, Conduct Onset, Attention Deficit r Combined Type, Disorder;				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			·	_	_	
		MHL0601042	B. WING		07/27	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	2	4724 CARR	IAGE DRIVE (CIRCLE		
ECHELON	3	CHARLOTT	TE, NC 28205			
(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 118	Continued From page 2		V 118			
	blank with no explanation on the MAR for the following medications: Adderall XR Dextroamphetamine, Catapres. Interview on 7/22/22 with client #3 revealed:					
	 Received his medications every day. Interview on 7/26/22 with Chief Executive Officer revealed: Informed by staff about the medication error; 					
		ssional) knew better ge of the medications." rately document medication				
		d not be determined if medications as ordered by				
	This deficiency consti and must be corrected	tutes a recited deficiency d within 30 days.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		n and interviews, the facility n a safe, clean, attractive				

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STATE FORM SLR511 If continuation sheet 3 of 4

	i riealtii Service Negu				I	
1 3 4		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
					c	
		B. WING	B WING			
		MHL0601042	3:		07/2	7/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			, ,	,		
ECHELON	3		RIAGE DRIVE	CIRCLE		
		CHARLO	TTE, NC 28205			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE	DATE
				DEI IOIENOT)		
V 736	Continued From page	e 3	V 736			
	Observations on 7/22	1/22 at approximately				
	Observations on 7/22	• • • •				
	1:10pm of the facility					
	- Front storm door ha					
		de of the home beside the				
	garbage can.					
	Continued observatio	ns on 7/22/22 at				
	approximately 3:29pn	n of the facility revealed:				
	- Kitchen: broken han	dle on cabinet beside left				
	side of stove;					
	- First bedroom to the	right of the hall had paint				
		d lines of missing paint on				
	wall, no window curta	- -				
	approxiamtely 1 foot and 1/2 long in the wall					
	beside door;					
		the right of the hall had				
		ots and lines of mising paint				
	and writing on the wa	lls;				
	- First bedroom on the	e left of the hall had paint				
	scratches and writing	on the wall, hole in left wall				
	approximately 1 1/2 inc	ches wide;				
		t side of hall light bulb over				
		and needed to be replaced.				
	and an individual surface of the second					
	Interview on 7/22/22 v	with staff #1 revealed:				
		elivered to the home later				
	today to correct some	or the problems.				
	Interview on 7/26/22 v	with the Chief Executive				
	Officer revealed:	IIIO OIIIOI EXOUNIVO				
	•	or handle for the storm door				
	because it is an old de					
		to get someone out to the				
		as you know everyone is				
	backed up with provid	aing services."				
		tutes a recited deficiency				
	and must be correcte	d within 30 days.				

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