

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2023
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NAME OF PROVIDER OR SUPPLIER RIGHT CHOICES	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 BULLARD STREET CHARLOTTE, NC 28208
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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>A complaint survey was completed on 8-17-23. The complaint was unsubstantiated (#NC00204068). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and currently has a census of three. The survey sample consisted of audits of one former Client (Former Client #1).</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that MAR's were kept accurate and up to date effecting one of one former client (Former Client #1). The findings are:</p> <p>Review on 8-17-23 of Former Client #1 (FC#1)'s Physician' prescriptions revealed: -Aripiprazole 10 milligrams 2-4-23 for behavior. -Aripiprazole 15 milligrams 6-16-23.</p> <p>Review on 8-17-23 of FC#1's MAR's from May 2023-July 2023 revealed: -May 2023 had Aripiprazole 10 milligrams daily as prescribed. -June 2023 had Aripiprazole daily with no dosage on the MAR. -July 2023 had Aripiprazole 10 milligrams daily.</p> <p>Due to FC#1 being discharged, there was no medicine to observe.</p> <p>Interview on 8-17-23 with the President/Director revealed: -He was sure that FC#1 had been given the</p>	V 118		

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V 118	Continued From page 2 correct medication. -He knew that staff should have changed the MAR to reflect the new prescription. -He would make sure that staff knew to double check all medications and MAR's to ensure that they match.	V 118		