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Division of Health Service Regulation

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		D. WING		II .	R	
MHL0601042		B. WING		09/	09/19/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ECHELON 3 CHARLOTTE, NC 28205						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (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		V 000				
An annual and follow on 9/19/18. No deficie This facility is licensed category: 10A NCAC	up survey was completed encies were cited. d for the following service 27G .1700 Residential					
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR L INITIAL COMMENTS An annual and follow on 9/19/18. No deficie This facility is license category: 10A NCAC Treatment Staff Secu	MHL0601042 ROVIDER OR SUPPLIER STREET A 4724 CA CHARLO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 9/19/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or	MHL0601042 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE AT A CARRIAGE DRIVE OF CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING:	MHL0601042 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING OPROVIDER'S PLAN OF CORE PREFIX TAG CROSS-REFERENCED TO THE AFTER THE CORE OF THE AFTER T	MHL0601042 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING D. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS An annual and follow up survey was completed on 9/19/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or	

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