

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ECHELON 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1535 PEACHTREE ROAD</b> <b>CHARLOTTE, NC 28216</b>
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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>An annual and follow up survey was completed on August 5, 2019. A deficiency was 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>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility was not maintained in a clean, safe, and attractive manner. The findings were:</p> <p>Observation on 8/5/19 at approximately 11:50am revealed: -Hallway bathroom door broken off hinges; -Kitchen faucet broken and falls off during attempts to use the water; -Client #1's bedroom had fresh patch marks repairing sheetrock damage.</p> <p>Interview on 8/5/19 with the Manager revealed: -The patch marks in Client #1's bedroom had been there for several months; -Had requested the bathroom door to be repaired; -Will ensure all repairs are made to the facility.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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