Division of Health Service Regulation

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	MHI 0601042	B. WING		1	/07/2019
				11	10112019
ROVIDER OR SUPPLIER			•		
3			RCLE		
SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
INITIAL COMMENTS		V 000			
category: 10A NCAC	27G .1700 Residential				
` ,	nt/Habilitation Plan	V 112			
TREATMENT/HABILI PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond (d) The plan shall incompose the projected date of achieved by provision projected date of achieved by provision projected date of achieved (2) strategies; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or a session of the plan shall be asserted to the plan shall be asserted	developed based on the artnership with the client or erson or both, within 30 days to who are expected to and 30 days. Clude: In that are anticipated to be a of the service and a devement; I wiew of the plan at least on with the client or legally rooth; I on or assessment of triand or agreement by the client or a written statement by the				
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I. INITIAL COMMENTS An annual survey was Deficiencies were cite. This facility is licensed category: 10A NCAC Treatment Staff Seculadolescents. 27G .0205 (C-D) Assessment/Treatme 10A NCAC 27G .0205 TREATMENT/HABILIPLAN (c) The plan shall be assessment, and in plegally responsible per of admission for client receive services beyond (1) client outcome(s) achieved by provision projected date of achieved by provision projected date of achieved by a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent or responsible party, or a provider stating why services as the summary of the provider stating why services are suppossible party, or a provider stating why services are suppossed to the provider stating who services are suppossed to the provider stating who services are suppossed to the provider stating who services are suppossed to the provide	MHL0601042 ROVIDER OR SUPPLIER STREET A 4724 CA CHARLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 11/7/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 4724 CARRIAGE DRIVE CII CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 11/7/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	MHL0601042 MHL0601042 B. WING	MHL0601042 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) An annual survey was completed on 11/7/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies: (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or responsible person or a written statement by the client or responsible person or a written statement by the client or responsible person or a written statement by the client or responsible party, or a written statement by the client or responsible party, or a written statement by the provider stating why such consent could not be

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601042	B. WING		11/07/2019	•
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RIAGE DRIVE (TE, NC 28205	CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COM	(5) PLETE ATE
V 112	Continued From page	e 1	V 112			
	reviews, the facility faimplement strategies behaviors and needs findings are: Finding #1 Review on 10/25/19 or revealed: - Admission Date: 5/1-Diagnoses: Disrupting Disorder (D/O); Post: Attention-Deficit/Hype-Age: 15 years-old-Review of client #1's Person-Centered Prorevealed: - There were no treat strategies or treatmer related to the need to	ns, interviews and record iiled to develop and to address 4 of 4 clients' (#1, #2, #3 and #4). The of client #1's record 7/19 we Mood Dysregulation Traumatic Stress D/O; eractivity Disorder (ADHD)				
	- Admission Date: 1/8 - Diagnoses: Conduc Traumatic Stress D/C	3/19				
	revealed: - There were no treat strategies or treatmer related to the need to	goals in the file (PCP) updated 12/12/18 ment goals, treatment nt team meeting notes remove his bedroom door. /19 at approximately 2:53				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION (X3) E		
		MHL0601042	B. WING		11	/07/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STAT	E, ZIP CODE		
ECHELON	13	4724 CAI	RRIAGE DRIVE C	IRCLE		
LONELOI		CHARLO	TTE, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	2	V 112			
	pm of client #4's bed - Client #4's bedroom	room door revealed: door had been removed.				
	pm of client #1's bedr	/19 at approximately 2:57 com door revealed: door had been removed.				
	of client #1's behavior - Client #1's bedroom because he had a his and would barricade I - Client #1 had a beha had to have eyes on s	door had been removed tory of self-harm behaviors himself in his room. avior plan which stated he supervision, but no strategies regarding his				
	revealed: - Client #4's bedroom due to: his sexualized history of sneaking in and leaving the group window Client #4 had no trea	door had been removed I behaviors, because he had to other clients' bedrooms home through his bedroom atment plan goals/strategies m door being removed.				
	Finding #2					
	Conduct D/O; ADHD; - Age: 15 years-old - Review of client #1's Person-Centered Pro revealed: - There were no treati	7/19 ve Mood Dysregulation D/O; Generalized Anxiety D/O				

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			_			
			D WING			
		MHL0601042	B. WING		11/0	7/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RRIAGE DRIVE	CIRCLE		
		CHARLO	TTE, NC 28205			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORT OR I	LSC IDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	JAIL	DAIL
				,		
V 112	Continued From page	e 3	V 112			
		ched each time he entered				
	the group home.					
	Review on 10/25/19 of	of client #2's record				
	revealed:					
	 Admission Date: 1/3 					
	 Diagnoses: Disruptive 	ve Mood Dysregulation D/O;				
	Generalized Anxiety [D/O; Conduct D/O; ADHD				
	- Age: 15 years-old					
	- Review of client #2's	s goals in the				
	Person-Centered Pro	file (PCP) updated 8/6/19				
	revealed:					
	- There were no treat	ment goals, treatment				
		nt team meeting notes				
	•	ched each time he entered				
	the group home.					
	3. c.a.p					
	Review on 10/25/19 of	of client #3's record				
	revealed:	51 Shorte # 5 5 1 5 5 5 1 4				
	- Admission Date: 11/	/8/18				
		t Disorder D/O; Trauma D/O				
	- Age: 13 years-old	Disorder D/O, Traditia D/O				
	- Review of client #3's	a goala in the				
		file (PCP) updated 10/14/19				
		me (PCP) updated 10/14/19				
	revealed:	ment goals treatment				
		ment goals, treatment				
		nt team meeting notes				
		ched each time he entered				
	the group home.					
		client #4's record revealed:				
	- Admission Date: 1/8	· · ·				
	- Diagnoses: Conduct					
); ADHD; Personal History of				
	Sexual Abuse; Person	nal History of Physical				
	Abuse					
	- Age: 17 years-old					
	Review of client #4's	goals in the				
		file (PCP) undated 12/12/18				

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revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601042	B. WING		11/07/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
ECHELON	13		RRIAGE DRIVE C TTE, NC 28205	IRCLE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 112	- There were no treat strategies or treatmer related to being search the group home. Interview on 10/31/19 - All clients who leave searched when they have a unsure if the searches/seizures of linterview on 10/31/19 revealed: - All clients were sear from: school, home vistaff Searches and seizures.	ement goals, treatment not team meeting notes ched each time he entered O with the Director revealed: e the group home are return. e treatment plans addressed	V 112		
V 503	Policy 10A NCAC 27D .0103 SEIZURE POLICY (a) Each client shall invasion of privacy. (b) The governing be implement policy that under which searches area may occur, and for seizure of the clie in the possession of to (c) Every search or so Documentation shall (1) scope of se (2) reason for se (3)	be free from unwarranted ody shall develop and t specifies the conditions s of the client or his living if permitted, the procedures nt's belongings, or property the client. seizure shall be documented. include: earch;	V 503		

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		MHL0601042	B. WING		11/07/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ECHELON	13	4724 CAF	RIAGE DRIVE	CIRCLE	
LONELON		CHARLO	TTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 503	Continued From page	e 5	V 503		
		of the disposition of seized			
	reviews, the facility fa or seizure was docum	as evidenced by: n, interviews and record niled to ensure every search nented as required affecting #3 and #4). The findings			
	Search & Seizure Log - Beside the names of letter "S" written down 10/30/19 At the bottom of the stands for "Search" - On 10/26/19 there w on 10/26/19 beside of - At the bottom of the stands for "Seized Pr - There was no docur - scope of the search - reason for the search - procedures followed - a description of any	of client #1 - #4 there was a n each day from 10/1/19- form the key indicated: "S" was a letter "z" written down lient #1's name. form the key indicated: "Z" roperty." mentation that included:			
	pm of client #2 and # - Client #2 and client home from school Staff #4 and staff #5 shoes at the door Client #2 and client and were patted dow	#4 had come into the group 5 told clients to remove their #4 turned out their pockets n by staff #4 and staff #5. 5 went through the book			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				URVEY ETED
			A. BOILDING.			
		MHL0601042	B. WING		11/0	7/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RIAGE DRIVE	CIRCLE		
			TE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 503	Continued From page	e 6	V 503			
	- All clients were sear the group "When they (clients) take off their shoes at look inside their shoe pockets inside out on we pat them down may we then take their bound bookbags." Interview on 10/31/19 - All clients who have searched when they represent the procumentation of sein a "search log." - "Anytime they (clients)	with staff #1 revealed: ched when they return to come from school they front door. Then we (staff) s. We tell them to turn their their pants and jackets and ainly on their front pockets. cok bags and search the with the Director revealed: left the group home were return. earches were documented hts) come back to the facility s] when they have been off				
	from: school, home vistaff. - Daily searches are cand seizure log." - "We do book bag che their pockets out and linterview on 10/31/19 - He is searched ever group home. - "Take your shoes of pat you down to make anything. They search	ched whenever they return isits or any outing without documented in a "search necks, we have them turn check shoes and socks." With client #1 revealed: Then they (staff) got to be sure you did not steal or himy bookbag."				
		with client #2 revealed: ry time he comes into the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		
		MHL0601042	B. WING		11/07/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
ECHELON	13		RIAGE DRIVE	CIRCLE	
			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 APPROPE DEFICIENCY)	BE COMPLETE
V 503	Continued From page	÷ 7	V 503		
		case you bring in something o be here. They pat you out your pockets."			
	He is searched ever group home."Take my shoes off,	with client #3 revealed: y time he comes into the they search my bag, they ny pockets and they pat me			
	He is searched ever group home."We walk in here (groff before we enter the	with client #4 revealed: y time he comes into the roup home), take our shoes e living room. We dump all ckpack. We are then patted			
V 513	27E .0101 Client Righ Alternative	nts - Least Restictive	V 513		
	that promote a safe a These include: (1) using the lea appropriate settings a (2) promoting c skills that are alternat self or others; (3) providing ch meaningful to the clie (4) sharing of c the client/legally response (b) The use of a restr procedure designed to	provide services/supports and respectful environment. ast restrictive and most and methods; oping and engagement ives to injurious behavior to noices of activities ants served/supported; and ontrol over decisions with onsible person and staff.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL0601042	B. WING		11/07/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RIAGE DRIVE (CIRCLE		
04.0.15	CLIMMADV CT		TE, NC 28205	DDOWNERS BLAN OF CORRECTIO	N OZE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 513	Continued From page	e 8	V 513			
	intervention. These in (1) using the in and	spect during and after the nclude: tervention as a last resort; he intervention by people				
	failed to provide servi safe and respectful et of least restrictive me current clients (#1 and Observation on 10/31 pm of client #4's bed - Client #4's bedroom	ns and interviews the facility ces/supports that promote a nvironment including the use thods affecting 2 of 4 d #4). The findings are: /19 at approximately 2:53 room door revealed: door had been removed.				
	- Client #1's bedroom Interview on 10/31/19 - His bedroom door h because the previous bedroom had the bed - "The last kid that wa it taken away."	door had been removed. With client #4 revealed: ad always been removed client who occupied his				
	- He did not know why been removed His bedroom door h lived in the group hon - "I always wanted my	y his bedroom door had ad been removed since he				

Division of Health Service Regulation

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MANGE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 2820S CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 2820S CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 2820S CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 2820S CARRIAGE DRIVE CIRCLE CROSS-REF PROVIDER S PLAN OF CORRECTION BY CROSS-REF PROVIDER AD TION SHOULD BE CROSS-REF TO THE CROSS TO THE CROSS-REF PROVIDER AD TIO							
Characterist Char			MHL0601042	B. WING		11/07/2019	
CHARLOTTE, NC 28205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG NEGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX TAG COntinued From page 9 - A previous client who occupied client #1's bedroom and the bedroom door removed. When client #1 moved into the same bedroom the door was never put back up. - The same previous client (mentioned above) also occupied client #4's bedroom and the previous client had his bedroom door removed when he occupied client #4's bedroom the door was never put back up. Interview on 10/31/19 with client #3 revealed: - Client #4's bedroom door had been removed when a previous client tide into the same room and the bedroom door had been on the previous dient that moved into the same room and the bedroom door had been on the door was never put back up. Interview on 10/31/19 with staff #1 revealed: - Client #4's bedroom door had been put back up when client #4 moved into the room. Interview on 10/31/19 with staff #1 revealed: - Client #1's bedroom door and client #4's bedroom doors were removed for client #1 and to be stated work at the group home (5/29/19). - She had not been told why the bedroom doors were removed for client #1 and leint #4. Interview with the Director and review on 11/1/19 of client #1's bedroom door had been removed because he had a history of self-harm behaviors and would barricade himself in his bedroom. - Client #1's bedroom door had been removed because he had a history of self-harm behaviors and would barricade himself in his bedroom. - Client #1's bedroom door was removed: - Topinted out the following additional information in client #1's behavior plan as to why client #1's bedroom door or was removed: - Topinted out the following additional information in client #1's behavior plan which stated he had to have eyes on supervision. - The pointed out the following additional information in client #1's bedroom door was removed: - Total #1's bedroom door was removed: - Total #1's bedroom door was removed: - Total #1's bedroom door was removed: -	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PREFIX CEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERE	EQUEL ON	10	4724 CAR	RIAGE DRIVE	CIRCLE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 513 Continued From page 9 - A previous client two occupied client #1's bedroom had his bedroom door removed. When client #1 moved into the same bedroom the door was never put back up The same previous client had his bedroom door removed when he occupied client #4's bedroom and the previous client had his bedroom the door was never put back up. Interview on 10/31/19 with client #3 revealed: - Client #4's bedroom door had been removed when a previous client lived in the same room and the bedroom door had been removed when a previous client lived in the same room and the bedroom door had been removed when a previous client lived in the same room and the bedroom door had not been put back up when client #4 moved into the room. Interview on 10/31/19 with staff #1 revealed: - Client #1's bedroom door and client #4's bedroom door had been removed since she started work at the group home (5/29/19) She had not been told why the bedroom doors were removed for client #1 and client #4. Interview with the Director and review on 11/1/19 of client #1's behavior plan revealed: - Client #1's bedroom door had been removed because he had a history of self-harm behaviors and would barricade himself in his bedroom Client #1 bedroom door was removed: - "Client #1's bedroom door	ECHELON	13	CHARLOT	TE, NC 28205			
- A previous client who occupied client #1's bedroom had his bedroom door removed. When client #1'moved into the same bedroom the door was never put back up The same previous client (mentioned above) also occupied client #4's bedroom and the previous client had his bedroom door removed when he occupied client #4's bedroom When client #4' noved into his bedroom the door was never put back up. Interview on 10/31/19 with client #3 revealed: - Client #4's bedroom door had been removed when a previous client lived in the same room and the bedroom door had to been put back up when client #4 moved into the room. Interview on 10/31/19 with staff #1 revealed: - Client #1's bedroom door and client #4's bedroom door had been removed since she started work at the group home (5/29/19) She had not been told why the bedroom doors were removed for client #1 and client #4. Interview with the Director and review on 11/1/19 of client #1's behavior plan revealed: - Client #1's behavior plan revealed: - Client #1's behavior plan hich stated he had to have eyes on supervision He pointed out the following additional information in client #1's behavior plan as to why client #1's behavior plan as to why client #1's behavior plan in chiculde that client #1's - The behavior plan id not include that client #1's - The behavior plan id not include that client #1's	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
bedroom had his bedroom door removed. When client #1 moved into the same bedroom the door was never put back up. - The same previous client (mentioned above) also occupied client #4's bedroom and the previous client had his bedroom door removed when he occupied client #4's bedroom. - When client #4 moved into his bedroom the door was never put back up. Interview on 10/31/19 with client #3 revealed: - Client #4's bedroom door had been removed when a previous client lived in the same room and the bedroom door had not been put back up when client #4 moved into the room. Interview on 10/31/19 with staff #1 revealed: - Client #1's bedroom door and client #4's bedroom door had been removed since she started work at the group home (5/29/19). - She had not been told why the bedroom doors were removed for client #1 and client #4. Interview with the Director and review on 11/1/19 of client #1's behavior plan revealed: - Client #1's behavior plan revealed: - Client #1's bedroom door had been removed because he had a history of self-harm behaviors and would barricade himself in his bedroom. - Client #1 had a behavior plan whitch stated he had to have eyes on supervision. - He pointed out the following additional information in client #1's behavior plan as to why client #1's bedroom door on serienoved: - "(Client #1) requires line of sight supervision at all times, which will help him be successful." - The behavior plan did not include that client #1's	V 513	Continued From page	9	V 513			
had to have eyes on supervision. - He pointed out the following additional information in client #1's behavior plan as to why client #1's bedroom door was removed: - "[Client #1] requires line of sight supervision at all times, which will help him be successful." - The behavior plan did not include that client #1's	V 513	- A previous client who bedroom had his bed client #1 moved into the was never put back under the same previous also occupied client #1 previous client had his when he occupied client #2 moved door was never put but the line of client #4's bedroom when a previous client and the bedroom door when client #4 moved the line of client #1's bedroom bedroom door had be started work at the granger of client #1's behaviour of client #1's bedroom because he had a his and would barricade in the line of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because he had a his and would barricade in the lien of client #1's bedroom because h	o occupied client #1's room door removed. When he same bedroom the door p. client (mentioned above) '4's bedroom and the s bedroom door removed ent #4's bedroom. ed into his bedroom the ack up. with client #3 revealed: door had been removed at lived in the same room r had not been put back up d into the room. with staff #1 revealed: door and client #4's een removed since she oup home (5/29/19). old why the bedroom doors ent #1 and client #4. eetor and review on 11/1/19 r plan revealed: door had been removed tory of self-harm behaviors nimself in his bedroom.	V 513			
information in client #1's behavior plan as to why client #1's bedroom door was removed: - "[Client #1] requires line of sight supervision at all times, which will help him be successful." - The behavior plan did not include that client #1's		had to have eyes on	supervision.				
Interview with the Director and review on 11/1/19		- He pointed out the finformation in client # client #1's bedroom d - "[Client #1] requires all times, which will he - The behavior plan d bedroom door should	ollowing additional 1's behavior plan as to why oor was removed: line of sight supervision at elp him be successful." id not include that client #1's be removed.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0601042	B. WING		11/07/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE 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 513	due to: his sexualized a history of sneaking and leaving the group window. - He pointed out the foinformation in client # client #4's bedroom d - "[Client #4] will remaat all times (arm's lenof or beside staff) in the what the activity is." - "When [client #4] is down time, he will be	an revealed: door had been removed behaviors, because he had into other clients' bedrooms home through his bedroom collowing additional 4's safety plan as to why oor was removed: ain in the supervision of staff gth supervision and in front he community no matter his room on time-outs or closely monitored by staff in less than 15 minutes), even	V 513			

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