

Division of Health Service Regulation

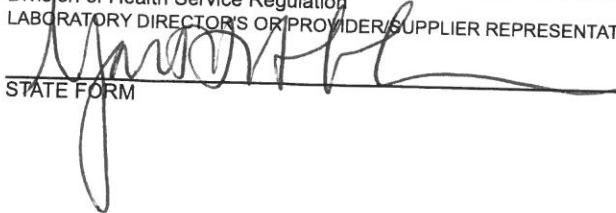
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
ECHELON 3

STREET ADDRESS, CITY, STATE, ZIP CODE
**4724 CARRIAGE DRIVE CIRCLE
CHARLOTTE, NC 28205**

(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	INITIAL COMMENTS A complaint survey was completed on 1/27/20. The complaint was unsubstantiated (intake #NC 159590). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.	V 000		
V 112	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 obtained.	V 112	Attached is our Plan of Correction submission, as required. However we disagree with the actual written report of findings. We will continue to work with DHSR Leadership, in hopes of being able to work together to clear up the type of violation that has been handed out. Please see the actual POC, beginning on page 2 of 23. DHSR-Mental Health MAR 23 2020 Lic. & Cert. Section	3/20/2020

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



TITLE

Operations Director

(X6) DATE

3/20/2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies to meet the client's needs affecting 1 of 2 current clients (#2) and 1 of 2 FC (Former Clients) (#4). The findings are:</p> <p>Review on 1/8/20 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted on 5/17/19; - 15 years old; - diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, History of Sexual Abuse, History of Physical Abuse; - behavior history included: sexual aggression with 2 younger siblings, aggressive and impulsive behaviors related to inappropriate sexualized comments, manipulative, and not being able to understand therapeutic boundaries; - history of school suspensions due to saying sexually inappropriate comments to others; - Person Centered Plan dated 9/18/19 revealed a goal for "[Client #2] to increase his basic knowledge of healthy relationships, learning appropriate child to adult boundaries and understanding how to interact with his peers and give people their personal space with staff strategy to "provide (in line of sight) supervision at all times in the common areas, within facility or home environments;" - Person Centered Plan goal reviewed on 7/19/19 revealed Client #2 continued to struggle with maintaining boundaries and tried to engage a peer with inappropriate conversation about sexual favors; - Safety Plan dated 5/28/19 in response to an incident reported on 5/21/19 involving Client #2 	V 112	<p>Echelon Care Staff ^(all) Administration and Clinical team will ensure the direct care staff are implementing the strategies that are expected within the scope of Level 3 services based on the persons' served, treatment plans. Administration will utilize Monthly Supervisors, in-service training (ongoing) and oversight by AP(s), CP(s) and LP(s), to ensure that staff are equipped and competent to complete job duties. Treatment plans will be updated as needed and if persons' served needs exceed that of Level 3 service provision, Administration will ensure that the appropriate level of care is sought.</p>	1/27/20 & ongoing
-------	--	-------	---	-------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 2</p> <p>and Former Client (FC) #3 engaging in oral sex in the bathroom;</p> <ul style="list-style-type: none"> - Safety Plan addressed target areas of inappropriate boundaries/problem sexual behaviors with interventions to include: <ul style="list-style-type: none"> - "supervision (in line of sight) at all times in the common areas, within facility or home environments;" - "should not be allowed in anyone's bedroom and should not allow anyone in his bedroom or the bathroom, when he is using it;" - "will not engage in any conversation with or about sex, sexual behaviors, or gestures without the assigned therapist being present or in a therapeutic staff facilitated group session;" - Initial TAR (Treatment Authorization Record) Level 3 for admission purposes stated "within the Level 3 services, [Client #2] is expected to be provided his own room and line of sight supervision at all times within the facility." <p>Review on 1/8/20 of FC #4's record revealed:</p> <ul style="list-style-type: none"> - admitted on 11/8/18; - discharged on 12/13/19; - 13 years old; - diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Learning Disorder, Sex Abuse (non-parent); - behaviors included: exposed self to other kids, watched pornography, manipulative behaviors, sexual harm to others, sexually abused his younger sibling; - legal charges included: 2nd degree rape (x2), 2nd degree forcible sexual offense (x2), indecent liberties with children (x6), indecent exposure (x2); - Person Centered Plan dated 10/14/19 revealed goal for Problem Sexual Behaviors/Healthy Boundaries, to increase his basic knowledge of sexual health and understanding on how to 	V 112	<p>However, staff will continue to protect the privacy rights of persons' sewed and will not enter into the bathroom on a client unannounced or without having another staff person to witness the entrance and will not do so, without sufficient reasonable suspicion that there are health and safety risks concerns with the member in the bathroom.</p>	1/27/20 & ongoing
-------	---	-------	--	-------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 3</p> <p>engage with others, develop proper boundaries and respecting others, exhibiting zero incidences of sexually inappropriate behaviors and gestures, disclosing in treatment, any sexual events and triggers for his sexually inappropriate behaviors, and understanding the seriousness of legal consequences for sexually violating others;</p> <ul style="list-style-type: none"> - Staff strategies included: <ul style="list-style-type: none"> - level 3 residential staff would provide structured 24/7 residential services with rules, routine, structure; - provide daily structure and redirection as needed to allow consumer to improve his mental health symptoms; - specialized treatment sexual harm therapy to address inappropriate sexual behaviors, proper boundaries by respecting the rights of others, display greater empathy to others, and to decrease his risk of re-offending others; - sexual harm therapist sessions to include empathy development, affect regulation, impulse control management, safety planning, emotional boundary development and addresses moral thinking and reasoning; <p>Review on 1/8/20 of Incident Report dated 12/5/19 at 7:44pm regarding Client #2 and FC #4 completed by Staff #4 revealed:</p> <ul style="list-style-type: none"> - Staff #4 completed a walk through of the house when he realized that Client #2 was not responding to his name being called; - the LP (Licensed Professional) began looking through the house and realized that both Client #2 and FC #4 were both missing; - FC #4 responded to his name being called and said he was in the restroom and came out of the restroom quickly; - Client #2 still had not responded; - Staff #4 looked in Client #2's bedroom again and then looked in the bathroom where Client #2 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 4</p> <p>appeared from behind the shower curtain, fully clothed;</p> <ul style="list-style-type: none"> - Client #2 stated "It was his idea and that he wanted to do it;" - Staff #4 separated the two clients and sent them to their bedrooms; - Least Restrictive Intervention used: one on one at the site, counseling; - Client #2's response, "it was not his idea that he did not want to do anything... responding that each consumer performed oral sex on one another." <p>Interview on 1/10/20 of Client #2 revealed:</p> <ul style="list-style-type: none"> - there was an incident in the bathroom with FC #4; - "[FC #4] thinks he is all big and bad;" - "don't want to talk about it, whatever it is, I'm not talking about it, I have no more to say." - "you can talk with [Staff #4] but that's about it;" - "he did it to me but I didn't approve it;" - "staff handled it;" - "FC #4 won't even talk probably; he could make up smart lies; he will try to get out of it;" - denied any staff or peers touched him inappropriately; - felt safe at the facility. <p>Observation on 1/13/20 of the facility revealed:</p> <ul style="list-style-type: none"> - a pile of long wooden sticks resting against a tree in the back yard; - a large stick on the ground near the corner of the back porch; - a broken window with shards of glass still in the window, on the bush, and under the shrubbery on the ground below the window. <p>Further interview on 1/13/20 of Client #2 revealed:</p> <ul style="list-style-type: none"> - he and Client #1 had been building a fort in the 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 5</p> <p>back yard a couple weekends ago with some large sticks they had gathered in the yard; - staff were not outside with them while they built the fort; however, staff supervised them by watching them through the back windows of the living room; - Client #1 had a large stick in his hand was playfully swinging around and broke a window located in the corner of the back porch; - Staff were aware of the accidental broken window but did not clean it up.</p> <p>Interview on 1/15/20 of FC#4 revealed: - on the date of the incident, FC #4 went to the bathroom and did not know that Client #2 was hiding behind the shower curtain; - FC #4 used the bathroom, washed hands, and left the bathroom within a total of 2-3 minutes; - the shower curtain was shut and FC #4 did not look behind the shower curtain while in the bathroom; - the staff were in the living room when FC #4 went to the bathroom and were looking for Client #2 when I was in the bathroom; - staff looked in bedrooms, under beds, and closets, and went to the bathroom and Client #2 was coming out from behind the shower curtain; - "I had no idea he was in there;" - stated that there were no incidents of inappropriate touching or sex of any kind while living at the facility with peers or staff; - felt safe at the facility.</p> <p>Observation on 1/13/20 at approximately 3:00pm revealed: - living room with TV, computer in corner, and 2 couches; -one couch facing the hallway; - hallway led to all bedrooms, including the hallway bathroom.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 6</p> <p>Interview on 1/13/20 of Staff # 4 revealed:</p> <ul style="list-style-type: none"> - LP had finished meeting with Client #2; - Staff #4 was on the computer in the living room; - Staff # 5 was sitting on the end of couch watching down the hall; - Staff #4 sent Client #2 to his room because he was agitated; - Client #2 was in his room for a few minutes; - after a few minutes Staff #4 walked the hallway and looked for Client #2 and he was not in his room; - noticed FC #4 was not in his room either; - called clients by name with FC #4 yelling back that he was in the bathroom and had no response from Client #2; - FC #4 came out of bathroom, "had an erection" and went to his bedroom; - Staff continued looking for Client #2 in bedrooms and bathroom; - "[Client #2] pulled shower curtain back and said "HA;" - "[Client #2] stated "he wanted to do it;" - separated the clients and talked to each one individually; - "[FC #4] denied anything happened and did not know [Client #2] was in there." <p>Interview on 1/22/20 of Staff #5 revealed:</p> <ul style="list-style-type: none"> - usually worked at a sister facility but was filling in for another staff on the day of the incident that occurred between [Client #2] and [FC #4]; - both clients had therapy sessions at the home on the day of the incident; - [Client #2] had finished and gone to his room; - [FC #4] went to the bathroom; - [Staff #4] was looking for individuals and couldn't find them; - [FC #4] came out of bathroom shortly after Staff #4 called his name; 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> - "[FC #4] did not have an erection when he came out of the bathroom"; - "[Staff #4] found [Client #2] come out of the bathroom to his room and asked what was happening;" - [Staff #4] called the CEO (Chief Executive Officer) and completed an incident report; - does not typically work at this facility and had no knowledge of other sexual incidents or activities between the clients at this facility. <p>Interview on 1/14/20 of the LP (Licensed Professional) revealed:</p> <ul style="list-style-type: none"> - finished therapy session with Client #2; - in between sessions, was walking around the facility and saw client #2 hanging out in the hallway close to his bedroom; - another staff arrived and said where is FC #4; - both Staff #4 and LP were looking for the FC #4 and the bathroom door was closed; - called FC #4 name and he answered from the bathroom; - asked Staff #4 where Client #2 was and started looking for him; - [Client #2] popped out of the shower per [Staff #4]; - Staff #4 talked to both Client #2 and FC #4 about the incident; - the LP did not talk to Client #2 or FC #4 regarding the incident on the day of the incident; - had no future counseling sessions with FC #4 because he left the facility the following week; - "[Client #2] struggled to process with him, tried to talk about the incident but [Client #2] did not want to talk about it;" <p>Interview of the Operations Director on 1/10/20 revealed:</p> <ul style="list-style-type: none"> - "[FC #4] said nothing happened;" - "[Client #2] yelled we both wanted to do it;" 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 112	Continued From page 8 - at the time of the incident there were three staff on site; "[Staff #4], [Staff #5], and the [LP];" - "I think something was about to happen;" - "staff reported neither kid had an erection." This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents - Scope V293 for a Type B rule violation and must be corrected within 45 days.	V 112		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to:	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 293	<p>Continued From page 9</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to ensure continuous supervision, failed to provide services designed to minimize the occurrence of behaviors related to functional deficits, and failed to ensure coordination of care affecting 2 of 2 current clients (#1, #2) and 2 of 2 former clients (FC #3, FC#4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (Tag V112). Based on records</p>	V 293	<p>Echelon Care's Administration will ensure that direct-care staff maintain the appropriate staffing ratios when consumers are present in the facility. In addition to maintaining the appropriate staff ratio, direct-care staff will ensure that appropriate supervision within the scope of Level 3 services, is in place, based on the person's assessed needs. In the event that a child makes an allegation that has threatened their health and safety, Echelon Care will follow its agency's protocols to ensure that the child (person served), is linked to medical care, as appropriate. →</p>	1/27/20 & ongoing
-------	---	-------	--	-------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 293	<p>Continued From page 10</p> <p>review and interviews, the facility failed to implement strategies to meet the client's needs affecting 1 of 2 current clients (#2) and 1 of 2 former clients (#4).</p> <p>Cross Reference: 10A NCAC 27G.1704 Minimum Staff Requirements (Tag V296). Based on record reviews, interviews, and observations, the facility failed to ensure required staff client ratio.</p> <p>Cross Reference 10A NCAC 27G.0303 Location and Exterior Requirements (Tag V736). Based on record reviews, interviews, and observations, the facility failed to maintain the facility and grounds in a safe, clean, attractive and orderly manner.</p> <p>Review on 1/8/20 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted on 1/3/19; - 16 years old; - diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Conduct Disorder, Post Traumatic Stress Disorder; - behaviors included: defiance, cursing others, fabricating the truth, manipulating others, history of threatening harm to others, threats to shoot the school up, difficulty following rules and directions, shoplifting, elopement, and mood fluctuations without warning; <p>Review on 1/8/20 of Incident Report dated 12/29/19 regarding Client #1 completed by the Operations Director revealed:</p> <ul style="list-style-type: none"> - Client #1 alleged that Staff #1 performed oral sex on him twice on 12/28/19; - Client #1 also reported that "[Staff #1] licked his anus and kissed his anus area," - Client #1 reported this incident to Staff #3. <p>Review on 1/8/20 of "After Visit Summary" dated</p>	V 293	<p><i>Continued from page 11. In the event that the E persons' served needs cannot be met within the scope of Level 3 services, Echelon Care will take take appropriate steps to ensure that the person is discharged from the program and referred to the appropriate level of care.</i></p>	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 293	<p>Continued From page 11</p> <p>12/31/19 from a local Emergency Department revealed:</p> <ul style="list-style-type: none"> - Reason for visit: Sexual Assault; - Diagnosis: Child sexual abuse, initial encounter. <p>Interview on 1/16/20 with the local police department detective revealed:</p> <ul style="list-style-type: none"> - received a report from DSS (Department of Social Services); - during investigation the detective realized Client #1 had not received medical evaluation after the alleged incident; - the Detective suggested that Client #1 go to the hospital for medical attention to include a rape kit; - "They should have taken him the day it happened to the Emergency Room." <p>Interview on 1/13/20 with DSS (Department of Social Services) Case Worker revealed:</p> <ul style="list-style-type: none"> - "concerned that [Client #1] was not taken to the doctor as soon as possible for a rape kit;" - "the rape kit will not show anything because of the delay in taking him to the doctor." <p>Interview on 1/16/20 with Operations Director revealed:</p> <ul style="list-style-type: none"> - "with what [Client #1] reported with oral sex, we did not see any need for medical treatment;" - reported the incident to Child Protective Services immediately; - "[Client #1] did not report any type of penetration or force and did not require medical attention;" - police got involved and they said to send Client #1 to the hospital for a rape kit. <p>Interview on 1/27/20 with CEO (Chief Executive Officer) revealed:</p> <ul style="list-style-type: none"> - under the impression that staff were performing in line sight supervision; 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
NAME OF PROVIDER OR SUPPLIER ECHELON 3		STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205		
(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 293	Continued From page 12 - all clients have been discharged from the facility and currently have no clients in the facility; - will remind all staff of the staffing ratio expectations for Level 3 services; - will make sure that staff are on site before clients arrive home from school; - will seek immediate medical attention when a client makes an allegation of physical or sexual assault. Review on 1/13/20 of the Plan of Protection dated 1/13/20 completed by CEO regarding the broken window revealed the following documented: - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Repair has been reported to maintenance. Maintenance has reported that they will go by today to clean and seal off and then go back later this week." Review on 1/27/20 of the Plan of Protection dated 1/27/20 completed by Operations Director revealed the following documented: - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? At this time, there are currently no consumers in the home. However, upon admission of any consumers in the program, Echelon Care will ensure that staff maintain the appropriate staffing ratio when consumers are present in the facility. In addition to maintaining the appropriate staff ratio, staff will ensure that appropriate supervision is in place for the consumers, based on their needs, as indicated in the client's treatment plans, related to their health and safety. In the event that a child makes a sexual allegation against anyone, Echelon Care will ensure that the consumer is taken to receive medical treatment immediately." - "Describe your plans to make sure the above	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 293	<p>Continued From page 13</p> <p>happens. Echelon Care's Administration will ensure that all staff are reminded and re-trained on the staff ratio expectation and procedures for Level 3, and will specifically adopt a new procedure (protocol) to address specific situations involving law enforcement and emergency situations. Echelon Care will ensure that staff are scheduled to be on-site before consumers/clients arrive at the facility and that they understand protocols for when they are going to be late or have to leave early."</p> <p>Clients had diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Conduct Disorder, Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, History of Sexual Abuse, and History of Physical Abuse. Clients had a history of defiant behaviors, elopement, fabricating the truth, manipulation, history of threatening harm to others, difficulty following rules and directions, shoplifting, mood fluctuations, impulsive behaviors related to inappropriate sexualized comments, not being able to understand therapeutic boundaries, inappropriate sexual behaviors involving exposure and sexual assault/acts, gang involvement, fighting, verbal and physical aggression. Client #2, FC #3, and FC #4 had goals and strategies in their treatment plans to address sexualized behaviors. Client #2 and FC #3 had a prior sexual encounter in the facility bathroom on 5/18/19 resulting in the development and implementation of a safety plan indicating line of sight supervision in common areas of the facility and not to allow anyone in the bedroom or bathroom when using it for Client #2 and FC #3. On 12/5/19 Client #2 and FC#4 were able to get into the facility bathroom together without staff's knowledge due to lack of supervision. Client #2 reported oral sex with FC</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 293	Continued From page 14 #4 who denied it. On another occasion, Client #1 and Client #2 were outside in the backyard with no staff when Client #1 broke a window in the back porch with a stick. Client #2 said staff were watching them through the window from inside the house. The window was not repaired immediately and broken glass remained in the window, in the bush, and on the ground under the shrubbery on 1/13/20. All 4 clients reported occasions of no staff at the facility in the afternoons after school and only one staff on 3rd shift at times. Client #1 made an allegation of sexual assault against Staff #1 on 12/28/19 when they were alone at the facility with no other staff or clients present. Client #1 was not taken to the local hospital for evaluation of the sexual assault until 12/31/19. The lack of appropriate staffing, lack of coordination of care, and lack of implementation of strategies is detrimental to the health, safety, and welfare of Client #1, Client #2, FC #3, and FC #4. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	<p>Continued From page 15</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by:</p>	V 296	<p>Echelon Care's Admin. Team will ensure that staff maintain the appropriate staff ratio when consumers are present in the facility. The Admin. Team will utilize daily schedule checks, facility calls and pop-ins, to ensure that ratio is maintained. Echelon Care's Admin. Team will utilize monthly supervisions and in-service trainings to ensure staff are aware of the ratio requirements and scope of job duties within the Level 3 service provision.</p>	<p>1/27/20 & ongoing</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	<p>Continued From page 16</p> <p>Based on record reviews, interviews, and observations, the facility failed to ensure required staff client ratio. The findings are:</p> <p>Review on 1/8/20 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted on 1/3/19; - 16 years old; - diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Conduct Disorder, History of Physical Abuse, Post Traumatic Stress Disorder; - behaviors included cursing, manipulation, easily influenced by by peers, socially immature, impulsive, severe anxiety, poor insight, elopement. <p>Review on 1/8/20 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted on 5/17/19; - 15 years old; - diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, History of Sexual Abuse, History of Physical Abuse; -behavior history included: sexually aggressive with 2 younger siblings, aggressive and impulsive behaviors related to inappropriate sexualized comments, manipulative, sexually inappropriate comments, and not being able to see therapeutic boundaries; <p>Review on 1/8/20 of Former Client (FC) #3's record revealed:</p> <ul style="list-style-type: none"> - admitted on 1/8/19; - discharged on 12/20/19; - 17 years old; - diagnoses of Conduct Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, History of Sexual Abuse, History of Physical Abuse; -behaviors included inappropriate sexual 	V 296	<p>Continued From page 16</p> <p>Echelon Care will ensure that staff are aware of the new protocol put in place to address specific emergency situations, which involve law enforcement, medical personnel, etc.</p> <p>Echelon Care will utilize a staggered scheduling system to ensure staff are available and on-site, prior to consumers arrival to the facility, and will utilize per/on-call staff to be available for call-outs or late arrivals on shift.</p> <p>Echelon Care will continue to utilize its counseling for improved performance and other employee disciplinary measures to hold staff accountable for attendance and punctuality.</p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	<p>Continued From page 17</p> <p>behaviors, elopement, stealing, gang involvement, fighting, verbal aggression.</p> <p>Review on 1/8/20 of FC #4's record revealed:</p> <ul style="list-style-type: none"> - admitted on 11/8/18; - discharged on 12/13/19; - 13 years old; - diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Learning Disorder, Sex Abuse (non-parent); - behaviors included exposed self to other kids, sexually abused his younger sibling. <p>Finding #1:</p> <p>Interview on 1/13/20 of Client #1 revealed:</p> <ul style="list-style-type: none"> - "I got dropped off by the bus at 2:15pm and either there would be no staff or 1-2 staff;" - "if the door was unlocked we would go in and call the office and they would tell us what to do;" - "sometimes there would be no one there and we would call and have to wait like an hour;" - "it happened the day before I came to behavioral health last week... door was unlocked and I went in and called the office, no one picked up the phone, I waited outside. [Staff #2] showed up. He was the only staff that showed up." <p>Interview on 1/10/20 of Client #2 revealed:</p> <ul style="list-style-type: none"> - "this morning I had one staff [Staff #6];" - "yesterday (1/9/20) one staff [Staff #7] was there when I got off the bus and then 2 more staff came in but I don't remember who;" - "if 2(clients) are discharged or on home visits, we might have 1 staff;" - "not many times just 1 staff." <p>Interview on 1/14/20 of FC #3 revealed:</p> <ul style="list-style-type: none"> - "there was one staff there a lot of times;" - one time he got off the bus and there was no staff at the facility. 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	<p>Continued From page 18</p> <p>Interview on 1/15/20 of FC #4 revealed:</p> <ul style="list-style-type: none"> - "few times there was 1 staff;" - "one time it happened that there was no staff when I got off the bus and I walked to [a sister facility down the road];" - "there was always 2 staff on 3rd shift;" - "a female staff on 3rd shift would leave and go to McDonald's and get us food, leaving one staff there." <p>Observation on 1/13/20 at 2:53pm revealed:</p> <ul style="list-style-type: none"> - arrived at facility at 2:53pm with one car in driveway; - staff #2 was present on site; - client #2 was present on site; - no other staff were on site; - Staff #4 arrived on site at approximately 3:00pm. <p>Finding #2: Review on 1/8/20 of Incident Report dated 12/29/19 for Client #1 completed by the Operations Director revealed:</p> <ul style="list-style-type: none"> - Client #1 reported to Staff #3 that Staff #1 propositioned him for oral sex on 12/28/19; - Client #1 also reported that Staff #1 told him that he could keep his laptop if Staff #1 could perform oral sex on him; - Client #1 also reported that later that evening, at 7pm, Staff #1 "re-entered his room and asked him to do it again." <p>Interview on 1/13/20 of Client #1 revealed:</p> <ul style="list-style-type: none"> - Client #1 and Staff #1 were left alone in the home on the evening of 12/28/19; - client reported it was dark outside; - "[Staff #2] was at the hospital with [Client #2]"; - [Staff #3] arrived on shift; - [Staff #2] left the facility; 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	<p>Continued From page 19</p> <ul style="list-style-type: none"> - Client #1 reported that he and [Staff #3] were alone at the facility. <p>Interview on 1/13/20 of Staff #2 revealed:</p> <ul style="list-style-type: none"> - worked with Staff #1 on 12/28/19; - Client #1 and Client #2 were at the facility; - Staff #2 left the group home to go to hospital with Client #2 at approximately 7pm on 12/28/19; - Staff #2 reported the protocol is to call the CEO (Chief Executive Officer) and let him know if we have to go to the hospital with a client; - his shift ended at 8pm and he did not return to the facility. <p>Interview on 1/14/20 of Staff #1 revealed:</p> <ul style="list-style-type: none"> - arrived on shift at 7:45am; - talked with 3rd shift staff member when he arrived on shift; - he reported that he did not remember two third shift staff members at the facility when he arrived; - reported Staff #2 arrived on shift at 8am; - worked with Staff #2 on 12/28/19; - Staff #1 went to magistrate's office, leaving Staff #2 alone at the facility with Client #1 and Client #2 "for an hour and a half"; - sometime around 7pm Staff #2 left the facility with Client #2 leaving Staff #1 alone at the facility; - Staff #1 reported to work late on 12/28/19 because Staff #3 did not report to work until 8:15pm. <p>Interview on 1/13/20 of Staff #3 revealed:</p> <ul style="list-style-type: none"> - works 3rd shift; - arrived at 7:50pm on 12/28/19; - other 3rd shift staff was on the phone in the driveway; - saw Staff #1 finishing notes on the computer when he walked into the facility; - Client #1 was at the facility; - no other staff was at the facility with Client #1 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 296	Continued From page 20 and Staff #1. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents - Scope V293 for a Type B rule violation and must be corrected within 45 days.	V 296		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to maintain the facility and grounds in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/13/20 at approximately 3:00pm revealed: - an attached enclosed porch leading to the back door of the facility; - multiple windows with screens located in the room; - the lower glass pane of the far left window was broken and visible from the back yard; - from outside, the windows were approximately 5 feet off the ground with bushes located in front of the windows and were not accessible from outside of the house; - broken shards of glass in the window;	V 736	Echelon Care will continue to use Admin Facility Walk-throughs and rely on Facility Staff to complete work orders to report any damage to the facility. Admin. will continue to use it Maintenance Repair Order system, which prioritizes any damages repairs that could pose a threat of health and safety. Maintenance repairs orders are made by the agency's CEO directly, to ensure that timely repair takes place. The agency will continue to show forth diligence in ensuring that the facilities and grounds are maintained safe, clean, attractive and orderly.	1/27/2020 + ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205
--	--

(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 736	<p>Continued From page 21</p> <ul style="list-style-type: none"> - approximately 2-3 pieces of broken glass located on top of the bush in front of the window; - approximately 14 pieces of broken glass located on the ground below the bush in front of the window; - window was accessible to the clients from inside; however, a window screen was intact from the inside of the window and the broken glass was not accessible from inside of the house. <p>Interview on 1/13/20 of Client #2 revealed:</p> <ul style="list-style-type: none"> - Client #1 and Client #2 were "building a fort in the back yard;" - "[Client #1] was slinging a stick and broke the window on back patio a couple of weeks ago." <p>Interview on 1/13/20 of Staff #2 revealed:</p> <ul style="list-style-type: none"> - stated that the window had been broken for a couple of weeks; - "thought staff had cleaned up the glass." <p>Interview on 1/13/20 of Chief Executive Officer (CEO) revealed:</p> <ul style="list-style-type: none"> - did a walk through of the facility on Friday, 1/10/20 and did not see the broken window; - had repairs done recently and his maintenance staff did not see the back broken window; - was "unaware of the broken window but will get it taken care of tonight;" - CEO "would take pictures once the glass was cleaned up today." <p>Review on 1/14/20 of a facility repair order dated on 1/7/20 revealed:</p> <ul style="list-style-type: none"> - repairs requested for the facility to include: holes in walls in 1st bedroom to the right, 1st bedroom to the left with broken window, door to be replaced, cover up writing in closet, replace socket cover behind sofa. 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2020
NAME OF PROVIDER OR SUPPLIER ECHELON 3		STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205		
(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 736	<p>Continued From page 22</p> <p>Review of pictures sent via email from CEO on 1/14/20 revealed:</p> <ul style="list-style-type: none"> - picture #1 bushes under window with no glass; - picture #2 bushes under window with no glass; - picture #3 of exterior window with no glass; - picture #4 of exterior window with no glass; - picture #5 of interior window with no glass; - picture #6 of interior window with no glass; - picture #7 interior of porch with no glass; - picture #8 interior of porch with no glass. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents - Scope V293 for a Type B rule violation and must be corrected within 45 days.</p>	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 7, 2020

Alex Wright
Echelon Consulting, Inc.
7209-J East WT Harris Blvd., Ste. 207
Charlotte, NC 28227

Re: Complaint Survey completed January 27, 2020
Echelon 3, 4724 Carriage Drive Circle, Charlotte, NC 28205
MHL # 060-1042
E-mail Address: awright@echeloncare.com
Intake #NC00159590

Dear Mr. Wright:

Thank you for the cooperation and courtesy extended during the complaint survey completed January 27, 2020. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .1704 Minimum Staff Requirements (V296), 10A NCAC 27G. 0303 Location and Exterior Requirements (V736) Cross Referenced into 10A NCAC 27G. 1701 Scope (V293).

Time Frames for Compliance

- Type B violations and all cross-referenced citations must be **corrected** within 45 days from the exit date of the survey, which is March 13, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 7, 2020
Alex Wright
Echelon Consulting, Inc.

assessment of an administrative penalty of \$200.00 (Two Hundred) against Echelon Consulting, Inc. for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,

Kim Goff

Kim Goff
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant