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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY<br>COMPLETED |  |  |
|--|---|--|----------------------------|--|-------------------------------|--|--|
| and Plan of Correction identification number.                      |   | IDENTIFICATION NUMBER.   | A. BUILDING: _             | COWFLETED  |                               |  |  |
| mhl060-959   |   | B. WING  |                            | R<br>08/04/2021  |                               |  |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |   |  |                            |  |                               |  |  |
| ECHELON 1 4508 CARRIAGE DRIVE CIRCLE                               |   |  |                            |  |                               |  |  |
|  |   | CHARLOT  | TE, NC 28205               |  |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  (COM |                               |  |  |
| V 000  | O00 INITIAL COMMENTS  An annual and follow up survey was completed on 8-4-21. Defeciencies were cited.  |  | V 000                      |  |                               |  |  |
|  |   |  |                            |  |                               |  |  |
|  | This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents   |  |                            |  |                               |  |  |
| V 296  | V 296 27G .1704 Residential Tx. Child/Adol - Min. Staffing  |  | V 296                      |  |                               |  |  |
|  | telephone or page. A able to reach the facil times.  (b) The minimum nur required when childred present and awake is (1) two direct cone, two, three or four (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents.  (c) The minimum nur during child or adolescents.  (c) The minimum nur during child or adolescents.  (d) two direct coning and one shall be away children or adolescent. | sisional shall be available by a direct care staff shall be lity within 30 minutes at all amber of direct care staff en or adolescents are as follows: are staff shall be present for a children or adolescents; care staff shall be present eight children or are staff shall be present for a care staff shall be present seen to see a staff shall be present as a care staff shall be present a staff shall shall be present a staff shall shall be present a staff shall sh |                            |  |                               |  |  |
|  | (1) two direct countries and one shall be aware children or adolescent (2) two direct countries and both shall be aware children or adolescent (3) three direct   | ke for one through four<br>its;<br>are staff shall be present<br>ake for five through eight  |                            |  |                               |  |  |

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

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|---|--|--|---|-------------------------------|--------------------------|
|  |   |  | B. WING                                  |   | R                             |                          |
| mhl060-959   |   | B. WING  |  | 08/0  | 4/2021                        |                          |
| NAME OF P  | ROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, STA                         | TE, ZIP CODE  |                               |                          |
| ECHELON  | 1   |  | RIAGE DRIVE (                            | CIRCLE  |                               |                          |
|  |   |  | TE, NC 28205                             |   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPF<br>DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 296  | Continued From page 1   |  | V 296                                    |   |                               |                          |
|  | asleep for nine, ten, eleven or twelve children or adolescents.  (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.  (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. |  |  |   |                               |                          |
| This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure minimum staffing. The findings are:  Observation on 8-2-21 at approximately 12:20 revealed:  -Three clients playing basketball, one staff on the porch watching them.  -Second staff arrives approximately 10-15 minutes later. |   | and interview the facility                         |  |   |                               |                          |
|  |   |  |  |   |                               |                          |
|  | Interview on 8-2-21 with Client #1 revealed: -There was usually tow staff at the facility.  |  |  |   |                               |                          |
| Interview on 8-2-21 with Client #2 revealed: -There had never been a problem when there had been only one staff working.   |   |  |  |   |                               |                          |

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Interview on 8-2-21 with Staff #1 revealed:

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|--|--|---|-------------------------------|--|
|  |  |  | 7 50.12510.                              |   | R                             |  |
| mhl060-959   |  | B. WING  |  | 08/04/2021  |                               |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDR   |  |  |  | TE, ZIP CODE  |                               |  |
| ECHELON  | 11   |  | RIAGE DRIVE                              | CIRCLE  |                               |  |
|  |  |  | TE, NC 28205                             |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPF<br>DEFICIENCY) | BE COMPLETE                   |  |
| V 296  | Continued From page 2  |  | V 296                                    |   |                               |  |
|  | -Staff #2 was only gone "15-20 minutes." -It was all right since the three clients were playing basketball"Sometimes we take 2 kids, sometimes it is not necessary.  Interview on 8-2-21 with Staff #2 revealed: -There was never only one staff scheduledThe only time one staff is scheduled was if there was only 1-2- clients at the facilityThat day she had ben at the facility since 12:00, one client was still in school"Since there was only 3 kids, it was OK for one staff to be here." -She thinks that one of the directors had told her it was all right for one staff to be there.  Interview on 8-2-21 with the Qualified Professional revealed: -The ratio at the facility was supposed to be two to oneIt was not "atypical" for staff to leave and get something to eat"I'm assuming she took two clients with her." |  |  |   |                               |  |
|  |  |  |  |   |                               |  |
|  |  |  |  |   |                               |  |
|  |  |  |  |   |                               |  |
| Interview on 8-3-21 with the Executive Director revealed:  -All staff had been trained and knew that there was supposed to be two staff at all times.  -They could not watch staff continually to make sure they stayed at the facility. |  |  |  |   |                               |  |
| V 736  | 10A NCAC 27G .0303<br>EXTERIOR REQUIRI<br>(c) Each facility and it   | EMENTS   | V 736                                    |   |                               |  |
| manner and shall be kept free from offensive   |  |  |  |   |                               |  |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | ` '   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |                 |                  |  |
|---|--|---|--|--|-----------------|------------------|--|
|   |  |   |  |  |                 | R                |  |
| mhl060-959  |  |   | B. WING                                  |  |                 | 08/04/2021       |  |
| NAME OF P   | ROVIDER OR SUPPLIER                                | STREET  | ADDRESS, CITY, STATE                     | . ZIP CODE   |                 |                  |  |
|   |  |   | ARRIAGE DRIVE CI                         | •  |                 |                  |  |
| ECHELON   | N 1  |   | OTTE, NC 28205                           |  |                 |                  |  |
| (X4) ID   | SUMMARY S  | STATEMENT OF DEFICIENCIES                                     | ID                                       | PROVIDER'S PLAN OF   | CORRECTION      | (X5)             |  |
| PRÉFIX<br>TAG   | ,  | CY MUST BE PRECEDED BY FULL<br>R LSC IDENTIFYING INFORMATION) | PREFIX<br>TAG                            | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1<br>DEFICIENC | THE APPROPRIATE | COMPLETE<br>DATE |  |
| V 736   | Continued From pag                                 | ge 3  | V 736                                    |  |                 |                  |  |
|   | odor.  |   |  |  |                 |                  |  |
|   | odor.  |   |  |  |                 |                  |  |
|   |  |   |  |  |                 |                  |  |
|   |  |   |  |  |                 |                  |  |
|   |  |   |  |  |                 |                  |  |
|   |  |   |  |  |                 |                  |  |
|   | This Rule is not met as evidenced by:              |   |  |  |                 |                  |  |
|   |  | ons and interviews the facility                               |  |  |                 |                  |  |
|   |  | ned in a clean, safe, attractive                              |  |  |                 |                  |  |
|   | manner. The finding                                | s are:  |  |  |                 |                  |  |
|   | Observation on 8-2-21 at approximately 3:30 pm     |   |  |  |                 |                  |  |
|   | revealed:  |   |  |  |                 |                  |  |
|   | -Dining room: graffiti that says "f**k [male       |   |  |  |                 |                  |  |
|   | name]" scratched into the wall. Floor molding on   |   |  |  |                 |                  |  |
|   | wall next to kitchen                               | was off and laying on the                                     |  |  |                 |                  |  |
|   | floor.   |   |  |  |                 |                  |  |
|   | _  | id a crack in the ceiling                                     |  |  |                 |                  |  |
|   |  | n linoleum and 3 cabinets                                     |  |  |                 |                  |  |
|   | missing handles                                    |   |  |  |                 |                  |  |
|   | -Hall bathroom tub was dirty, and the sink         |   |  |  |                 |                  |  |
|   | drained very slowly                                | om had graffiti in the shower                                 |  |  |                 |                  |  |
|   |  | was mold in the shower and                                    |  |  |                 |                  |  |
|   | cracks in ceiling                                  | was mora in the snewer and                                    |  |  |                 |                  |  |
|   |  | m had ceiling paint peeling                                   |  |  |                 |                  |  |
|   |  | d into the window tinting.                                    |  |  |                 |                  |  |
|   | _  | ole in the wall to the left of the                            |  |  |                 |                  |  |
|   | door (outside wall) a                              | approximately 12 x 6 through                                  |  |  |                 |                  |  |
|   |  | ght switch works but the                                      |  |  |                 |                  |  |
|   | toggle is broken off                               |   |  |  |                 |                  |  |
|   | -Back single room had paint that was peeling       |   |  |  |                 |                  |  |
|   | from ceiling and wall, obscenities were written on |   |  |  |                 |                  |  |
|   | the walls.   | and a patabad bala with                                       |  |  |                 |                  |  |
|   | -Hall bedroom r<br>graffiti, plaster broke         | nad a patched hole with                                       |  |  |                 |                  |  |
|   | , .  | en 6 x 6 noie.<br>oorch were crooked.                         |  |  |                 |                  |  |
|   | -otebs in noni b                                   | DOIGH WEIE GIOUKEU.   |  |  |                 |                  |  |
|   | Interview on 8-2-21                                | with Staff #1 revealed:                                       |  |  |                 |                  |  |
|   |  | bout the graffiti, particularly                               |  |  |                 |                  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                           | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|---|---|--|---|-------------------------------|--------------------------|
|  |   |   |  |   | R                             |                          |
| mhl060-959   |   | B. WING   |  | 08/04   | /2021                         |                          |
| NAME OF PI   | ROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, STA                         | TE, ZIP CODE  |                               |                          |
| ECHELON  | 11  |   | RIAGE DRIVE (                            | CIRCLE  |                               |                          |
|  |   |   | TE, NC 28205                             |   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPF<br>DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 736  | Continued From page   | e 4   | V 736                                    |   |                               |                          |
|  | the obscenities in the dining room, she replied "that is what these kids do."  -The maintained of the house was her responsibility.   |   |  |   |                               |                          |
|  | revealed:   | vith the Executive Director   |  |   |                               |                          |
| <ul> <li>-He had been trying to get someone out to<br/>the facility to do repairs, but with COVID, things<br/>were taking longer.</li> <li>-He would make sure the issues were<br/>addressed.</li> </ul> |   |   |  |   |                               |                          |
| V 752  | 27G .0304(b)(4) Hot V   | Water Temperatures  | V 752                                    |   |                               |                          |
|  | 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure that the hot water was between 100 degrees and 116 degrees in places that clients had access to hot water. The findings are:  Observation on 8-2-21 at approximately 3:00 pm revealed:  -The hot water in both the sink and the shower in the master bedroom were 90 degrees. |   |  |   |                               |                          |
|  |   |   |  |   |                               |                          |
| Interview on 8-2-21 with Client #2 revealed:   |   |   |  |   |                               |                          |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLE<br>A. BUILDING: _  | (X3) DATE SURVEY<br>COMPLETED |   |               |  |  |  |  |
|---|--|--|-------------------------------|---|---------------|--|--|--|--|
|   |  | -  | R                             |   |               |  |  |  |  |
| mhl060-959  |  |  | B. WING                       |   | 08/04/2021    |  |  |  |  |
| NAME OF P   | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE                     |  |                               |   |               |  |  |  |  |
| ECHELON 1 4508 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205  |  |  |                               |   |               |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY) | D BE COMPLÉTE |  |  |  |  |
| V 752   | -He lives in the b does not have any iss temperature.  Interview on 8-4-21 w revealed: | edroom with the shower and   | V 752                         |   |               |  |  |  |  |

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