Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLI	ILED
		MHL0601042	B. WING		11/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13	4724 CARF	IAGE DRIVE (CIRCLE		
LONLLON		CHARLOT	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	11/23/21. The compla	aint was completed on aint was se #NC183041). Deficiencies				
		d for the following service 27G .1700 Residential re for Adolescents or				
	The survey sample co current clients.	onsisted of audits of 3				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered					
	(2) Medications shall clients only when autl client's physician.	be self-administered by horized in writing by the ding injections, shall be				
	administered only by unlicensed persons tr pharmacist or other le	licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications.				
	(4) A Medication Adm all drugs administered	inistration Record (MAR) of d to each client must be kept				
	current. Medications a recorded immediately MAR is to include the	after administration. The				
	(C) instructions for ad	nd quantity of the drug; Iministering the drug; drug is administered; and				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S		
,			A. BUILDING: _			
		MHL0601042	B. WING		11/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RIAGE DRIVE (TE, NC 28205	CIRCLE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
V 118	Continued From page	2 1	V 118			
	drug. (5) Client requests for checks shall be recor	person administering the medication changes or ded and kept with the MAR pointment or consultation				
	interviews, the facility Medication Administra drugs administered to current and medication recorded immediately clients(#1, #2 and #3). Finding #1: Review on 11/9/21, 11: client #1's record reversed reversed reversed to the second reversed reversed to the second reversed t	ns, records review and failed to ensure a pation Record (MAR) of all to each client was kept ons administered were after administration 3 of 3 of 3. The findings are: 1/20/21 and 11/12/21 of ealed: 5/21; Reactions to Severe Stress of Mood Dysregulation and 8/27/21 for Melatonin ht; and 10/8/21 for Melatonin ht; and 13/36pm of client #1's Melatonin 10mg one at				

Division of Health Service Regulation

STATE FORM 6899 2FUQ11 If continuation sheet 2 of 16

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	IDV/EV
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	I ' '		COMPLE	
			A. BUILDING: _			
		MHL0601042	B. WING		11/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		4724 CAF	RRIAGE DRIVE	CIRCLE		
ECHELON	13		TTE, NC 28205			
240.15	CLIMMADY CT	ATEMENT OF DEFICIENCIES		DROVIDERIS DI ANI CE CORRECTIO	NI I	0.5
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				DEFICIENCY)		
V 118	Continued From page	e 2	V 118			
		ed Sept 2021 MAR says				
		ght instead of 5mg one				
	tablet at night.					
	Finalina #0.					
	Finding #2:	alient #2's record revealed				
	-admission date of 8/	client #2's record revealed:				
		10/21,				
	-age age 14 years;-Diagnoses: Conduct	Digardar DMDD				
	Unspecified Trauma					
	•	Attention Deficit Hyperactivity				
	Disorder and ADMD(A	Attention Delicit Hyperactivity				
		ted 8/27/21 and 10/8/21 for				
		e spray into each nostril two				
	times a day.	o opray into odom modern two				
	amoo a aay.					
	Observation on 11/9/2	21 of client #2's medications				
	revealed fluticasone	50mg one spray into each				
	nostril two times a da					
	Review on 11/9/21 of	client #2's MARs from				
	9/1/21-11/9/21 reveal	ed:				
		sone 50 mg use one spray				
	nasally every 12 hour	rs was not given due to not				
	having medication;					
		icasone 50mg use one spray				
		rs was not given due to not				
		eported on MAR for both				
	7am and 7pm					
		I 10/5/21 Fluticasone 50mg				
		y every 12 hours was not				
	_	ng medication- reported on				
		ented as administered on				
	10/3, 10/4 and 10/5 a	it /am.				
	Finding #3:					
		1/10/21 and 11/12/21 of				
	client #3's record reve					
	-admission date of 8/3					
	-age 14 years;	<i>□,</i>				
	3 , 34.0,		1	1		

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		MHL0601042	B. WING		11	/23/2021
NAME OF P	ROVIDER OR SUPPLIER	4724 CA	DDRESS, CITY, STATE RRIAGE DRIVE CIF			
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V 118	-Diagnoses of Adjusti anxiety and depresse Traumatic Stress Disc ADHD; -physician's orders da Advair HFA 115-21me every day; -physician's order dat Aripiprazole 10mg Ta evening. Observation on 11/9/2 medications revealed -Advair HFA 115-21me mouth every day disp -Aripiprazole 10mg Ta evening dispensed 11 Review on 11/9/21 of 9/1/2111/9/21 revealed -Advair HFA 115-21me daily instead of 2 puff -Sept 2021 MAR listed of 10mg.	ment Disorder w/mixed and mood, PTSD(Post order), Autistic Disorder and lated 8/3/21 and 10/8/21 for an and lated 8/3/21 and 10/8/21 for an and lated 8/27/21 and 10/8/21 for an and lated 8/27/21 and 10/8/21 for an	V 118			
V 131	Verification G.S. §131E-256 HEAREGISTRY (d2) Before hiring heathealth care facility or health care facility sh	HCPR - Prior Employment ALTH CARE PERSONNEL Alth care personnel into a service, every employer at a all access the Health Care and shall note each incident portate business files	V 131			

Division of Health Service Regulation

STATE FORM 6899 2FUQ11 If continuation sheet 4 of 16

Division of Health Service Regulation

	i Health Service Negu		1		T	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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ECHELON	3		RIAGE DRIVE	CIRCLE		
		CHARLOT	TE, NC 28205			
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TAG	NEGOLATORT OR E	130 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	WAIL SALE	-
V 131	Continued From page	e 4	V 131			
	This Rule is not met	as avidanced by:				
		riew and interviews, the				
		e the Health Care Personnel				
		accessed prior to hire for 3				
	,	#3 and #4). The findings				
	,	#3 and #4). The infamys				
	are:					
	Peview on 11/16/21 a	and 11/22/21 of personnel				
	records revealed:	and 11/22/21 of personner				
		10/20/21 and the HCPR				
	was accessed on 10/2					
		3/11/21 and the HCPR was				
	accessed on 4/20/21;					
		2/18/20 and the HCPR was				
	accessed on 2/19/20:					
	,	20 sent to the licensee from				
		nation date of 9/8/20 was in				
	•	le, staff #4 was rehired on				
	•	PR was not accessed prior to				
	the rehire date.	17 was not accessed prior to				
	and remine date.					
	Interview on 11/16/21	and 11/22/21 with the				
	Program Director reve					
	_	IR) staff provide the hire				
	package to the prospe					
		perwork for hire and also				
	complete the needed					
		of the personnel record has				
	the hire date listed on					
		vere writing in the hire date				
	themselves;	e.eang and imo date				
	-will address this with	HR staff.				
	444.000 1110 111111		1	T.	1	

Division of Health Service Regulation

STATE FORM 6899 2FUQ11 If continuation sheet 5 of 16

STATEMENT OF DETRICENCIES AND PLAN OF CRRECTION ADJUSTMENT DENTIFICATION NUMBER: DENTIFICATION	Division of	of Health Service Regu	lation				
INAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 V 133 Continued From page 5 V 133 V 133 C.S. \$122C-80 Criminal History Record Check G.S. \$122C-80 Criminal History Record Check CHECK REQUIRED FOR CERTAIN APPLICANT'S FOR EMPLOYMENT. (a) Definition - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant the paper and this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check shall include a check of the applicant. If provider shall not employ an applicant who refuses to conditioned on consent to a State comininal history record check of the applicant. A provider shall not employ an applicant who refuses to conditioned on consent to a State of employment is conditioned on conditional offer of employment, a provider shall submit a request to the Department of Justice under Cs. 141-19.10 to conduct a	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC. 28205 SUMMARY STATEMENT OF DEPOLISHORS FREET ROBERS COTY, STATE, 2IP CODE 1724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC. 28205 SUMMARY STATEMENT OF DEPOLISHORS FREED ROBERS PROCEDED BY PLUL FREED ROBERS CITY, STATE, 2IP CODE 1724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC. 28205 SUMMARY STATEMENT OF DEPOLISHORS FREED ROBERS CITY, STATE, 2IP CODE 1724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC. 28205 CROSS-REFERENCED TO THE APPROPRIATE DATE ORDINATOR OF SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DATE ORDINATOR ORDINATOR OR SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ORDINATOR OR	AND PLAN C	OF CORRECTION		A. BUILDING:		COMPLE	ETED
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V 133 V 133 Continued From page 5 V 133 V 133 G.S. \$122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check of the applicant than the offer of the state for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant than seven a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19-10 to conduct a							COMPLETE
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shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a							
Justice under G.S. 114-19.10 to conduct a							
section or shall submit a request to a private							
entity to conduct a State criminal history record							

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check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	MHL0601042	B. WING	11/23/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ECHELON 2	4724 CARR	RIAGE DRIVE CIRCLE				

ECHELON 3 CHARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 6 return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection

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hire the applicant:

(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.
(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0601042	B. WING		11/23/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
E011E1 01		4724 CAR	RIAGE DRIVE	CIRCLE	
ECHELON	13	CHARLOT	TE, NC 28205		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	Continued From page	e 7	V 133		
	(1) The level and seri	auanaga of the arimo			
	(1) The level and seri(2) The date of the cri				
	• ,	rson at the time of the			
	conviction.	ison at the time of the			
	(4) The circumstance	s surrounding the			
	commission of the cri	•			
		en the criminal conduct of			
		b duties of the position to be			
	filled.	•			
	(6) The prison, jail, pr	obation, parole,			
		ployment records of the			
	person since the date	the crime was committed.			
	(7) The subsequent c	commission by the person of			
	a relevant offense.				
	The fact of conviction	of a relevant offense alone			
		employment; however, the			
		considered by the provider.			
		lifies an applicant after			
		elevant factors, then the			
	· ·	e information contained in			
		cord check that is relevant			
		, but may not provide a copy			
	of the criminal history applicant.	record check to the			
	(d) Limited Immunity.	- A provider and an officer			
	or employee of a prov	vider that, in good faith,			
		ction shall be immune from			
	civil liability for:				
	` '	provider to employ an			
		s of information provided in			
		cord check of the individual.			
		n employee's history of			
		e employee's criminal			
		s requested and received in			
	compliance with this s				
		As used in this section,			
		eans a county, state, or			
		ry of conviction or pending			
	indictment of a crime,	, whether a misdemeanor or			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL0601042	B. WING		11/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		4724 CA	RRIAGE DRIVE CI	RCLE		
ECHELON	13	CHARLO	OTTE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLET DATE
V 133	Continued From page	e 8	V 133			
	felony, that bears upo	on an individual's fitness to				
		r the safety and well-being of				
		ntal health, developmental				
	disabilities, or substa	nce abuse services. These				
	crimes include the cri	minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub	· · · · · · · · · · · · · · · · · · ·				
		ve and Legislative Officers;				
		Article 7A, Rape and Other				
		8, Assaults; Article 10, action; Article 13, Malicious				
	Injury or Damage by					
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
		Services by False or				
		edit Device or Other Means;				
	Article 19B, Financial	Transaction Card Crime				
	Act; Article 20, Fraud	s; Article 21, Forgery; Article				
	26, Offenses Against	Public Morality and				

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G.S. 20-138.5.

Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B WING			
		MHL0601042	B. WING		11/23/2021	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
ECHELON	13		RIAGE DRIVE (TE, NC 28205	JRGLE		
(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 APPROPF DEFICIENCY)	BE COMPLET	E
V 133	applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employment applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	ning False Information Any ment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Toyment A provider may conditionally prior to of a criminal history record applicant if both of the as are met: The mot employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins	V 133			
	facility failed to reque check not later than fi individual begins con-	as evidenced by: iew and interviews, the st a criminal history record ve business days after the ditional employment for 3 of and #4). The findings are:				
	records revealed: -staff #1 was hired or records check was re	and 11/22/21 of personnel 10/20/21 and the criminal quested on 11/1/21; 13/11/21 and the criminal				

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STATE FORM 6899 2FUQ11 If continuation sheet 10 of 16

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE SU COMPLE	
ANDILAN	or doring of the state of the s	IDENTIFICATION NOWIDEN.	A. BUILDING: _		OOM! LE	1LD
		MHL0601042	B. WING		11/23	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13	4724 CARR	IAGE DRIVE	CIRCLE		
		CHARLOTT	E, 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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 10	V 133			
	records check was re-staff #4 was hired on records check was re-an email dated 9/4/2 staff #4 with the resig staff #4's personnel fi 7/31/21 and no new of the staff #4's personnel find the staff #4's personnel find #4's person	quested on 4/20/21; 2/18/20 and the criminal				
	Program Director revolution—Human Resources(Human Resources(Human Resources)—The staff sign the paparameter of the form on the front the hire date listed on	IR) staff provide the hire ective staff; perwork for hire and also documentation; of the personnel record has a it; pere writing in the hire date				
V 367	10A NCAC 27G .0604 REPORTING REQUI CATEGORY A AND E (a) Category A and B level II incidents, excet the provision of billab consumer is on the princidents and level II to whom the provider 90 days prior to the in responsible for the cat services are provided becoming aware of th be submitted on a for	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within acident to the LME atchment area where within 72 hours of the incident. The report shall	V 367			

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l l	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			COMPLE	TED
	MHL0601042	B. WING		11/2	3/2021
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZID CODE	111/2	5/2021
NAIVIE OF FROVIDER OR SOFFLIER		IAGE DRIVE O			
ECHELON 3		E, NC 28205	, , , , , , , , , , , , , , , , , , ,		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367 Continued From page 11		V 367			
in person, facsimile or encryp means. The report shall inclusinformation: (1) reporting provider or identification information; (2) client identification i (3) type of incident; (4) description of incident; (4) description of incident; and (6) other individuals or or responding. (b) Category A and B provided missing or incomplete informations shall submit an updated report recipients by the end or day whenever: (1) the provider has reast information provided in the reservation provided in the reservation provided in the reservation provider obtains required on the incident form unavailable. (c) Category A and B provided upon request by the LME, other obtained regarding the incident (1) hospital records incinformation; (2) reports by other aut (3) the provider's respondent of all level III incident reports Mental Health, Developmental Substance Abuse Services we becoming aware of the incident providers shall send a copy of incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a with provider incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service Regulation with becoming aware of the incidents involving a client de Health Service	contact and information; ent; to determine the authorities notified ers shall explain any ation. The provider of the next business ason to believe that eport may be erwise unreliable; or information that was previously ers shall submit, her information ent, including: cluding confidential thorities; and onse to the incident. ers shall send a copy to the Division of all Disabilities and within 72 hours of ent. Category A of all level III eath to the Division of ithin 72 hours of	V 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL0601042	B. WING		11/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ECHELON	13		RIAGE DRIVE (TE, NC 28205	CIRCLE		
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	NNI	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 367	or restraint, the providing immediately, as requisions and 10A NCAC (e) Category A and B report quarterly to the catchment area where The report shall be suby the Secretary via einclude summary information of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a cube (5) the total nurincidents that occurre (6) a statement been no reportable in incidents have occurrence tany of the criter	ven days of use of seclusion der shall report the death ired by 10A NCAC 26C 27E .0104(e)(18). Be providers shall send a set LME responsible for the electronic means and shall remation as follows: errors that do not meet the or level III incident; and the client or his living area; client property or property in lient; mber of level II and level III ed; and the indicating that there have cidents whenever no level during the quarter that in as set forth in Paragraphs e and Subparagraphs (1)	V 367			
	facility failed to ensure reported to the LME r	view and interviews, the e all level II incidents were responsible for the e services are provided coming aware of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601042	B. WING		11/23/2	2021	
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, STA	TE, ZIP CODE			
ECHELON 3 4724 CARRIAGE DRIVE CIRCLE							
		CHARLO	TTE, NC 28205		<u></u>		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 367	Continued From page	: 13	V 367				
	-10/29/21 client #3 rar was located by police taken to local ER by 0 and admitted for evaluof the night -8/19/21 client #3 ran gun and attempted to beer, wine and cigars store manager, later phim, BB gun was recoperson and room sea to the facility by his so Review on 11/10/21 of Improvement System revealed: -searched by clients reacility, name of facility agency; -no incident reports in	8/1/21-11/10/21 revealed: In away, police involved, at nearby store; CMPD as he was in crisis relation and observed for rest away, went to store with BB steal, demanded cash, was returned to facility by colice came and arrested reched thoroughly, returned reched thoroughly, returne					
	-" I have my right to re -"Don't want to talk ab	emain silent;"					
	-happened in the day -2 staff was her;,						
	-don't remember what	t he was doing:					
	-staff calls the police v	<u> </u>					
	revealed: -police showed up at police did not transp -client #3's Social Ser police station with clie -why did not do IRIS;	ort client #3 to the facility; vices social worker met at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL0601042			11/23/2021	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA RIAGE DRIVE (
ECHELON	13		TE, NC 28205	SINGLE		
(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 367	Continued From page banned from store; -police called facility a talk to him; -client #3 was not cha -interpretation of IRIS	and said bring client #3 in to	V 367			
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.		V 736			
	was not maintained ir and orderly manner. Observations on 11/9 -A mattress box sprin link fence around the driveway; -Gutters filled with leaplants; -Front storm door has Continued observation revealed: -kitchen: broken cabin	n and interviews, the facility n a safe, clean, attractive The findings are: //21 at 12:02pm revealed: g leaning against the chain back yard at end of the aves, sticks and other green				
	only attached by one -kitchen table with fou	hinge;				

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DIVISION	Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			-				
		D. WING					
		MHL0601042	B. WING		11/2	3/2021	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE			
TW WILL OF TH	TO VIDER OIL OIL OIL TELER						
ECHELON	3		RIAGE DRIVE (SIRGLE			
		CHARLOT	TE, NC 28205				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I	(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE	DATE	
				DEFICIENCE ()			
V 736	Continued From page	e 15	V 736				
	Continuou i rom page						
	marked;						
	-connecting bathroom	n between first bedroom on					
	left and second bedro	oom on left had broken					
	cracked tiles by door	leading to second bedroom,					
		and marks, written over					
	shelves over sink "cle	ean this s**t" several marks					
	in bottom of tub, light	switch with several cracks					
	to left of door leading						
	•	ent #1's bedroom): hole in					
	wall to right of window	•					
	bathroom, scratches						
		wooden frame by closet					
	~	loset and blue writing on					
		ner closet in client #1's					
	bedroom with a box s						
		bedroom on right of hall:					
		•					
		er window, one of two					
	•	and a broken drawer and the					
		was broken, a piece of					
		nightstand in the closet;					
	-client #3's bedroom first one to the right on hall						
		window secure by silver					
		on the wooden door frame;					
		bell on hall on right side past					
	client #3's bedroom.						
	Interview on 11/9/21 v	with client #1 revealed					
	-been at the facility fo						
	-writing been there sir	nce he came to the facility.					
	Interview on 11/23/21	with the Program Director					
	revealed:						
	-not aware of the writi	ing on the walls and in					
	closet;	-					
	-clients very destructive	ve;					
	•	itside to be placed for trash					
	pick-up.	10 20 p.2004 101 114011					
	I are allet						

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