<u>of Health Service Regu</u>	lation								
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
MHL0601067		B. WING		R 04/27/2022					
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE						
1535 PEACHTREE ROAD									
15	CHARLO	OTTE, NC 28216	S						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE COMPLETE					
	un curvey was completed	V 000	ECEIVED						
		В	y cvhicks at 3:48 pm,	May 25, 2022					
category: 10A NCAC Treatment Staff Secur Adolescents. This facility is licensed a census of three. The	27G 1700 Residential re for Children and d for four and currently has e survey sample consisted		the agency will that the Wenk	ensure 2 Order organ					
27G .0303(c) Facility	and Grounds Maintenance	V 736	upans are follows	owed					
EXTERIOR REQUIRE (c) Each facility and it maintained in a safe,	EMENTS s grounds shall be clean, attractive and orderly		that the items repaired within sald time lines. Facility leadershi	are the The					
Based on observation failed to be maintaine attractive manner. The Observation on 4-26-2 revealed: -Kitchen: two bot sections of wood, one broken hinge, second wood panel. -Living room: stat room.	and interviews the facility d in a clean, safe, and e findings are: 22 at approximately 4:00pm tom cabinets had missing a upper cabinet had a upper cabinet had a broken ined rug throughout the living		to sprunde in - 8 to sure sure that to sure that the reporting repair is trively menner. I facility leadershuthof all slufts	time serve fraints aff to lay are sues in a Additionally puill ensure are holding					
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS An annual and follow on 4-27-22. Deficiency This facility is licensed category: 10A NCAC Treatment Staff Securical Adolescents. This facility is licensed a census of three. The of three current clients 27G .0303(c) Facility and its maintained in a safe, manner and shall be leaded. This Rule is not met a Based on observation failed to be maintained attractive manner. The Observation on 4-26-2 revealed: -Kitchen: two bots sections of wood, one broken hinge, second wood panel. -Living room: stairoom.	TOP DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CATION NUMBER: MHL0601067 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 4-27-22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for four and currently has a census of three. The survey sample consisted of three current clients. 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 observation and interviews the facility failed to be maintained in a clean, safe, and attractive manner. The findings are: Observation on 4-26-22 at approximately 4:00pm revealed: -Kitchen: two bottom cabinets had missing sections of wood, one upper cabinet had a broken hinge, second upper cabinet had a broken wood panel. -Living room: stained rug throughout the living room. -Bedroom #1: there was a crack in the door.	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER (X2) MULTIPL A BUILDING: MHL0601087 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST. 1535 PEACHTREE ROAL CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 4-27-22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for four and currently has a census of three. The survey sample consisted of three current clients. 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 observation and interviews the facility failed to be maintained in a clean, safe, and attractive manner. The findings are: Observation on 4-26-22 at approximately 4:00pm revealed: -Kitchen: two bottom cabinets had missing sections of wood, one upper cabinet had a broken hinge, second upper cabinet had a broken hinge.	TOP DEPRICIENCIES OF CORRECTION (X1) PROVIDERSUPPLER (X1) ENTURE CATION NUMBER: (A BULDING: B. WING ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15					

Division of Health Service Regu STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED
					R
		MHL0601067	B. WING		04/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	
ECHELON		1535 PE	ACHTREE ROA	AD.	
ECHELON	N 5	CHARLO	OTTE, NC 2821	6	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	
,,,,,				DEFICIENCY)	
V 736	Continued From page	1	V 736	11 6	1
				the members to	ewed
		of the doorframe was		1010	1/20,5
	missing.	carpet had mulitple stains,		responsible you	- Keeping
	a brown substance wa			10 -00 10	
		hroom: the sink handle was		the facilità al	eared
		eak in front of the shower,			0 0 1 00
	the shower wall and o			and indintrin	all State
		here was a hole in the wall		COM GREETSOUR	01:01:01
	by the sink approximately 3x3 inches,the molding			will be some	dal cet
		the wall behind the toilet,		will be remark	Less of
		e front of the vanity, the		chair dution	meladias
	toilet was not fastened	d to the floor on one side,		Forest Min to 10	egge cace of
	the toilet was very dirty, the wall around the tub			Greilety alcan les	2000
	was moldy and rotting, the paint was peeling.			grade of carrow.	
				ATUMATAUTUM ON	
	A CONTRACTOR OF THE CONTRACTOR	with Client #2 revealed:		100000	2/14 200
	-The house was	'dirty."		Munteralce /	portions
		311 OF 1 110 alada		1 - 1 0 kl	a Odl Kalety
		with Client #3 revealed:		an internal 17	ener sageig
	-"The house is di	rty as n° i.			100 000
	Interview on 4-27-22	with the Qualified		who peour w	ull de
	AND THE RESERVE OF THE PARTY OF			and doled and	- 100 nd
	Professional revealed: -It was third shift's responsibility to do the			compared on	Level 10 D
	deep cleaning of the f			augustedy L	in some that
	If something needed to be fixed or replaced a work order would be submitted and the issue			Mary 11 dearl 19 8	MID .
				thone are din	Hem Khell
	would be fixed.			1000000	2010110
				There are no grounds and - curcount that addressed or rep	Maryenances
	Interview on 4-27-22 with the Associate Professional revealed:			4. 1	0 1
				curronna that	have They been
	-Staff reports any	issues with the facility to		7	0 0
	him.			Addressed on son	Meter
		sponsible for the deep		man for the form	· loca
	cleaning and they find				
		ave a work order list. The			
		be replaced. The bathroom.			
	The state of the s	I the toilet rotting out and a			
		he bedrooms needs to be			
	taken care of."				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
			A. BUILDING:	· · · · · · · · · · · · · · · · · · ·						
		MHL0601067	B. WING		R 04/27/2022					
NAME OF B	POVIDED OD ELIDDLIED		DECC CITY CTA	TE ZID CODE	04/2//2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1535 PEACHTREE ROAD										
ECHELON 5 CHARLOTTE, NC 28216										
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)						
V 736	Continued From page	2	V 736							
	-They would be getting the issues fixed as soon as possible.									
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.									
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					:					

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