Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL0601066 10/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE **ECHELON 4** CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 10/25/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients. V 736 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 observation and interview the facility was not maintained in a clean, attractive and odor free manner. The findings are: Observation on 10/23/24 at approximately 5:08pm of the facility revealed: - Kitchen: - Missing laminate flooring approximately 10 inches long and 5.5 inches wide, which exited the kitchen towards the hallway; - Various shades of brown substance on the entire right side of the refrigerator; - Client #1 and Client #3's Bedroom: - Hole in the wall on the left side of the room approximately 2.5 inches long and 2.5 inches wide; - Hole in the wall on the left side of the Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM If continuation sheet

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R B. WING MHL0601066 10/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE **ECHELON 4 CHARLOTTE, NC 28213** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) V 736 V 736 Continued From page 1 room approximately .5 inches long and .5 inches wide with peeled paint under the hole 1.5 inches lona: - Over 10 spots of peeled paint on the wall on the left side of the room ranging in size from approximately the size of a dime to 3.5 inches long and .5 inches wide. - Client #4's Bedroom: - Hole in the wall on the right side when entered the room was approximately 1.5 inches long and 1 inch wide: - Five dented holes in the wall approximately the size of a dime to the size of a quarter; - Missing ceiling air vent cover: - Hole in the popcorn ceiling approximately .5 inches long and .5 inches wide with a light brown stain around the hole approximately 6 inches long and 5 inches wide; - Upstairs Bathroom: - Missing laminate flooring approximately 3.5 inches longs and 1 inch wide; - Torn laminate approximately 7 inches long; - Laminate flooring had black stains covering approximately 80% of the bathroom floor; - Light fixture missing 3 bulbs; - Knob missing on sink cabinet. Interview on 10/23/24 with Client #3 revealed: - Client #1 put the holes in the wall on the left side of the bedroom they shared together; - Unable to remember when Client #1 put the holes in the wall. Interview on 10/23/24 with Client #4 revealed: - Denied putting the holes in the wall on the right side upon entrance in his bedroom; - "I came in my room one day and seen the holes

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	·	COMPLETED	
		MUI ACAAACC	B. WING		R	
MHL0601066				10/23/2027		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE						
ECHELON 4 CHARLOTTE, NC 28213						
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PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 736	736 Continued From page 2		V 736			
	in my wall."					
	Interview on 10/25/24 Professional (AP) rev - "We have put in wor things fixed around he - Client #4 put the hol Interview on 10/25/24 Professional revealed - Maintenance had co "August or Septembe - Was not aware of th various items that nee - Staff was responsible	ealed: k orders, already to get ere (facility);" es in the wall in his room. with the Qualified l: empleted a work order in				
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