STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. Bolebino.			
		MHL0601067 B. WING		03/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
1535 PEACHTREE ROAD					
ECHELON	15	CHARLO	TTE, NC 28216		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE		
V 000	INITIAL COMMENTS		V 000		
	on 3-11-25. The comp	aint survey was completed plaints were unsubstantiated NC00227389). Deficiencies			
		d for the following service 27G .1700 Residential re for Children or			
		d for 4 and currently has a ey sample consisted of ents.			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
		EMENTS			
		and interviews the facility d in a clean, safe, attractive			
	revealed: -Smoke detector the back dining area, -Back Dining area bent and rusted heatin with torn edges in are feet.	beeping in the office area, and Client #1's bedroom. a: linoleum torn around a ng vent, linoleum patched a approximately 3 feet by 2 and edges of the floor have			
	a dark substances pa				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7 50.25 10.				
		MHL0601067	B. WING		03/	11/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ECHELON	15		CHTREE ROAD				
		CHARLO	TTE, NC 28216				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page 1		V 736				
	Dishwasher dented of cupboards beside the the stove unable to stop the wall beside the trash can has the docurs and lock. -Front door has control and lock. -Therapy room how the desting vent. -Hall bathroom: of corners of the floor and toilet paper holder. -Bedroom #3: lard approximately 12 inchesting vent. -Bedroom #3: lard approximately 6 inchesting vent. -Back bathroom: outlet removed, expositable for inchesting vent.	in the bottom, kitchen e dishwasher and drawers by tay closed, paint chipped on ash can, cupboard above the or hanging by the hinges. dark areas around the handle as three windows with no is no globe on the overhead all next to the closet, bent dark matter pushed into the and behind the toilet, broken are slong and 3 inches wide, dow and the frosted glass way in several areas, Outlet wall, loose outlet covering wall on the right wall, around the door as by 3 inches outlet covering removed, sed wires hanging out, area as by 6 inches of paint and wall around the outlet. The dark the dark the death of the covering wall on the right wall, around the outlet. The dark the dar					
	Interview on 3-10-25	with Staff #1 revealed:					

Division of Health Service Regulation

STATE FORM 6899 OUDU11 If continuation sheet 2 of 4

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL0601067	B. WING		03/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
ECHELON		1535 PE	ACHTREE ROAD			
ECHELON	15	CHARLO	TTE, NC 28216			
(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 APPROP DEFICIENCY)	D BE COMPLETE	
V 736	Continued From page 2		V 736			
	since the last time the power went out. Interview on 3-10-25 with Staff #2 revealed: -He didn't know how long the smoke detectors had been beeping, but it hadn't been long.					
	smoke detector, so heeping. -He would make the cleaning.					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116				
	failed to maintain the	as evidenced by: ns and interviews the facility hot water between 100 rees. The findings are:				
	revealed:	25 at approximately 1:30pm				

Division of Health Service Regulation

STATE FORM 6899 OUDU11 If continuation sheet 3 of 4

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I i i			(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION		A. BUILDING: _				
	MHL0601067	B. WING		03	/11/2025	
NAME OF PROVIDER OR SUPPLIER STREET AD			TE, ZIP CODE			
5						
SUMMARY STA			PROVIDER'S PLAN O	DE CORRECTION	(X5)	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE) THE APPROPRIATE	COMPLETE DATE	
Continued From page	3	V 752				
-Hall bathroom b	athtub was 90 degrees.					
-There were no is knew about.	ssues with the facility that he					
Professional revealed -He would turn th	l: ne hot water up a little bit.					
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I. Continued From page -Hall bathroom s -There were no is knew about. -There was alway facility. Interview on 3-10-25 -There was alway facility. Interview on 3-10-25 -There were no is Interview on 3-11-25 Professional revealed -He would turn tr -He didn't know t	MHL0601067 ROVIDER OR SUPPLIER STREET AD 1535 PEA CHARLOT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 -Hall bathroom sink was 95 degreesHall bathroom bathtub was 90 degreesBack bathroom sink was 93 degrees. Interview on 3-10-25 with Client #1 revealed: -There were no issues with the facility that he knew aboutThere was always plenty of hot water. Interview on 3-10-25 with Client #2 revealed: -There was always plenty of hot water at the facility. Interview on 3-10-25 with Client #3 revealed: -There were no issues with the house. Interview on 3-11-25 with the Associate Professional revealed: -He would turn the hot water up a little bitHe didn't know that the water temperature	MHL0601067 MHL0601067 MHL0601067 STREET ADDRESS, CITY, STA 1535 PEACHTREE ROAD CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 -Hall bathroom sink was 95 degreesHall bathroom bathtub was 90 degreesBack bathroom sink was 93 degrees. Interview on 3-10-25 with Client #1 revealed: -There were no issues with the facility that he knew aboutThere was always plenty of hot water. Interview on 3-10-25 with Client #2 revealed: -There was always plenty of hot water at the facility. Interview on 3-11-25 with Client #3 revealed: -There were no issues with the house. Interview on 3-11-25 with the Associate Professional revealed: -He would turn the hot water up a little bitHe didn't know that the water temperature	MHL0601067 MHL0601067 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1535 PEACHTREE ROAD CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 3 -Hall bathroom sink was 95 degreesHall bathroom sink was 93 degreesBack bathroom sink was 93 degreesBack bathroom sink was 93 degreesInterview on 3-10-25 with Client #1 revealed: -There were no issues with the facility that he knew aboutThere was always plenty of hot water. Interview on 3-10-25 with Client #2 revealed: -There was always plenty of hot water at the facility. Interview on 3-10-25 with Client #3 revealed: -There were no issues with the house. Interview on 3-11-25 with the Associate Professional revealed: -He would turn the hot water up a little bitHe didn't know that the water temperature	MHL0601067 MHL0601067 B. WING B. WIN	

Division of Health Service Regulation

STATE FORM 6899 OUDU11 If continuation sheet 4 of 4