Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING MHL0601067 03/11/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1535 PEACHTREE ROAD ECHELON 5 CHARLOTTE, NC 28216** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and complaint survey was completed on 3-11-25. The complaints were unsubstantiated (#NC00226469 and #NC00227389). Deficiencies were 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 currently has a census of 3. 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 interviews the facility failed to be maintained in a clean, safe, attractive manner. The findings are: Observation on 3-11-25 at approximately 1:30pm revealed: -Smoke detector beeping in the office area, the back dining area, and Client #1's bedroom. -Back Dining area: linoleum torn around a bent and rusted heating vent, linoleum patched with torn edges in area approximately 3 feet by 2 feet. -Kitchen: corners and edges of the floor have a dark substances pack in the edges.,

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601067	B. WING		03/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1535 PE	ACHTREE ROAD)		
ECHELON	15	CHARLO	TTE, NC 28216			
(X4) ID		ATEMENT OF DEFICIENCIES	(D	PROVIDER'S PLAN OF CORRECTION	1	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		
TAG			IAG	DEFICIENCY)		
V 736	Continued From page	e 1	V 736			
				in consumers bedro	one or	
	i	n the bottom, kitchen		The Colonial States		
	l •	dishwasher and drawers by	l t	retribus mea. The	lealt 4111100	
		tay closed, paint chipped on	_ [t	popular of a of the	1 1	
		ash can, cupboard above the		and Calety areas	70 ~	
		or hanging by the hinges. Jark areas around the handle	1	- 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ill chaons	
	and lock.	ank areas around the handle		cosclude - exposed Au	$\alpha\alpha_{ij} \mid 0$	
		as three windows with no				
	-Therapy room has three windows with no curtains.			11:11 texture guises	ا ر	
	-Bedroom #1: has no globe on the overhead			My ,	'0	
	light, writing on the wall next to the closet, bent			10 dectors o	100 m	
	heating vent.			Shuff out	uhll	
	-Hall bathroom: dark matter pushed into the		ł	and exposed will	Must	
	corners of the floor ar	nd behind the toilet, broken	Ì		ist by	
	toilet paper holder.			he odgressed you	· , , , ,	
1		ge stains on the carpet		1	2	
	approximately 12 inches long and 3 inches wide,			W. Munteronce (een and	
	no curtain on the window and the frosted glass			TV	000	
		way in several areas, Outlet wall, loose outlet covering		flew the other items	- Wetch	
	and long crack in the	•	·	A -10 l	_ (1 0	
	yellowish substance a	<u> </u>	١ ,	to cesmetics will be	2 hagnessed	
	approximately 6 inches		Ì	• .		
	• •	outlet covering removed,		as expressivate.		
	outlet removed, expos	sed wires hanging out, area				
	approximately 6 inche	es by 6 inches of paint and		· •		
		wall around the outlet.				
	-Hallway rug ripp	ed and stained throughout.				
:	Interview on 3-10-25	with Client #1 revealed:				
		ctors have been beeping	-			
	since the last time the					
	-He could not say	•				
	Interview on 3-10-25	with Client #3 revealed:				
		e detectors) beep a lot. I				
		g, but they beep a lot."				
		y,				
	Interview on 3-10-25	with Staff #1 revealed:				

Division of Health Service Regulation

-The smoke detectors have been beeping

Division o	of Health Service Regu	lation								
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION		DENTI IOMIOITATIONIDEM.	A. BUILDING:							
		MHL0601067	B. WING		03/11/2025					
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE						
1535 PEACHTREE ROAD										
ECHELON 5 CHARLOTTE, NC 28216										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)							
V 736	Continued From page		V 736	·						
* .00										
	since the last time the	e power went out.			1					
	Interview on 3-10-25 with Staff #2 revealed:			1 0 11 0 1101	411/20					
	-He didn't know how long the smoke		İ	The blat Willer	was III'					
	detectors had been beeping, but it hadn't been			unimediately addr						
	long.			uninediately add	uska +					
	Interview on 3-11-25 with the Associate			6 to to lite A	P. who ingony					
	Professional revealed:			by the following in						
	-He had just changed the batteries in the			1 1 mounously as	laresset					
	smoke detector, so he didn't know why it was still beeping.			had spaint of						
		sure to talk with staff about		adjusted the was	ter temp					
	the cleaning.		i	out of the second						
	_	e other issues corrected as		the to imprepently	money					
	soon as possible.			la at Ma	fixilly.					
V 752	27G .0304(b)(4) Hot \	Nater Temperatures	V 752	Themenote of fee	· Jacoby!					
7.02	210.0004(0)(4)1100	rator remperatures	6	the At has seen	red a kew					
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed,									
			1 1	Inormineter for h	in and					
		ity snail be designed, oped in a manner that	1		• •					
		safety of clients, staff and	1 1	vied-core staff.	and the					
	visitors.	•	0		will dufine					
		he facility where clients are	N	we temp logo	MII CHANG					
	•	the temperature of the ined between 100-116	i	la Musich ded ma	d manufaced					
	degrees Fahrenheit.	ined between 100-110	1 4	THE Winghorter per	et voen la sec					
			۱ '۱	the Farility Q	P/ John Teen					
j			'	when temp Logo the completed on my the facility of	. / / /					
	This Rule is not met as evidenced by: Based on observations and interviews the facility			"						
		hot water between 100								
		rees. The findings are:								
	Observation on 2 44 5	05 at approximately 4:20								
ļ	revealed:	25 at approximately 1:30pm								
İ		er was 97 degrees.								

OUDU11

PRINTED: 03/12/2025 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 03/11/2025 MHL0601067 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1535 PEACHTREE ROAD ECHELON 5 CHARLOTTE, NC 28216** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 752 V 752 Continued From page 3 -Hall bathroom sink was 95 degrees. -Hall bathroom bathtub was 90 degrees. -Back bathroom sink was 93 degrees. Interview on 3-10-25 with Client #1 revealed: -There were no issues with the facility that he knew about. -There 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 bit. -He didn't know that the water temperature was that low.

Division of Health Service Regulation