

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/07/2025
NAME OF PROVIDER OR SUPPLIER ECHELON 3		STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 10/7/25. The complaint was unsubstantiated (intake #NC002333474). 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 3. The survey sample consisted of audits of 2 current clients and 1 former clients.	V 000		
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 and its grounds were not maintained in a clean, safe and orderly manner. The findings are: Observation on 10/6/25 at approximately 3:30pm revealed: -A fist sized hole behind the door in the room used by Former Client (FC) #3. -Two switch plates were missing leaving exposed wires in Client #2's room. -The door leading from Client #2's room into the bathroom had a fist sized hole in the middle of the door above the doorknob, a hole approximately 10 inches wide by 5 inches tall at the bottom of the door, and writing on the top half of the door.	V 736		

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

TITLE

(X6) DATE

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V 736	Continued From page 1 -The door from Client #1's room leading into the bathroom had writing (words and symbols) covering the area above the doorknob. Interview on 9/30/25 with Client #1 revealed: -Had no maintenance concerns in the facility. Interview on 9/30/25 with Client #2 revealed: -Had no maintenance concerns in the facility. Interview on 10/7/25 with Client #4 revealed: -Former Client #3 damaged property in his room. -The switch plate "fell off a couple of weeks ago." -The writing and holes in the door from Client #2's room into the bathroom and the writing on the bathroom door from Client #1's room "have been there since before I was there." Interview on 10/6/25 with Staff #3 revealed: -FC #3 caused the hole behind his bedroom door. It would be repaired before another client moved in. -Switch plates had been missing for a "couple of weeks" and would be repaired. -The holes and writing on the bathroom doors had been done by previous clients. -Staff put in work orders when things were broken. -Could not locate documentation of work orders. Interview on 10/7/25 with the Director of Operations revealed: -Will have the hole repaired behind FC #3's door. -Did not know how long the writing and holes were on the bathroom doors. -Will follow up with staff regarding putting in repair orders. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

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