

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 4	STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE CHARLOTTE, NC 28213
--	--

(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 4/30/26. The complaint was unsubstantiated (intake #NC00235394). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a clean, attractive and odor free manner. The findings are:</p> <p>Observation on 4/30/26 at 11:01 am of the facility revealed: -There was about a 4 inch piece of flooring missing in the upstairs hallway. -The door of the upstairs bathroom had a 7 inch crack near the door knob and at the bottom right corner. -All three of the clients' bedroom walls had several white paint patches on the walls throughout their rooms.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ECHELON 4	STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE CHARLOTTE, NC 28213
--	--

(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 736	<p>Continued From page 1</p> <p>Interview on 4/30/26 with Client #1 revealed: -Did not know how long the white patches of paint on the wall. -"[Chief Executive Officer (CEO)/Licensee] is getting it (wall) repainted." -Did not know how long the bathroom door had been cracked. -Did not know how long the piece of flooring in the hallway was missing.</p> <p>Interview on 4/30/26 with Client #2 revealed: -Did not know how long the white patches of paint on the wall. -Did not know how long the bathroom door had been cracked. -Did not know how long the piece of flooring in the hallway was missing.</p> <p>Interview on 4/30/26 with Client #3 revealed: -Did not know how long the white patches of paint on the wall. -Did not know how long the bathroom door had been cracked. -Did not know how long the piece of flooring in the hallway was missing.</p> <p>Interview on 4/30/26 with the Qualified Professional revealed: -The CEO/ Licensee was having a contractor repaint the rooms. -"Someone is supposed to come out and paint in the next week." -The CEO/Licensee was responsible for repairs.</p> <p>Interview on 4/30/26 with the CEO/Licensee revealed: -Was having a contractor come out to finish making repairs in the facility.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ECHELON 4	STREET ADDRESS, CITY, STATE, ZIP CODE 6135 ELGYWOOD LANE CHARLOTTE, NC 28213
--	--

(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 736	Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		