STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-214	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX COUNSELING CENTER-RESIDENTIAL WIN(	2505 COURT DRIVE, RESIDENTIAL WING GASTONIA, NC 28054

(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 A complaint investigation was completed on 6-6-18. The complaint was unsubstantiated (#NC00139152). No deficiencies were cited. The facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-Hospital Medical Detoxification for Individuals Who Are Substance Abusers; 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse; 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals With Substance Abuse Disorders; and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.	V 000		