STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411079	A. BUILDING: _____ B. WING _____	08/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZEPHANIAH SERVICES, PLLC	3405 WEST WENDOVER AVENUE, SUITE F GREENSBORO, NC 27407

(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 and complaint survey was completed on 8/7/18. The complaint was unsubstantiated (Intake ID NC000141565). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27 G .1200 Psychosocial Rehabilitation and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.	V 000		