

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ, LLC CUATRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2427 PATRIA STREET WINSTON-SALEM, NC 27127</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on 1/18/2019. According to the Qualified Professional/Contracts Director (QP/CD), there are no clients being served at the facility. There have not been any clients served at the facility since it was initially licensed on 6/11/2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>Interview on 1/18/2019 with the QP/CD revealed:</p> <ul style="list-style-type: none"> <li>- The facility opened in June of 2018;</li> <li>- No clients had yet been admitted to the facility;</li> <li>- Authorization requests for new clients were in the process of being submitted;</li> <li>- It would likely be at least 14 days before the facility could obtain service authorization approval and admit clients.</li> </ul>	V 000		

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