Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS, LLC STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS, LLC STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	MHI 001-150							
YOUTH BUILDERS, LLC 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	L YOUTH BUILDERS TTC:							
	BURLINGTON, NC 2/21/							
	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS V 000	V 000 INITIAL COMMENTS			V 000				
A limited follow up survey for the Type A1 was completed on May 8, 2019. This was a limited follow up survey, only 10A NCAC 27G .0205 (c-d) Assessment/Treatment/Habilitation Plan (V112) was reviewed for compliance: 10A NCAC 27G .0205 (c-d) Assessment/Treatment/Habilitation Plan No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III.		A limited follow up s completed on May follow up survey, or Assessment/Treath was reviewed for cobrought back to cor .0205 (c-d) Assessi Plan. No deficiencie This facility is licens category: 10A NCA	survey for the Type A1 was 8, 2019. This was a limited ally 10A NCAC 27G .0205 (c-d) nent/Habilitation Plan (V112) ampliance: the following was appliance: 10A NCAC 27G ment/Treatment/Habilitation as were cited. sed for the following service C 27G .1700 Residential					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE