

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-317	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2019
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NAME OF PROVIDER OR SUPPLIER COMMUNITY OUTREACH YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 177 CARDINAL AVENUE LUMBERTON, NC 28360
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on 04/23/19. There were no responses to several knocks at the front door of the facility and the telephone numbers listed for contact to the Licensee, contact person had been disconnected and were no longer in service.</p> <p>A DHSR business card from this writer was left securely in the front door of the facility with a hand written message to contact the DHSR office as soon as possible. There has been no follow up contact from the Licensee at the facility. The last time clients were served at the facility was as of the last survey date of 06/08/18.</p> <p>-The facility was locked and secured upon this writer's arrival on 04/23/19 and no one responded to several knocks at the front door of the facility.</p> <p>-All telephone numbers on the 2019 license for contact were disconnected and no longer inservice.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p>	V 000		

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