STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL077-080	A. BUILDING: _____ B. WING _____	11/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE COUNSELING SERVICES, L	1219 ROCKINGHAM ROAD, SUITE 12 ROCKINGHAM, NC 28379

(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 November 8, 2019. The complaint was unsubstantiated (intake #NC00157650). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1201 Psychosocial Rehabilitation Facilities For Individuals with Severe and Persistent Mental Illness. 10A NCAC 27G. 4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G. 4500 Substance Abuse Comprehensive Outpatient Treatment Program.	V 000		