

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2020
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NAME OF PROVIDER OR SUPPLIER KENNEDY PSR & DAY TREATMENT & PARTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 121 N GREENE STREET WADESBORO, NC 28170
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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 survey was completed on January 9, 2020. No deficiencies were cited.</p> <p>This facility is licensed for the following services: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities For Individuals With Severe And Persistent Mental Illness. 10A NCAC 27G .1400 Day Treatment For Children And Adolescents With Emotional Or Behavioral Disturbances. 10A NCAC 27G .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill.</p>	V 000		

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____