STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-001	A. BUILDING: _____ B. WING _____	C 03/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDAN BEHAVIORAL HEALTH-CHEROKEE	27 BONA VISTA LANE MARBLE, NC 28905

(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 A complaint survey was attempted on 3/30/20. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 3/20/20. This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. Interview on 3/30/20 with the Compliance Officer revealed the Licensee closed the program as of 3/20/20. The Licensee had no plans to re-open the facility, all clients were referred to other programs in the community.	V 000		