STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL063-100	A. BUILDING: _____ B. WING _____	09/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SPRINGS TREATMENT CENTER	778 HOFFMAN ROAD WEST END, NC 27376

(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 limited follow up survey for the Type A1 was completed on September 14, 2020. This was a limited follow up survey, only 10A NCAC 27G. 1901 Psychiatric Residential Treatment Facility- Scope (V314) and 10A NCAC 27E .0104 (c-d) Client Rights- Seclusion, Restriction And ITO (V517) were reviewed for compliance. The following were brought up to compliance: 10A NCAC 27G.1901 Psychiatric Residential Treatment Facility- Scope (V314) and 10A NCAC 27E .0104 (c-d) Client Rights- Seclusion, Restriction And ITO (V517). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		