PRINTED: 01/25/2021 FORM APPROVED

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/25/2021	
	MHL001-149				
	CES 1710 SY	KES STREET			
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 CO		(X5) COMPLET DATE
A complaint survey 25, 2021. The com (Intake #NC001733 cited. This facility is licens 10A NCAC 27G .17	was completed on January plaint was unsubstantiated 379). No deficiencies were sed for the following service: 700 Residential Treatment				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER TIME YOUTH SERVIO (EACH DEFICIENC) REGULATORY OR L INITIAL COMMEN A complaint survey 25, 2021. The con (Intake #NC001733 cited. This facility is licen 10A NCAC 27G .13	OF CORRECTION IDENTIFICATION NUMBER: MHL001-149 PROVIDER OR SUPPLIER STREET A TIME YOUTH SERVICES 1710 SY BURLIN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on January 25, 2021. The complaint was unsubstantiated (Intake #NC00173379). No deficiencies were	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING:	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL001-149 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TIME YOUTH SERVICES 1710 SYKES STREET BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY INITIAL COMMENTS V 000 V 000 DEFICIENCY (Intake #NC00173379). No deficiencies were cited. V 000 This facility is licensed for the following service: 10A NCAC 27G .1700 Residential Treatment IN IN	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: