## PRINTED: 03/09/2021 FORM APPROVED

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
МНН0976		B. WING		03/05/2021	
PROVIDER OR SUPPLIER	STREET A 2050 ME	RCANTILE DR			
LELAND, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		, NC 28451 ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE COMPLETE HE APPROPRIATE DATE	
A complaint and fo on March 5, 2021. substantiated (intal deficiencies were of This facility is licen category: 10A NCA	llow up survey was completed The complaint was ke #NC00174447). No cited. sed for the following service AC 27G .1900 Psychiatric	V 000			
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER IA DUNES BEHAVIO SUMMARY ST, (EACH DEFICIENC REGULATORY OR I INITIAL COMMEN A complaint and fo on March 5, 2021. substantiated (inta deficiencies were of This facility is licen category: 10A NCA Residential Treatm	OF CORRECTION       IDENTIFICATION NUMBER:         MHH0976       MHH0976         PROVIDER OR SUPPLIER       STREET AI         IA DUNES BEHAVIORAL CENTER       2050 ME LELAND         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       INITIAL COMMENTS         A complaint and follow up survey was completed on March 5, 2021. The complaint was substantiated (intake #NC00174447). No deficiencies were cited.       No         This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING: B. WING         MHH0976       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S         IA DUNES BEHAVIORAL CENTER       2050 MERCANTILE DR LELAND, NC 28451         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         A complaint and follow up survey was completed on March 5, 2021. The complaint was substantiated (intake #NC00174447). No deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and       V	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:       (X3) DATE COM         MHH0976       B. WING       03/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       03/         ADUNES BEHAVIORAL CENTER       2050 MERCANTILE DRIVE LELAND, NC 28451       03/         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)         INITIAL COMMENTS       V 000       V 000         A complaint and follow up survey was completed on March 5, 2021. The complaint was substantiated (intake #NC00174447). No deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and       U