Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  KENNEDY PSR & DAY TREATMENT & PARTIAL  (A4)ID PRETRY TAG  (A4)ID PRETRY TAG  (INITIAL COMMENTS  An annual and complaint survey was completed on April 23, 2021. The complaint was unsubstantiated (Intake #NC00175676). No deficiencies were cited.  This facility is licensed for the following services: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities For individuals With Severe And Persistent Membral Illness.  10A NCAC 27G .1100 Day Treatment For Children And ACA 27G .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally III.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
CX4) ID   SUMMARY STATEMENT & PARTIAL   PREFIX TAGS   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAGS   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   PREFIX TAGS   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE    V 000   INITIAL COMMENTS   V 000    An annual and complaint survey was completed on April 23, 2021. The complaint was unsubstantiated (Intake #NC00175676). No deficiencies were cited.  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	MHL004-044			B. WING 04		23/2021			
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and complaint survey was completed on April 23, 2021. The complaint was unsubstantiated (Intake #NC00175676). No deficiencies were cited.  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	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  121 N GREENE STREET  121 N GREENE STREET								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE