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Division of Health Service Regulation

MALE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  8616 NATIONS FORD ROAD CHARLOTTE, NC 28217  MALE OF PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEPOLENCIES  MATONS FORD ROAD CHARLOTTE, NC 28217  MALE OF PRETIX TAG  SUMMARY STATEMENT OF DEPOLENCIES  MATONS FORD ROAD CHARLOTTE, NC 28217  PRETIX TAG  PRETIX TAG  PRETIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION HOULD BE CROSS-REFERENCED TO IT HE APPROPRIATE OF CONS.  PRETIX TAG  OUT INITIAL COMMENTS  V 000  INITIAL COMMENTS  V 000  INITIAL COMMENTS  An annual and follow up survey was attempted on November 2, 2021. According to the House Manager, there were no clients being service tatefacility. The last time clients were served at the facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.  Observation on 11/2/21 at approximately 9:15am/Interview with House Manager revealed: -Rang doorbell at the side door ovarionocking driveway. There was no answer at the facilityThe House Manager was working at the sister facility located next door and revealed there were no clients being served at the facility was 7/13/20. The Licensed was considering admitting clients again. There was no timeframe for admission.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE