

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2021
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NAME OF PROVIDER OR SUPPLIER INSPIRATIONZ LEVEL II	STREET ADDRESS, CITY, STATE, ZIP CODE 5089 BAUX MOUNTAIN ROAD WINSTON SALEM, NC 27105
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on 12/8/21.</p> <p>According to the Licensee there are no clients receiving services at the facility. The last time clients resided at the facility was 6/19/21. Attempted survey on 10/12/21 the last client record dated 6/19/21 was reviewed.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facility for Children & Adolescents</p> <p>Interview on 12/8/21 with the Director revealed: - Referrals have been coming in. However the referrals are not appropriate for Level II care.</p>	V 000	<p>DHSR - Mental Health</p> <p>JAN 3 - 2022</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2021

Ms. Sandra Davis, Director
Inspirationz, LLC
629 Akron Drive
Winston-Salem, North Carolina 27105

Re: Annual Survey Attempted December 8, 2021
Inspirationz Level II, 5089 Baux Mountain Road, Winston-Salem, NC 27105
MHL# 034-328
E-mail Address: contactus@inspirationz.org

Dear Ms. Davis:

An annual survey was attempted on December 8, 2021. It was reported there have been no clients residing at the facility since June 19, 2021 and therefore the survey was not conducted. Enclosed for your review is the State Form, which reflects the details of the attempted survey. It is your responsibility to contact DHSR, in writing, to inform us the date clients are admitted to your facility.

Please note that pursuant to North Carolina Administrative Rule 10A NCAC 27G .0404(f) "licenses for facilities that have not served any clients during the previous 12 months shall not be renewed." We will be forwarding this information to the DHSR renewal team. If we do not receive notification that clients have been served in your facility, your license may not be renewed.

If you have any questions, please call Barbara Perdue at 336-861-6283.

Sincerely,

Kathy Young

Kathy Young
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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