STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-157	A. BUILDING: _____ B. WING _____	C 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY THERAPEUTIC DAY SUPPORT	107 CAMPBELL AVENUE RAEFORD, NC 28376

(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	INITIAL COMMENTS An on-site survey was completed on February 25, 2022. No deficiencies cited. This facility is licensed for the following service category: -10A NCAC 27G. 2300 - Adult Developmental Vocational Programs for Individuals with Developmental Disabilities -10A NCAC 27G. 5400 - Day Activity for Individuals of all Disability Groups The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		