STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-214	A. BUILDING: _____ B. WING _____	R 03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TGH RESIDENTIAL SERVICES	328 OLD CONCORD ROAD SALISBURY, NC 28144

(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 A complaint and follow-up survey was attempted on 3/9/22. According to the Licensee, there are no clients being served at the facility. The last time clients were served at this facility was 2/26/22. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents Observations on 3/9/22 at 10:10am revealed no one on site. Interview on 3/9/22 with the Licensee revealed: -the facility does not have any clients; -have shut the facility down after last male client left; -plan to remodel the facility and reopen as a female home; -also was having issues with adequate staffing.	V 000		