PRINTED: 03/07/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6750 SAINT PETER'S LANE, SUITE 200  MATTHEWS, NC 28105  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECIDED BY FULL, TAG)  PRETIX TAG)  NITIAL COMMENTS  An annual and complaint survey was attempted on 3-4-22. According to the Vice President of Residential Services there are no clients being served at the facility. The last time clients were served at the facility, The last time clients were served at the facility was 2-14-22.  This facility is licensed for the following service category: 10-A NCAC 27G 1900 Psychiatric. Residential Services treve are no clients being service with the Vice President Residential Services revealed: There were no clients currently being served the facility and didn't expect it to be opened again until possibly May 2022.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6750 SAINT PETER'S LANE, SUITE 200  MATTHEWS, NC 28105  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and complaint survey was attempted on 3-4-22. According to the Vice President of Residential Services there are no clients being served at the facility. The last time clients were served at the facility was 2-14-22.  This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents.  Interview on 3-4-22 with the Vice President Residential Services revealed: There were no clients currently being served the facility and didn't expect it			MIII 0004000	B WING		20/24/2020	
PEACE COTTAGE  6750 SAINT PETER'S LANE, SUITE 200 MATTHEWS, NC 28105  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and complaint survey was attempted on 3-4-22. According to the Vice President of Residential Services there are no clients being served at the facility was 2-14-22.  This facility is licensed for the following service category: 10A NGAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents.  Interview on 3-4-22 with the Vice President Residential Services revealed: There were no clients currently being served the facility and didn't expect it			MHL0601226	B. W		03/04/2022	
CX4) ID   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   CEACH CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCE DEFICIENCY)   CROSS-REFERENCE DEFICIENCY   CROSS-REFERENCE DEFICIENCY   DATE      V 000   INITIAL COMMENTS   V 000      An annual and complaint survey was attempted on 3-4-22. According to the Vice President of   Residential Services there are no clients being served at the facility. The last time clients were served at the facility was 2-14-22.      This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric   Residential Treatment for Children and   Adolescents.    Interview on 3-4-22 with the Vice President   Residential Services revealed: There were no   clients currently being served there. He had   temporarily closed the facility and didn't expect it	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE