STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-837	A. BUILDING: _____ B. WING _____	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISBEE PLACE	4821 BISBEE DRIVE GREENSBORO, NC 27407

(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 annual survey was attempted on April 13, 2022. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 0 current clients, 0 former clients and 0 deceased clients. According to the Licensee there are no current clients receiving services at the facility. The last time clients resided at the facility was in March 2021. Observations on 4/13/22, at approximately 3:00pm, of the outside of the facility revealed: -No cars were present and no one answered the door Interview on 4/13/22 with the Executive Director revealed: -There were no current clients at the facility -The last time the facility served clients was in March 2021 -The discharged client stepped down to a lower level of care -Had renewed his license for 2022 -Had spoken to the Local Management Entity/Managed Care Organization -"I plan to have a client admitted to the facility on April 25th (2022)" -Would contact DHHS once clients were admitted to the facility	V 000		