Division of Health Service Regulation

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
DIXON SOCIAL INTERACTIVE SERVICES, INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE DEFICIENCY)	MHL054-165		B. WING		04/0	04/07/2022		
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)								
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTI TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTI DATE	I DIXON SOCIAL INTERACTIVE SERVICES INC							
VOCA INITIAL COMMENTO	PRÉFIX (EACH DEFICIENC)	MUST BE PRECEDED BY F	FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLETE	
V 000 INITIAL COMMENTS V 000	V 000 INITIAL COMMENTS			V 000				
An annual and complaint survey was completed on April 7, 2022. The complaints were unsubstantiated (intakes #NC00186432 and #NC00186507). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G. 1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances; 10A NCAC 27G. 4400 Substance Abuse Intensive Outpatient Program; and 10A NCAC 27G. 4500 Substance Abuse comprehensive Outpatient Treatment Program. This facility has a current census of 47. The survey sample consisted of audits of 5 current clients.	An annual and comon April 7, 2022. Tunsubstantiated (in #NC00186507). Note that the state of the	plaint survey was corne complaints were takes #NC00186432 of deficiencies were cised for the following stac 27G .1200 Psychities for Individuals with Mental Illness; 10 atment for Children a motional or Behaviora NCAC 27G .4400 Sultipatient Program; and substance Abuse treatment Treatment Program turrent census of 47.	and ted. service losocial th lA NCAC nd al bstance d 10A					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE