PRINTED: 06/09/2022 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, NO. 28105  MATTHEWS,			(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 6-8-22. According to the Quality Improvement Specialist there are no clients being served at the facility. The last time Client were served at this facility was February 2022.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.  This facility is licensed for six and currently has a census of zero.  Interview on 6-8-22 with the Quality Improvement Specialist revealed: There Have been no clients since the last client left in February. They are			MIII aggrega	B WING		00/00/0000	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE