Division of Health Service Regulation

11.2.0	STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	·D. I '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
CAROLINA DUNES BEHAVIORAL CENTER 2050 MERCANTILE DRIVE LELAND, NC 28451 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	MHH0976			E	B. WING		05/2	05/25/2022	
CAROLINA DUNES BEHAVIORAL CENTER LELAND, NC 28451 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED IN COMPLETED I									
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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS V 000	V 000 INITIAL COMMENTS				V 000				
A complaint survey was completed on May 25, 2022. Two complaints were substantiated (intakes #NC00188026 and #NC00189044) and two complaints were unsubstantiated (intakes #NC00188054 and NC001880840). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.		A complaint survey 2022. Two complain (intakes #NC00188 two complaints wer #NC00188054 and deficiencies were complaints were complaints were complaints were complaints were complete.	was completed on May 2 nts were substantiated 826 and #NC00189044) e unsubstantiated (intake NC00188840). No ited. sed for the following serv C 27G .1900 Psychiatric	25,) and tes					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE