STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601172	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHIN COTTAGE	6750 SAINT PETERS LANE, SUITE 400 MATTHEWS, NC 28105

(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 A limited follow up survey was attempted on August 9, 2022. According to the Chief Performance and Quality Officer there are no clients being served at the facility. The last time clients were served at the facility was April 20, 2022. The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Treatment for Children and Adolescents. Interview on August 9, 2022 with the Chief Performance and Quality Officer revealed: -No clients currently at the facility; -Last client served was on April 20, 2022.	V 000		