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Division of Health Service Regulation

MML OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1810 BACK CREEK DRIVE CHARLOTTE, NC 28213 (PA) ID PREFIX TAG PREFIX TAG VO00 INITIAL COMMENTS A limited follow up survey for the Type A1 was completed on November 21, 2022. This was a limited follow up survey, only 10A NCAC 27G .5002 Staff (V270). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical detoxification-Individuals who are substance Abusers. 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups. This facility is licensed for 16 and currently has a census of 9.	STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE