

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL0411218</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/19/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GUILFORD COUNTY BEHAVIORAL HEALTH CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>931 THIRD STREET, 1ST FLOOR 7 2ND FLOOR<br/>GREENSBORO, NC 27405</b> |
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| (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 |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 19, 2023. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally Ill, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .5000 Family Based Crisis Service for Individuals of All Disability Groups.</p> <p>This facility is licensed for 16 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 2 former clients.</p> | V 000         |   |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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