STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-118	A. BUILDING: _____ B. WING _____	R 02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FACILITY BASED CRISIS SERVICES	110 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516

(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 An annual and follow-up survey was completed on February 3, 2023. No deficiencies were cited. This facilty is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification- Individuals who are Substance Abusers. 10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse. 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 12. The survey sample consisted of audits of 3 current clients.	V 000		