

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/13/2023
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL ADOLESCENT COMMUNITY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 443 NORTH SUMMITT AVENUE CHARLOTTE, NC 28216
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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
V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A2 was completed on 2-13-23. This was a limited follow up survey, only 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children and Adolescents - Scope (V 293), 10A NCAC 27G .0202 Personnel Requirements (V 108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27G .0303 Location and Exterior Requirements (V 784) were reviewed for compliance. The following were brought back in compliance: 10A NCAC 27G .1701 Residential Treatment Staff Secure for Children and Adolescents - Scope (V 293), 10A NCAC 27G .0202 Personnel Requirements (V 108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27G .0303 Location and Exterior Requirements (V 784). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and currently has a census of four. The survey sample consisted of audits of one current client.</p>	V 000		

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