Division of Health Service Regulation

				(X3) DATE SURVEY COMPLETED				
NAME OF PROVIDER OR SUPPLIER MERANCAS COTTAGE STREET ADDRESS, CITY, STATE, ZIP CODE 6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105 (X4) ID PROVIDER'S PLAN OF CORRECTION (X			MILL OCCASOR	B WING		0.4/0.0/0.00		
MERANCAS COTTAGE 6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X			MHL0601227			04/06/2023	\dashv	
MATTHEWS, NC 28105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
	MERANCAS COTTAGE							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUNDS CROSS-REFERENCED TO THE APPR	JLD BE COMPLETI	E	
V 000 INITIAL COMMENTS V 000	V 000	V 000 INITIAL COMMENTS						
An annual, follow up and complaint survey was attempted on 4-6-23. According to the Quality Assurance Director, there are no clients being served at the facility. The last time clients were served at the facility was 12-8-22. This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Facility for Children or Adolescents This facility is licensed for six and currently has a census of zero. Interview on 4-6-23 with the Quality Assurance Director revealed: -The last time clients had been served at the facility was 12-8-22. That client had been transferred to another facility on campus, but had now been discharged.		attempted on 4-6-23. Assurance Director, the served at the facility of the served at the facility for the served at the	According to the Quality there are no clients being The last time clients were was 12-8-22. If for the following service 27G 1900 Psychiatric or Children or Adolescents If for six and currently has a With the Quality Assurance The client had been or facility on campus, but had					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE