

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2023
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NAME OF PROVIDER OR SUPPLIER PEACE IN THE CITY-GRACE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 328 MOUNTAIN VIEW STREET FOREST CITY, NC 28043
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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 annual survey was attempted on May 16, 2023. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was June 21, 2022.</p> <p>This facility is licensed for the following service 10A NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>Interview on 5/16/23 with the Licensee revealed: -Clients had not been served at the facility since June 21, 2022 due to a staff shortage. -Facility will begin accepting clients June 1, 2023.</p>	V 000		

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