PRINTED: 03/24/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		140239	B. WING		03/2	1/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
VERITAS COLLABORATIVE, LLC 4024 STIRRUP DRIVE DURHAM, NC 27703							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 000	000 INITIAL COMMENTS		V 000				
V 0000	A complaint and follow on March 21, 2023. Tunsubstantiated (intal Deficiencies were cite This facility is licensed categories: 10A NCAC 27G .1400 and Adolescents with Disturbances, 10A NCAC 27G .1900 Treatment for Childre 10A NCAC 27G .6000 Treatment for Individu or Substance Abuse I	w-up survey was completed The complaint was (a #NC00194613). No (bd.) d for the following service D Day Treatment for Children Emotional or Behavioral D Psychiatric Residential (a) and Adolescents, (b) Inpatient Hospital (a) lals who have Mental Illness (b) Disorders. If for 52 and currently has a (b) Insisted of audits of 4	V 000				

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

TITLE (X6) DATE