

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANOTHER CHANCE TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>236 NORTH MEBANE STREET, SUITE 106 &amp; 230 BURLINGTON, NC 27217</b>
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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><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on June 28, 2023. The complaint (intake #NC00202149) was unsubstantiated. No deficiencies were cited.</p> <p>This facility is licensed for the following service category:            10A NCAC 27G. 1200 - Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.            10A NCAC 27G .1400 - Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.            10A NCAC 27G .4400 - Substance Abuse Intensive Outpatient Program (SAIOP).            10A NCAC 27G .4500 - Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>This facility has a current census of 17. The survey sample consisted of audits of 1 current client, 2 former clients.</p>	V 000		

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