

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2023
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NAME OF PROVIDER OR SUPPLIER ADVANTAGE BEHAVIORAL HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 609 HARRY WEST LANE EXTENSION PEMBROKE, NC 28372
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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 complaint survey was completed on July 21, 2023. The complaint was unsubstantiated (#NC00204182). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities For Individuals With Severe And Persistent Mental Illness, and 10A NCAC 27G.1400 Day Treatment For Children And Adolescents With Emotional Or Behavioral Disturbances.</p> <p>This facility has a current census of 17. The survey sample consisted of audits of 4 current clients and 2 former clients.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____