STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-129	A. BUILDING: _____ B. WING _____	R 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACTA, LLC	**209 NORTH PEARL STREET ROCKY MOUNT, NC 27804**

(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	INITIAL COMMENTS A follow up survey was attempted on 8/17/23. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was March 2023. This facility is licensed for the following service categories: -10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness -10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders -10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program -10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program Interview with the Licensee stated that there were too many deficiencies from the previous survey that was going to take a lot to get corrected so they are waiting for their new building to be finished to start servicing clients again in the new building.	V 000		