

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/18/2023
NAME OF PROVIDER OR SUPPLIER HALL AVENUE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE BURLINGTON, NC 27215		
(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>An annual and follow-up survey was completed on October 18, 2023. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers. 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups. 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 27 and currently has a census of 15. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE