| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL034-328 | A. BUILDING: _____ B. WING _____ | 10/31/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| INSPIRATIONZ LEVEL II | 5089 BAUX MOUNTAIN ROAD WINSTON SALEM, NC 27105 |

| (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<br><br>An annual survey was attempted on October 31, 2023. According to the Contract manager for the Licensee there are no clients currently being served at the facility. The last time clients were served at the facility was March 13, 2023.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.<br><br>Review on 11/13/23 of Former Client (FC #1's) record revealed:<br>Date of Admission: 11/16/22;<br>Diagnoses: Conduct Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Trauma and Stress Disorder, Unspecified Substance-Related Disorder, Generalized Anxiety, and Major Depressive Disorder;<br>Date of Discharge: 3/13/23.<br><br>Interview on 11/2/23 with the Contract Manager revealed:<br>-Last client served was from December 2022 until the first week of March 2023;<br>-Facility needed repairs such as septic tank, plumbing, and electrical sockets. | V 000 | | |