

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
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NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY JUVENILE DAY REPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SOUTH FAYETTEVILLE STREET ASHEBORO, NC 27203
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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>An annual survey was attempted on March 20, 2024. According to the Facility Director, there were no clients being served at the facility. The last time clients were served at the facility was April of 2023.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p> <p>Interview on 3/20/24 with the Facility Director revealed:</p> <ul style="list-style-type: none"> -Facility Director informed that they did not have any clients enrolled for the licensed service. -Facility had clients on premises, but for other two unlicensed services that they performed. -They had been trying to get referrals in and she was hopeful to start providing services again soon since the county received some of the Opioid money. -Facility had not served clients since April 2023. -Facility Director stated: "We had applied for the license right when COVID hit and it had been a struggle in maintaining the clinical staff to provide services as well as getting clients in afterwards." -Facility was currently fully staff and ready to start services; however, they were lacking the referrals/clients. 	V 000		

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