Division of Health Service Regulation

MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8612 NATIONS FORD ROAD CHARLOTTE, NC 28217 CALL DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) An annual, complaint and follow up survey was completed on April 15, 2024. The complaint was unsubstantiated (inflake #NC00213281). No deficiencies were cited. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8612 NATIONS FORD ROAD CHARLOTTE, NC 28217 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual, complaint and follow up survey was completed on April 15, 2024. The complaint was unsubstantiated (intake #NC00213281). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of			MHL060-872					
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE