Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-150	A. BUILDING: _____ B. WING _____	R 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUTH BUILDERS, LLC	2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217

(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 An Annual & Follow up survey was attempted on June 11, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was January 2024. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. Interview on 6/11/24 at about 10:10 am with the Licensee revealed: -Licensee reported that the facility was closed in January. -Last client left in January. He had not served any clients since then. -He was not planning on re-opening the facility. -He was not planning on providing services again. -He and his wife would manage the facility; however, they had now separated and were no longer together. -He was not interested in providing services again. -He may be selling the property as he had received several inquiries about it.	V 000		

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