

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2024
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NAME OF PROVIDER OR SUPPLIER TRIANGLE COMMUNITY INTERVENTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 236 NORTH MEBANE STREET, SUITES 245 & 260 BURLINGTON, NC 27217
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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 and complaint survey was completed on June 19, 2024. The complaint was unsubstantiated (intake #NC00218041). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program, 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility is licensed for 0 and currently has a census of 16. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness (PSR) has a current census of 16 and the .4400 Substance Abuse Intensive Outpatient Program has a current census of 0 and the .4500 Substance Abuse Comprehensive Outpatient Treatment has a current census of 0. The survey sample consisted of audits of 3 current PSR clients.</p>	V 000		

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