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 |
|---|---|---|---|
| | MHL081-130 | A. BUILDING: _____ B. WING _____ | 07/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PEACE IN THE CITY-GRACE HOUSE | 328 MOUNTAIN VIEW STREET FOREST CITY, NC 28043 |

| (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 7/25/24. According to the Licensee there were no clients being served at the facility. The last time clients were served at the facility was 8/2/23.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children or Adolescents.<br><br>Interview on 7/25/24 with the Licensee revealed:<br>-Clients had not been served at the facility since 8/2/23 due to a staff shortage.<br>-Unsure when would be able to begin accepting clients, however intentions were to keep the license active. | V 000 | | |

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