Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER RESIDENTIAL TREATMENT CENTER (X4) ID PROVIDER SPLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on July 25, 2024. The complaint was substantiated (Intake #NC00218907). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and has a current census of 12. The survey sample consisted of audits of 1 former client.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
RESIDENTIAL TREATMENT CENTER 1601-B HUFFINE MILL ROAD GREENSBORO, NC 27405	MHL0411184			B. WING0				
RESIDENTIAL TREATMENT CENTER GREENSBORO, NC 27405 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on July 25, 2024. The complaint was substantiated (Intake #NC00218907). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and has a current census of 12. The survey sample consisted of								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE