STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL019-041	A. BUILDING: _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA HOUSE	176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713

(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 survey was completed on July 25,, 2024. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill and 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility has a total census of 10. The .1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill has a current census of 2 and the .5600A Supervised Living for Adults with Mental Illness has a current census of 8. The survey sample consisted of audits of 1 current Partial Hospitalization for Individuals Who are Acutely Mentally Ill clients and 2 current Supervised Living for Adults with Mental Illness client.	V 000		