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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST FRANKLIN STREET MONROE CRISIS RECOVERY CENTER SUMMARY STATEMENT OF DEPICIENCIES PROVIDERS PLANOF CORRECTION (PACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX 1AC INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 A limited follow up survey for the Type A1 was completed on 7-24-24. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) were reviewed for compliance. The following were brought back into compliance. The following were brought back into compliance. The following category: 10A NCAC 27D .50304 Protection from Harm, Abuse, Neglect or Exploitation (V512), No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27D Facility Based Crisis Service for Individuals of All Disability Groups. This facility is licensed for 16 and currently has a census of 16. No clients were identified in this survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1408 EAST FRANKLIN STREET MONROE, NC 28112 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 was completed on 7-24-24. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G Facility Based Crisis Service for Individuals of All Disability Groups. This facility is licensed for 16 and currently has a census of 16. No clients were identified in this				7 20.220.		R	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE