

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601176</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>EMPOWERMENT QUALITY CARE SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8535 CLIFF CAMERON DRIVE, UNIT 100 CHARLOTTE, NC 28269</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on August 27, 2024. The complaint was unsubstantiated (intake #NC00219051). 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 and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> <p>This facility has a current census of 63. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness program has a current census of 63 and the .4400 Substance Abuse Intensive Outpatient Program has a current census of 0. The survey sample consisted of audits of 4 current in the .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness program.</p>	V 000		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_