

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-328</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/04/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INSPIRATIONZ LEVEL II</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5089 BAUX MOUNTAIN ROAD<br/>WINSTON SALEM, NC 27105</b> |
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| (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 |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on September 4, 2024. According to the Contract Manager for the Licensee there are no clients currently being served at the facility. The last time clients were served at the facility was April 30, 2023. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Review on 9/3/24 of Former Client (FC #1's) record revealed:<br/>Date of Admission: 10/30/22;<br/>Diagnoses: Conduct Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder; Unspecified Substance-Related Disorder; Generalized Anxiety Disorder; Major Depressive Disorder; Unspecified Trauma and Stress Disorder; Bipolar Disorder, unspecified; Child Sexual Abuse, confirmed; Parent Child Relation Problems; and Cannabis Abuse;<br/>Date of Discharge: 4/30/23.</p> <p>Interview on 8/14/24 with the Contract Manager revealed:<br/>-The facility, "had not served any clients;"<br/>-Nothing with the client admissions had changed since she spoke with the Division of Health Service Regulation (DHSR) in October 2023, during the last attempted survey.</p> | V 000         |   |                    |

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