

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 11/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEVELAND CRISIS AND RECOVERY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 NORTH WASHINGTON STREET SHELBY, NC 28150</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on November 7, 2024. The complaint was unsubstantiated (intake #NC00222613). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 1100 Partial Hospitalization for Individuals who are acutely Mentally Ill, 10A NCAC 27G. 3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G. 5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>The facility is licensed for 16 beds. The .1100 Partial Hospitalization for Individuals who are acutely Mentally Ill has a current census of 4, the .3300 Outpatient Detoxification for Substance Abuse has a current census of 0, and the .5000 Facility Based Crisis (FBC) Service for Individuals of all Disability Groups has a current census of 11. The survey sample consisted of audits of 3 current FBC clients.</p>	V 000		

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