STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-363	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE RESIDENTIAL OPTIONS FOR SUBS	1001 NORTH STREET DURHAM, NC 27701

(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 attempted on November 15, 2024. According to the Director of Compliance there are no clients being served at the facility. The last time clients were served at the facility was August 2024. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. Interview on 11/15/24 with the Director of Compliance revealed: -The facility closed in August of 2024. -Facility building was sold to the local public school system and it would become a public school again. -Facility would not be transfering to another area. They were in the process of adding more beds to their main campus instead. -Facility license would not be renewed. Service provider would be letting the license expire.	V 000		