

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/20/2024
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL ADOLESCENT COMMUNITY SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 443 NORTH SUMMITT AVENUE CHARLOTTE, NC 28216		
(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>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 11-20-24. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect, Or Exploitation (V512) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect, Or Exploitation (V512). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 1 current client.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE