PRINTED: 11/22/2024 FORM APPROVED

Division of Health Service Regulation

MALDEOTABLE  MALDE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL ADOLESCENT COMMUNITY SERVICES  (XA) ID PREFIX TAG  (KA) ID PREFIX TAG  (RECH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  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). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.  This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of						R	
RESIDENTIAL ADOLESCENT COMMUNITY SERVICES  443 NORTH SUMMITT AVENUE CHARLOTTE, NC 28216    X24   ID   PREFIX TAGE   SUMMARY STATEMENT OF DEFICIENCIES BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAGE   V 000   INITIAL COMMENTS   V 000      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: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect, Or Exploitation (V512). No deficiencies were cited.    This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.    This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of	MHL0601488			B. WING		11/20/2024	
CX4   ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)   COMPLETE DATE    V 000   INITIAL COMMENTS   V 000    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: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect, Or Exploitation (V512). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.  This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHARLOTTE, NC 28216  (X4) D PREFIX PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  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: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect, Or Exploitation (V512). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.  This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of	I RESIDENTIAL ADOLESCENT COMMUNITY SERVICES						
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE