Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-118	A. BUILDING: _____ B. WING _____	R 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FACILITY BASED CRISIS SERVICES	**110 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516**

(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, complaint and follow up survey was completed on November 15, 2024. The complaint was unsubstantiated (Intake #NC00222431). No deficiencies were cited. This facility has a current census of 16. The .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers has current census of 8 and the .3200 Social Setting Detoxification for Substance Abuse has a current census of 0 and the .5000 Facility Based Crisis Services for Individuals of all Disability Groups has a current census of 8.	V 000		

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