STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601519	A. BUILDING: _____ B. WING _____	R 12/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENAN COTTAGE THOMPSON CHILD & FAMILY FOC	6736 SAINT PETER'S LANE MATTHEWS, NC 28105

(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 A complaint and follow up survey was completed on 12-16-24. The complaint was substaniated (#NC00222790). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G Intensive Residential Treatment for Children or Adolescents. This facility is licensed for 9 and currently has a census of 6. The survey sample consisted of audits of 1 former client.	V 000		