Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 THERMAL ROAD CHARLOTTE, NC 28211 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 1/3/25. The complaints were substantiated (Intake #NC00223940, NC00223950, NC00224113). No deficiencies were cited.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and has a current census of 6. The survey sample consisted of audits of 1 current client. This facility is located on a large campus with six sister facilities. The sister facilities will be identified as A and B. Sister Facility staff and clients will be identified using the letter of the facility and numerical identifier.		INITIAL COMMENTS A complaint survey was completed on 1/3/25. The complaints were substantiated (Intake #NC00223940, NC00223950, NC00224113). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and has a current census of 6. The survey sample consisted of audits of 1 current client. This facility is located on a large campus with six sister facilities. The sister facilities will be identified as A and B. Sister Facility staff and clients will be identified using the letter of the							

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

(X6) DATE TITLE