

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER ALL GOD'S CHILDREN OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 101 RUBY LANE HAW RIVER, NC 27258		
(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 annual was attempted on January 28, 2025. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was February 28, 2024.</p> <p>This facility is licensed for the following service category: 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>On 1/28/25, the Licensee reported that she closed the facility and last served clients on 2/28/24. The Licensee was encouraged to email DHSR administration and team leader of the above information.</p>	V 000		

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

TITLE

(X6) DATE