STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-924	A. BUILDING: _____ B. WING _____	R 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS HAVEN #2	6033 CONCHO COURT FAYETTEVILLE, NC 28303

(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 annual and follow up was attempted on January 30, 2025. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was date September 15, 2024. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. Interview on 01/30/25 with Licensee stated that she has not had clients in the facility since the flood. She stated that the last date she had clients was on September 15, 2024. She stated that she would call back on this date with confirmation of the date. She stated that she could not find good staff and she was not going to reopen until she could. She also stated that the house needed repairs and she would reopen when the repairs were completed.	V 000		