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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - DICKSON UNIT (A4) ID PREFIX TAG NOTE: TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
ALEXANDER YOUTH NETWORK - DICKSON UNIT (X4) ID CHARLOTTE, NC 28211 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and complaint survey was completed on 2-14-25. The complaints were unsubstantiated (#NC00227061, #NC00226999, and #NC00227003). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children or Adolescents. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of			mhl060-972	B. WING		02	/14/2025
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE