

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ LEVEL II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5089 BAUX MOUNTAIN ROAD WINSTON SALEM, NC 27105</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on February 20, 2025. According to the Contract Manager for the Licensee there were no clients currently being served at the facility.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Review on 2/10/25 of Former Client (FC #1's) record revealed:            -Date of Admission: 11/16/22;            -Diagnoses: Conduct Disorder; Attention Deficit Hyperactivity Disorder; Unspecified Substance-Related Disorder; Generalized Anxiety; Major Depressive Disorder; Unspecified Trauma and Stress Disorder;            -Date of Discharge: 3/13/23.</p> <p>Interviews on 2/10/25 and 2/20/25 with the Contract Manager revealed:            -"The agency (licensee) attends to seek another home, as we no longer have [address of the facility];"            -The licensee intends to look for another property locally to "maintain licensure;"            -"We (licensee) did not put in the system (Enterprise) for renewal that we had not served any clients in the facility ...;"            -The facility lease expired in "May 2024;"            -The 12/12/24 date provided in the 2025 renewal application was not the last time she served clients, but the "submission date" of the application;            -Last client served was FC #1 and she discharged on 3/13/23;            -The licensee had not served any clients since 3/13/23.</p>	V 000		

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

TITLE

(X6) DATE