| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL054-126 | A. BUILDING: _____ B. WING _____ | 02/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OAKWOOD FACILITY | 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504 |

| (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<br><br>A complaint survey was completed on February 27, 2025. Two complaints were substantiated (intake #NC00227021 and NC00227023) and one complaint was unsubstantiated (intake #NC00227607). No deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC .1900 Psychiatric Residential Treatment for Children and Adolescents.<br><br>This facility is licensed for 12 and has a current census of 11. The survey sample consisted of audits of 1 current client and 1 former client. | V 000 | | |