STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-349	A. BUILDING: _____ B. WING _____	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTERVENTION CONCEPTS, INC	**326 HOLLY RIDGE DRIVE MOUNT HOLLY, NC 28120**

(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 An annual and follow up survey was attempted on 03/28/2025. According to the Owner/Director there are no clients being served at the facility. The last time clients were served at the facility was 03/17/2024. This facility is licensed for the following service category/categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. Interview on 03/28/2025 with the Owner/Director revealed: -"The last client that we served was on 3/17/2024." -"His name was [Former Client #1]."	V 000		