PRINTED: 05/27/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  221 FOXCROFT DRIVE WINSTON SALEM, NC 27103  (X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE  TAGE  V 000 INITIAL COMMENTS  An annual and follow-up survey was attempted on May 19, 2025. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility. The last time clients were served at the facility was February 1, 2025.  Interview on May 19, 2025 with the Licensee revealed the facility closed in February 2025 due to a family liness. The Licensee drot currently know if or when the facility would be reopened for new admissions.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  JOHNSON ENRICHMENT SERVICES LLC  (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 follow-up survey was attempted on May 19, 2025. According to the Licensee, there are no clients being served at the facility was February 1, 2025.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.  Interview on May 19, 2025 with the Licensee revealed the facility closed in February 2025 due to a family illness. The Licensee did not currently know if or when the facility would be reopened for				A. BUILDING: _				
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CX4) ID   PREFIX   TAG   SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   DATE      V 000   INITIAL COMMENTS   V 000      An annual and follow-up survey was attempted on   May 19, 2025. According to the Licensee, there   are no clients being served at the facility. The last   time clients were served at the facility was   February 1, 2025.      This facility is licensed for the following service   category: 10A NCAC 27G .1700 Residential   Treatment Staff Secure for Children or   Adolescents.    Interview on May 19, 2025 with the Licensee   revealed the facility closed in February 2025 due   to a family illness. The Licensee did not currently   know if or when the facility would be reopened for   Interview on when the facility would be re	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE