STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-136	A. BUILDING: _____ B. WING _____	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOPHIE'S PLACE	326 SOUTH CEDAR STREET LINCOLNTON, NC 28092

(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 survey was attempted on June 6, 2025. According to the Director there are no clients being served at the facility. The last time clients were served at the facility was May 2025. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children or Adolescents. Review on 6/6/25 of Former Client (FC) #1's record revealed: -Age: 12 -Date of admission: 4/9/2024 -Date of Discharge: 5/10/2025 -Diagnoses: Adjustment Disorder with Disturbance of Conduct Review on 6/6/25 of FC #2's record revealed: -Age:10 -Date of admission: 7/23/2024 -Date of Discharge: 5/10/2025 -Diagnoses: Disruptive Mood Dysregulation Disorder Interview on 6-3-25 with the Director revealed: -The facility was moving to a new location. -Had been in contact with construction about the new location. -Had not served clients at the old location "...since about March of this year." -Would send previous client information for review.	V 000		