Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-149	A. BUILDING: _____ B. WING _____	C 06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QCS DAY PROGRAM & PSR	310 S CHURCH STREET, SUITE 163 ROCKY MOUNT, NC 27804

(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 A complaint survey was completed on 6/27/25. The complaints were unsubstantiated (Intake #NC00230186, #NC00230286). No deficencies were cited. The facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G . 5400 Day Activity for Individuals of all Disability Groups. This facility has a total census of 16. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness has a current census of 9 and the .5400 Day Activity for Individuals of all Disability Groups has a current census of 7. The survey sample consisted of audits of 2 current clients of the Psychosocial Rehabilitation Program and 3 current clients of the Day Program.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE