

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER INSPIRATIONZ LEVEL II		STREET ADDRESS, CITY, STATE, ZIP CODE 5089 BAUX MOUNTAIN ROAD WINSTON SALEM, NC 27105		
(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on July 18, 2025. According to the Contract Manager for the Licensee there are currently no clients being served at the facility. The agency no longer had a valid lease for the facility property. The agency had not served any clients since the end of November 2023.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Review on 7/15/25 of the Division of Health Service Regulation (DHSR) License Application revealed:</p> <ul style="list-style-type: none"> -The application was approved on 1/27/25; -The date of the last client served was 12/12/24; -The current lease expired on 12/31/24. <p>Interviews on 7/16/25 and 7/17/25 with the Contract Manager revealed:</p> <ul style="list-style-type: none"> -The facility served their last client towards the end of November 2023. The facility did not serve any clients in 2024 or 2025; -"I was renewing the license for all locations except that location (Inspirationz Level II);" -She received an email from DHSR that stated, "do the license anyway (Inspirationz Level II)." -The DHSR system would not allow her to complete the renewal application process on her other facilities, unless she completed the renewal process on all her facilities; -She was unaware of when she received the email, and no documentation of the email was provided; -She was unaware of when the lease on the facility property expired; -She moved out of the property located at 2089 Baux Mountain Rd. Winston Salem, NC 27105 on 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 000	Continued From page 1 7/11/24.	V 000			