PRINTED: 09/05/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4004 CORNERROCK DR GREENSBORO, NC 27406   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGS TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  NITITIAL COMMENTS  An annual survey was attempted on 9/5/25. According to the Owner/Assistant Director, there are no clients being served at the facility was 5/12/25.  This facility is licensed for the following service category: 10 A NCAC 27G .1300 Residential Treatment for Children or Adolescents.  Interview on 9/5/25 with the Owner/Assistant Director revealed no clients had been served at the facility since the last attempted survey on 6/30/25.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
LOCKWOOD PLACE    CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   TAG   NUMBER OF THE APPROPRIATE   DEFICIENCY			MHL041-753	B. WING		09	/05/2025	
CX4)   ID   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE    V 000   INITIAL COMMENTS   V 000    An annual survey was attempted on 9/5/25.   According to the Owner/Assistant Director, there are no clients being served at the facility. The last time clients were served at the facility was 5/12/25.    This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.    Interview on 9/5/25 with the Owner/Assistant Director revealed no clients had been served at the facility since the last attempted survey on								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE