STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-023	A. BUILDING: _____ B. WING _____	R 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAPESTRY EATING DISORDER PROGRAM	11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712

(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 and follow up survey was completed on September 16, 2025. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill and 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility has a current census of 9. The .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill (PHP) has a current census of 5 and the .5600A Supervised Living for Adults with Mental Illness (SL) has a current census of 4 The surey sample consisted of audits of 1 current PHP client and 2 current SL clients.	V 000		