| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL001-016 | A. BUILDING: _____ B. WING _____ | 10/28/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HALL AVENUE FACILITY | 136 HALL AVENUE BURLINGTON, NC 27215 |

| (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<br><br>An annual survey was completed on October 28, 2025. No deficiencies were cited.<br><br>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers, 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.<br><br>This facility is licensed for 27 of licensed beds and has a current census of 10. The survey sample consisted of audits of 3 current clients. | V 000 | | |