STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-267	A. BUILDING: _____ B. WING _____	C 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 November 7, 2025. Two complaints were unsubstantiated. (intake #NC00234197 and #NC00234438). No deficiencies were cited. This facility is licensed for the following service categorie: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolscents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 2 current clients.	V 000		