

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2026
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NAME OF PROVIDER OR SUPPLIER INSPIRATIONZ	STREET ADDRESS, CITY, STATE, ZIP CODE 607 HILLHAVEN DRIVE WINSTON-SALEM, NC 27107
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(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, complaint and follow up survey was completed on 1-9-26. The complaint was unsubstantiated (intake #NC00234754). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 1/8/26 at approximately 4:15pm revealed: -In Client #1's room, the following observations were made: -2 blind slates were broken, no screen in the outside of the window. -In Client #4's room, the following observations were made: -A white-colored square approximately 11"x 17" on the wall above the bedside table.</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -A dark-colored area of approximately 3' x 3' on the wall to the right side of Client #1's bed. -In bathroom #2, the following observations were made: <ul style="list-style-type: none"> -Behind door white-colored square approximately 3inches by 4inches with a small hole in the middle of the square. -10inches in length of paper removed from bottom of vanity. -1 tile displaced from bottom, left side of bathtub. -In kitchen, the following observations were made: <ul style="list-style-type: none"> -The cabinets (2) beneath the sink are held together by one rubber ban. -Bottom of refrigerator door handle not attached to screw. -Light bulb not working in the refrigerator. <p>Interview on 1/8/26 with the Qualified Professional/Contracts Director revealed: -"Cabinet has been like that for over 10yrs." -"We don't own this house, I try not to upgrade." -"We started peeling it (the vanity sink) we are redoing it."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		