Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-408	A. BUILDING: ______ B. WING ______	R 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE	**1931 UNION CROSS ROAD BLDG 200, 300, 400 AND 500 WINSTON SALEM, NC 27107**

(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 limited follow up survey for the Type A1, Type A2, and a standard deficiency was completed on 1/30/26. This was a limited follow up survey, only 10A NCAC 27G .4303 Staff (V256) Type A1 rule violation for serious neglect and 10A NCAC, and 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers. (V367) Standard 27G .0304 Facility Design and Equipment/V752/Type A2 rule violation for substantial risk of serious harm were reviewed for compliance. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility licensed for 200 and has a current census of 74. The survey sample consisted of audits of 7 current clients.	V 000		

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