STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-171	A. BUILDING: _____ B. WING _____	R 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND CRISIS AND RECOVERY CENTEF	609 NORTH WASHINGTON STREET SHELBY, NC 28150

(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, complaint and follow up survey was completed on 4/15/26. The complaints were substantiated (#NC00236677, #NC236810, #NC00236826). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are acutely Mental Ill 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment 10A NCAC 27G .5000 Facility Based Crisis Services for Individuals of all Disability Groups The facility is licensed for 0 in the 1100, 3300, 4400, 4500 programs and for 16 in the 5000 program. The current census was 11 in the 5000 program. The survey sample consisted of an audit of 2 current clients and 1 former client.	V 000		