STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL029-006	A. BUILDING: _____ B. WING _____	06/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATH OF HOPE	1675 EAST CENTER STREET EXTENSION LEXINGTON, NC 27292

(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 survey was completed on June 1, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10 A NCAC 27G .3400 Residential Treatment for Substance Abuse Adults; NCAC 27G .3700 Day Treatment for Substance Abuse; NCAC 27G .4400 Substance Abuse Intensive Outpatient Program; NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment	V 000		