STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL063-055	A. BUILDING: _____ B. WING _____	05/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE CASAWORKS AND MATERNAL PRO(	285 CAMP EASTER ROAD LAKEVIEW, NC 28350

(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 May 25, 2018. No deficiencies were cited. This facility is licensed for the following services: 10A NCAC 27G 3700 Day Treatment for Substance Abuse; 10A NCAC 27G 4100 Therapeutic Homes for Individuals With Substance Disorders And Their Children; 10A NCAC 27G 4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G 4500 Substance Abuse Comprehensive Outpatient Treatment.	V 000		