PRINTED: 07/09/2018 FORM APPROVED

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 94 DAVISTOWN ROAD OLD FORT, NC 28762 (CACH) D PREFIX TAX V 000 INITIAL COMMENTS A complaint survey was completed on 7/3/18. The complaint was unsubstantiated (Intake #NC00140017). No deficiencies were cited. This facility is licensed for the following service calegory: 10 A NCAC 27G .4300 Therapuetic Community B WINNO B WINNO SUMMARY STATEMENT OF DEFICIENCISES PREFIX TAX PREFIX TAX ONO INITIAL COMMENTS V 000 INITIAL COMMENTS The complaint survey was completed on 7/3/18. The complaint was unsubstantiated (Intake #NC00140017). No deficiencies were cited. This facility is licensed for the following service calegory: 10 A NCAC 27G .4300 Therapuetic Community | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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| NAME OF PROVIDER OR SUPPLIER RECOVERY VENTURES CORPORATION OLD FORT, NC 28762 (X4) ID PREFIX TAG INITIAL COMMENTS A complaint survey was completed on 7/3/18. The complaint was unsubstantiated (Intake #NC00140017). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapuetic | | | | | | С | | |
| RECOVERY VENTURES CORPORATION 904 DAVISTOWN ROAD OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 7/3/18. The complaint was unsubstantiated (Intake #NC00140017). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapuetic | | | mhl059-035 | B. WING | | 07/03/2018 | | |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE