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 |
|---|---|---|---|
| | MHL034-004 | A. BUILDING: ______<br>B. WING ______ | 10/19/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ADDICTION RECOVERY CARE ASSOCIATION (** | **1931 UNION CROSS ROAD<br>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<br><br>An Annual Survey was completed on October 19, 2018. No deficiencies were cited.<br><br>This facility is licensed for the following service categories:<br><br>- 10A NCAC 27G .3100: Non-hospital medical detox<br><br>- 10A NCAC 27G .3400: Residential treatment for individuals with Substance Abuse Disorders<br><br>- 10A NCAC 27G .4400: SAIOP: Substance Abuse Intensive Outpatient Program<br><br>- 10A NCAC 27G .4500: SACOT: Substance Abuse Comprehensive Outpatient Treatment<br><br>- 10A NCAC 27G .5000: Facility Based Crisis for all Disability Groups<br><br>- 10A NCAC 27G .5600E: Supervised Living for Substance Abuse Adults | V 000 | | |

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