STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL049-122	A. BUILDING: _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARMS	536 SIGNAL HILL DRIVE EXTENSION STATESVILLE, NC 28625

(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 and Complaint Survey was completed on January 31, 2019. The complaint was unsubstantiated (intake #NC00147939). No deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .3300: Outpatient Detox - 10A NCAC 27G .3600: Outpatient Opioid Treatment - 10A NCAC 27G .4400: Substance Abuse Intensive Outpatient Program The census as of January 29, 2019 was: - 463 in the Outpatient Opioid Treatment - 45 in the Substance Abuse Intensive Outpatient Program	V 000		