STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL049-101	A. BUILDING: _____ B. WING _____	02/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCLEOD ADDICTIVE DISEASE CENTER	636 SIGNAL HILL DRIVE. EXT. 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 Survey was completed on February 26, 2019. No deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .3600: Outpatient Opioid Treatment Program - 10A NCAC 27G .4400: SAIOP Substance Abuse Intensive Outpatient Program As of February 26, 2019 the number of clients served at this facility was 244.	V 000		