| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL011-378 | A. BUILDING: _____ B. WING _____ | R 05/17/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BHG ASHEVILLE TREATMENT CENTER | 18 WEDGEFIELD DRIVE ASHEVILLE, NC 28806 |

| (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>A follow up survey was completed on May 17, 2019. No deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment | {V 000} | | |